Lise De Mey **2011-2012**

Master Thesis

The Representation of Trauma in Shira Nayman's *Awake in the Dark* and *The Listener*

Supervisor: DR. PHILIPPE CODDE

Department of English Literature

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"[W]here is the wisdom from a century that has, alarmingly, given us so much experience regarding the ways in which War damages the psyche? Where is the understanding, compassion, and guidance regarding the profound moral burdens (…) that our soldiers, having done what they were asked to do, must carry, forever, within? (…) How can we honor [our veterans], through memory, if we don't even know — if we don't want to know — what living with the lasting effects of War is really like?" [1]

- Shira Nayman

[1] Cox, Erin. "Novelist, Psychologist Shira Nayman on Sharing the Burden of Memory." Editorial. *Publishing Perspective*s. 31 May 2010. Web. 2 April 2012. <http://publishingperspectives.com/2010/05/novelist-psychologist-shira-nayman-on-sharing-the-burden-of-memory/>.

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I. Introduction

The main subject of this thesis will consist of the representation of both first-hand and intergenerational trauma in the novels *Awake in the Dark* and *The Listener*, by the Jewish-Australian author Shira Nayman. In these novels, trauma is also intimately connected to madness, which sometimes can be seen as an extreme reaction to trauma. In both novels Nayman relies on the gothic tradition, while nevertheless making it her own by adding connections to trauma and madness.

As Nayman grew up in a community "which was comprised mostly of Holocaust survivors" (Nayman, interview with Michael Standaert), and has worked in a psychiatric hospital, the issues of trauma and madness are reflected in her writing. In an interview with Michael Standaert for *Nextbook*, she admits that the traumas of the Holocaust had an impact on her identity, as well as on her writing:

> I think I suffered under the weight of all the pain and trauma associated with the Jewish history in which I was steeped in my youth. (…) In my writing life, I have come to see how very deep my ties are to my Jewish heritage, and how undeniably Jewish I am in my soul. (Nayman, interview with Michael Standaert, no pag.)

As Nayman in this way belongs to the second generation of Holocaust survivors (who are in fact not actual survivors, but are called this way because of their strong connection to the Holocaust, which they arguably inherited from their parents), her work reflects the issues with regard to this generation, connected to the frustration of not having a direct access to the truth of the Holocaust.

Awake in the Dark consists of four short stories, namely *The House on Kronenstrasse*, *The Porcelain Monkey*, *The Lamp* and *Dark Urgings of the Blood*. All four protagonists are daughters who feel haunted by their parents' past, even if they are not aware of this past. In *The House on Kronenstrasse*, the protagonist Christiane finds out that her parents were Jewish victims of the Holocaust when she visits the house where they hid during the War. In *The Porcelain Monkey*, the main character Shulamit is the daughter of an ex-Nazi soldier. When she discovers her father's secrets about his acts during the War, she decides to convert to Judaism. In *The Lamp,* Ruth, mother of Miriam, narrates her experiences from the War, including being raped by a Nazi officer, which resulted in the birth of her daughter Miriam. In *Dark Urgings of the Blood*, the protagonist Deborah is a psychiatrist who discovers the secret of her father's past through her encounter with the patient Dvorah.

The Listener is set in a psychiatric hospital near New York, two years after World War II. The main character, Dr. Henry Harrison, is the chief psychiatrist of the hospital, and his new patient, Bertram Reiner, will prove to be his biggest challenge yet, as Bertram will confront him with his own traumas and fears. The third main character, Matilda, served as a nurse in the War, and develops a relationship with Bertram. As the boundaries between reality and delusion, as well as those between doctor and patient, start to blur, Dr. Harrison takes the reader down with him in a spiral of gradual descent into madness.

In the first part of the thesis, I will give an introduction about certain topics regarding trauma theory. The second part consists of an analysis of both novels, discussing how traumas of the first generation are represented, but also with regard to the characteristics of the second and third generations of Holocaust survivors, to whom Nayman belongs. This analysis also contains references to the connection to madness, as well as a chapter on how Nayman's writing relies on the tradition of the Gothic.

II. Trauma Representation and Theory

The main purpose of this first part is to give an introduction to the topics of trauma theory that will be used to analyse both *The Listener* and *Awake in the Dark*. Since in those two novels both generations of survivors are represented, elements regarding both the first and the second generations of trauma survivors will be discussed. These will be the topics of the first two chapters. In a third chapter, I will examine the relation between (the representation of) trauma and madness.

2.1. First Generation Trauma

2.1.1. Traumatic Behaviour: Acting Out and Working Through

In trauma-theoretical approaches to literature, a distinction is often made between "acting out" and "working through", terms based on Freudian Psychoanalysis, and further developed by critics like Dominick LaCapra. When a traumatised person is "acting out" after a traumatic event, he or she has not yet reached the point of coming to terms with the experience and the emotions involved in it. The person who is acting out often re-experiences the event, e.g. in flashbacks, hallucinations or dreams, which could be seen as an (unconscious) attempt to cope with the experience. In order to move on with their lives, it is generally believed that the traumatised should "work through" the trauma. The notions of "acting out" and "working through" are connected to the Freudian terms of "melancholia" and "mourning", two possible psychological reactions related to loss (LaCapra 2001, 65).

The condition of acting out can manifest itself in different ways. One of them consists of re-experiencing the traumatic event: in that case the traumatised person is likely to have dreams, nightmares and/or illusions that take him or her back to this event. As we will observe in *The Listener*, sometimes victims having these dreams do not want to get rid of them, viz. they appreciate the dreams as a kind of memorial for people they have lost. In an interview for *Yad Vashem*[2], LaCapra calls this behaviour "a fidelity to trauma and its victims, the feeling, especially pronounced in certain victims, that there is something in the repetition of the past – say, in a nightmare – that amounts to the dedication or fidelity to lost loved ones and is a kind of memorial that is not based on suppression or oblivion (LaCapra 2001, 144)". In some cases the traumatised will even deliberately evoke the dreams or nightmares that take them

[2] *Yad Vashem* is the Holocaust Museum in Israel, and has its own online Shoah Research Center.
Original source:
LaCapra, Dominick. Interview with Amos Goldberg. "Interview with Professor Dominick Lacapra". *Yad Vashem*.. Jerusalem, 9 June 1998, http://www1.yadvashem.org/odot_pdf/Microsoft%20Word%20-%203648.pdf. In: LaCapra 2001, 141-180.

back to the memory of a loved one. On a more physical level, some traumatised patients consciously attempt to re-experience the traumatic event, e.g. by seeking dangerous situations[3]. A second way of acting out a traumatic experience can be the (unconscious) development of multiple identities, which, unlike the real person, are able to cope with the trauma. In medical terms this condition is referred to as DID, or Dissociative Identity Disorder. Finally, acting out can manifest itself in a certain avoidance of the problem, when the victim does not come to terms with the trauma because of a belief that the traumatic event did not affect them. Related to this behaviour is the idea of "narrative fetishism", explored by Eric Santner in his essay "History Beyond the Pleasure Principle" (1992):

> By narrative fetishism I mean the construction and deployment of a narrative consciously or unconsciously designed to expunge the traces of the trauma or loss that called that narrative into being in the first place. (...) Narrative fetishism (...) is the way an inability or refusal to mourn emplots traumatic events; it is a strategy of undoing, in fantasy, the need for mourning by simulating a condition of intactness, typically by situating the site and origin of loss elsewhere. (Santner, 144)

In *Writing History, Writing Trauma* LaCapra describes this phenomenon as "fetishized and totalizing narratives that deny the trauma that called them into existence by [...] harmonizing events, and often recuperating the past in terms of uplifting messages or optimistic, self-serving scenarios" (LaCapra 2001, 78). In other words, a traumatised person indulging in narrative fetishism relates the traumatic event in an optimistic and untruthful way, in order to pretend to others, as well as to oneself, that one is untouched by it - and in doing so avoiding the process of working through.

The exact purpose of the process of working through has been widely debated. Whereas a historical trauma can be worked through or acted out, acting out is sometimes believed to be part of the process of working through; the final goal of this process being complete recovery or "closure". Emphasis is also frequently put on the act of testimony as being part of the working-through process. In their article "The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma (in Caruth, 1995)", Bessel van der Kolk and Onno van der Hart write that "complete recovery" can only take place when "the story can be told, the person can look back at what happened; he has given it a place in his life history, his autobiography, and thereby in the whole of his personality" (176). Cathy Caruth, in

[3] Codde, Philippe. "Contemporary American Literature – Postmemory and Postmodern: Third-Generation Jewish American Trauma Narratives". University of Ghent. n. p., 14 October 2011. Lecture.

Unclaimed Experience - Trauma, Narrative and History (1996), views the repetitiveness of posttraumatic dreams as an attempt to "master what was never fully grasped in the first place" (62). However, in *Writing History, Writing Trauma* (2001), Dominick LaCapra critiques this general focus on closure:

> In recent criticism (with which I agree in part), there has perhaps been too much a tendency to become fixated on the repetition compulsion, to see it as a way to preventing closure, [...] to eliminate or obscure any other possible response, or simply to identify all working through as closure, totalization, full cure, full mastery. The result is a paralyzing kind of all-or-nothing logic in which one is in a double bind: either totalization and the closure you resist, or acting out the repetition compulsion, with almost no other possibilities (LaCapra 2001, 145).

Rather than the idea of a cure, LaCapra advocates the development of a critical distance towards the (traumatic) past. In the aforementioned interview for *Yad Vashem* he affirms that he sees working through as "a kind of countervailing force (not a totally different process, not even something leading to a cure)", and that "[i]n working through, the person tries to gain critical distance on a problem and to distinguish between past, present, and future" (LaCapra 2001, 143). This view is supported by Kalí Tal in *Worlds of Hurt,* when she writes that "[t]rauma is a transformative experience", and that "those who are transformed can never entirely return to a state of previous innocence" (119). Similarly, authors who write trauma fiction often question the possibility of complete closure, as we will observe in section 1.2. and in the second main part of this thesis.

2.1.2. The Role of the Listener / the Reader.

In the introduction and in the first part of this chapter we observed that the act of testimony usually proves to be useful in the process of working through. However, the trauma narrative often affects not only the victim, but also the person reading it or listening to it – a recurring theme in Shira Nayman's *The Listener* and *Dark Urgings of the Blood*[4]. According to Dori Laub the listener becomes himself a witness, to both the testimonies of others and to the process of witnessing (62). This process often results in the listener being emotionally affected or "unsettled" by the victim's testimony. This phenomenon is called "empathic unsettlement", a term developed by Dominick LaCapra in *Writing History, Writing Trauma*. LaCapra distinguishes empathic unsettlement, which he calls the "virtual" experience, from what he calls the "vicarious" empathic experience, the former being an experience in which

[4] *Dark Urgings of the Blood* is the final short story of *Awake in the Dark*.

"one puts oneself in the other's position while recognizing the difference of that position and hence not taking the other's place" (LaCapra 2001, 78), the latter provoking a full identification with the speaker, which is an unhealthy reaction. According to Felman and Laub, empathic unsettlement can even be experienced by the reader of a *written* trauma narrative. This type of narrative, which Laub and Felman call a "life-testimony", should be seen as a "textual testimony which can *penetrate us like an actual life"* (Felman and Laub 1992, 2).

For therapists, the balance between feeling empathy, undergoing a vicarious experience and simply offering the patient a person to bear witness to is hard to obtain. Consequently, the attitude of the therapist towards the traumatised patient, which can be either empathizing or emotionally distant, is a delicate issue in academic debate. Not all scholars agree on the possibility of a virtual or a vicarious empathic experience, for instance, which can lead to the feeling that an empathic attitude is, in essence, useless. In *Worlds of Hurt,* Kalí Tal argues that even during the process of witnessing testimony, it is not possible for the hearer or listener to experience a vicarious trauma:

> [I]f the goal is to convey the traumatic experience, no second-hand rendering of it is adequate. The horrific events that have reshaped the author's construction of reality can only be described in literature, not recreated. Only the experience of trauma has the traumatizing effect. [...] Caught forever in this luminal state, the survivor comes to *represent* the shattering of our *national* myths, without being able to shatter the reader's individual *personal* myths. And it is those personal myths that support and uphold the most widely accepted national ones. (Tal 1996, 121)

Tal believes that the reader or hearer's "personal myths" can only be changed by a genuine traumatic experience, so that another person's testimony will never provoke a vicarious one. Consequently, rather than promoting an active hearer who undergoes empathic unsettlement, Tal advocates an emotional distance between therapist and patient. With that purpose she compares both Langer's and Laub's views on the role of the listener, marking Laub's empathic listener as an "interventionist" (57). Yet ironically, in a different chapter Tal mentions that therapists have their "own difficulties in wrestling with and coming to terms with the patient's 'story' (Tal, 150)", which seems to be a precise description of empathic unsettlement. The testimony which Tal then includes, written by American psychiatrist Sarah Haley, seems to demonstrate this observation even more, since Haley displays symptoms of

an empathic unsettlement that arguably turns into a vicarious experience[5]. This testimony suggests that it is indeed possible for the therapist to undergo a form of empathic vicarious experience, which can have a negative effect on his or her own mental health. Although this observation does not exactly promote empathy as one of the therapist's tasks, other scholars claim that a moderate empathic unsettlement can actually be useful for both patient and therapist.

In LaCapra's view, empathy creates a bond between the therapist and the patient, so that the therapist recognises both his own otherness and that of the patient:

> Empathy (...) is mistakenly conflated with identification or fusion with the other; it is opposed to sympathy implying difference from the discrete other who is the object of pity, charity, or condescension. In contradistinction to this entire frame of reference, empathy should rather be understood in terms of an affective relation, rapport, or bond with the other recognized and respected as other. It may be further related to the affirmation of otherness within the self – otherness that is not purely and discretely other. (LaCapra 2001, 212-213)

In other words, while the listener should avoid full identification with the speaker, their coming to terms with the otherness of the speaker, resulting in the "affirmation of otherness within the self", is beneficial for both parties. In the essay "Bearing Witness and the Vicissitudes of Listening", Dori Laub argues that the empathic unsettlement of the listener is not only beneficial, but even necessary in order for the victim's narrative to become a genuine testimony, that can lead to working through the trauma:

> The testimony to the trauma (...) includes its hearer, who is, so to speak, the blank screen on which the event comes to be inscribed for the first time. By extension, the listener to trauma comes to be a participant and a co-owner of the traumatic event: through his very listening he comes to partially experience trauma in himself. (...) The listener has to feel the victim's victories, defeats and silences, know them from within, so that they can assume the form of testimony (58).

The special and necessary empathic relation between therapist and patient is emphasised by Felman in "Education and Crisis, Or the Vicissitudes of Teaching", when she invokes the basis of Freud's psychoanalysis:

> [I]t is by stepping in his turn into the position of the patient, and by acknowledging an interchangeability between doctor and patient (...), that Freud creates the revolutionized clinical dimension of the *psychoanalytic dialogue*, an unprecedented

[5] See appendix, I.

> kind of dialogue in which the doctor's testimony does not substitute itself for the patient's testimony, but *resonates with it*, because, as Freud discovers, *it takes two to witness the unconscious* (15).

In other words, it is only the empathic unsettlement of the hearer, the "resonance" between the victim's narrative and the therapist, that can help bring out (and work through) the unconscious struggles of the traumatised patient. However, as seen in the testimony by Sarah Haley as well as in LaCapra's theory of the vicarious experience, this relation sometimes turns into a dangerous game in which the therapist takes over the role of the patient. Of course this phenomenon occurs more frequently with therapists who recognise themselves in their patients, which makes it easier to identify with the patient's narrative. As we will observe in our analysis of Shira Nayman's novels, in both *The Listener* and *Dark Urgings of the Blood* Nayman strongly thematises this idea, and its possible dangers and benefits.

2.1.3. The Peculiar Case of the Combat Soldier: Perpetrator, Victim, or Hero?

The gravity of the trauma experienced by combat soldiers has long been underestimated. Many studies tend to focus on the war victim, without giving much attention to the fact that soldiers, too, get traumatised by their experiences in war. Even though PTSD was officially recognised as a psychological disorder in 1980, many soldiers still feel misunderstood when they return home, and like war victims, they often reunite in peer groups, searching the company of people who experienced similar feelings and traumas. This feeling is possibly caused by the identity crisis which the soldier undergoes when returning to his home country. After returning from battle, the soldier usually gains the status of war hero, celebrated by his family, the public and the government. Nevertheless many soldiers suffer from trauma symptoms that are similar to those of war victims, and by consequence will not always feel very heroic. Yet, the soldier's position as a victim of war can be questioned as well, since one of their tasks in battle is to kill other soldiers. This ambiguity of the soldier's identity is unique, and often constitutes a source of deep confusion in the soldier's mind. In this section we will first discuss the soldier's personal trauma and the consequential confusion between perpetrator and victim, before focusing on the way the soldier's experience is met by society, making him either into a victim of the State or a hero.

After the American Civil War and World War I, many war veterans were known to suffer from a condition the symptoms of which resembled those of hysteria. The soldiers suffered from recurring nightmares, flashbacks or daytime delusions about their war experiences, as well as from a temporal confusion: elements that turned the soldier's present into a constant

reminder of the past. The various similarities with hysteria sparked the interest of psychologists - whose profession was relatively new at the time – and since then, the soldier's disorder has had many names, including "soldier's heart", "shell shock", "battle fatigue", or "posttraumatic stress disorder". In the article "Soldiers, Psychiatrists, and Combat Trauma" (1997) John E. Talbott notes that each of these terms "marks the psychiatric casualties of a succession of modern wars – the American Civil War, World War I, World War II, and the Vietnam War" (437-438). The disorder itself, he continues, is "probably as old as the siege of Troy, but the names for them are the invention of modern psychiatry" (438). In the evolution of these names we observe a tendency to connect the soldier's experience more and more to the notion of trauma. Whereas the term "shell shock" simply refers to mental instability caused by a physical "shock" and a concussion of the brain, the name "posttraumatic stress disorder" implies that what the soldier experiences is the result of an actual trauma. The connection between the soldier's experience and other traumas is confirmed by Kalí Tal in *Worlds of Hurt* when she writes that "[t]he assessment and comparison of clinical pictures of survivors of traumatic events has enabled psychiatrists to construct a relatively clear picture of the symptoms specific to Post-Traumatic Stress Disorder (...) and thus acknowledged the connection between war-related trauma and other traumatic experiences such as rape, incest, incarceration in concentration camps etc" (135). The soldier's trauma can thus be compared to other, more "passive" types of trauma, causing the soldier to feel confused about his own position as a perpetrator/victim.

We can ask ourselves in what way these soldiers perceive themselves as victims, and how the soldier's trauma relates to that of other, more evident victims of trauma. Firstly, the aspect of acting out the traumatic experience is common among both war veterans and other trauma victims, manifesting itself in recurring nightmares, flashbacks, etc. (on soldiers' acting out, see Talbott 440). These re-enactments do not only disturb the soldier's sleep, but also occur during the day, when they can be triggered by smells, sounds, or even a certain emotion, such as guilt (Talbott 441). Secondly, soldiers usually find it difficult to describe the horrors on the battle field in order to work through the trauma, as other traumatised victims often have troubles finding the exact words for what happened to them, which sometimes even results in a "conspiracy of silence" (Berger, 6) that can last for decades. Thirdly, like other trauma victims, combat veterans often form peer groups based on shared or similar traumatic experiences. In *Worlds of Hurt* Tal describes this phenomenon as "a comradeship of victims, an emotional tie that became the focus of fond memory when the soldier returned to

peacetime society and found himself unable to identify with what he found there (...) (Tal 118)". With regard to these similarities between war-related trauma and other forms of trauma, the soldier could be considered a victim of war, as he is exposed to violent and traumatic experiences, and has to deal with the traumatic after-effects.

Yet because of his wartime acts the soldier cannot simply be perceived as a war victim. Tal notes that we should keep in mind the soldier's position as both victim and "victimizer":

> Soldiers, though subordinate to their military superiors and frequently at the mercy of their enemies, still possess a life-or-death power over other people. (...) Much recent literature –popular, clinical and academic – places the soldier simply in the victim's role; helpless in the face of war, and then helpless to readjust from the war experience upon his return home. (...) The soldier in combat is both victim and victimizer; dealing pain as well as receiving and experiencing it. Soldiers carry guns; they point them at people and shoot to kill. (Tal 138)

Tal establishes a connection between the victimization of the soldier and society's adapting or ignoring the roles of other parties, like the soldier's actual victims or his superiors. But she is also convinced of the identity confusion on the part of the soldier himself, when she states that "[t]he profound dislocation of combat, the confusion of perpetrator and victim, power and powerlessness, create in the survivors of war a duality of perception characteristic of trauma survivors" (114). LaCapra, however, distinguishes between perpetrator trauma and victim trauma, and opposes the "dubious ideas that everyone (including perpetrators or collaborators) is a victim, that all history is trauma, or that we all share a pathological public sphere or a 'wound culture' (LaCapra 2001, 64)". He believes that "'victim' is not a psychological category", but "in variable ways, a social, political and ethical category" (LaCapra 2001, 79). Although he acknowledges "perpetrator trauma", "which must (...) in some sense [be] worked through", he asserts that this type of trauma "does not (...) entail the equation or identification of the perpetrator and the victim" (79). However, in what follows, the examples of perpetrators given by LaCapra – viz. that of Himmler and his associate Erich von dem Bach-Zelewski (80) - seem a little extreme and distanced from the "normal" combat soldier, who does not find himself in such a responsible position. But both LaCapra and Tal raise the question whether the victimization of the soldier can be considered socio-political, other than purely psychological.

The political construction of the soldier's identity is ambiguous. On the one hand, the soldier is seen as exploited by the State (a victimization which should be distinguished from the

soldier's position as a victim of PTSD, which is more directly psychological). Tal observes that, due to their physical distance from their community, soldiers are automatically put into the role of outcast:

> Unlike women and Holocaust victims, combat soldiers were physically removed from the communities with which they identify, and relocated to a new and foreign environment where previous notions of self were rendered useless. Basic Training is designed to traumatize the recruit, to systematically strip him of his civilian identity. (Tal 127)

Once they return to their homes, soldiers can have the feeling that they were exploited in order to safeguard the existing social order, which differs from the one they knew on the battlefield, and that they have sacrificed themselves for the establishment's goals. In order not to think of this society as hostile, soldiers need to "rewrite their war experiences; smoothing over the difficult parts, revising the unpleasantness" (Tal, 119): Tal supports Lindeman's view that "the soldier who remembered correctly would have been forced to acknowledge his role as a victim of a government and a social order that exploited him" (119). Consequently, the soldier feeling exploited by the State finds himself victimised in yet another way. Tal comments on this political type of victimization, which she sees as a political "suspension of judgement":

> [...] [T]he suspension of judgment requires that we recreate the survivor as no more than a victim, a pawn without agency, caught up all unwilling in a vicious game of Russian roulette. The political nature of such "stories" of victimization is most apparent if we place a Nazi SS trooper on the therapist's couch. How many American therapists would hastily urge him to forgive himself? (Tal 1996, 152)

Her example of German soldiers proves that this second type of victimization, establishing the soldier as mere "cannon fodder" in the hands of a scheming government, is in fact a (socio-) political construction. In addition to the role of outcast and victim of the State, the surviving soldier often obtains a very different position: the one of the war hero. This status, which is sustained by annual memorial services for combat veterans, can also be seen as a political construction, in order to persuade both citizens and soldiers that it is honourable to fight for their country. The personal identity crisis which the soldier undergoes is partly caused by this double socio-political construction. According to social morals and norms, perpetrators are to be punished, but instead the soldier is told that he served his country well. In addition, the soldier feels like a victim, being exploited by the government.

In short, the distinction between perpetrators and trauma victims on the one hand, and between war heroes and victims of governmental exploitation on the other, is not always clear. Whereas the identity of the soldier can be politically exploited for many different reasons, the soldier's personal identity crisis is psychological in nature. Both crises however, are factors that make the soldier's working through process as difficult as that of other trauma victims, and they are a good reason to spend as much attention to this type of trauma as is spent on other ones. Shira Nayman does so in *Awake in the dark* and in *The Listener*: In both novels, she explores many aspects of these crises of identity, from the perspective of both victims and perpetrators, as will be examined in the analytical part of this thesis.

2.2. Second and Third Generation Trauma

In the previous chapter I discussed the impact of traumatic experiences on the "first generation". However, this is not where the trauma stops. In fact, many scholars, such as Dominick LaCapra and Marianne Hirsch, support the idea that trauma can be transmitted to subsequent generations, although the trauma felt by these later generations cannot simply be equated to the trauma experienced by their parents or grandparents. LaCapra states that the "international transmission of trauma refers to the way those not directly living through an event may nonetheless experience and manifest its posttraumatic symptoms, something especially prominent in the children or intimates of survivors or at times perpetrators who are possessed of, and even by, the past and tend to relive what others have lived" (LaCapra 2004, 108). Although the idea of transmitted trauma is often referred to in relation to the offspring of Holocaust survivors, it can also be linked to the trauma felt by perpetrators' descendants. The particular trauma of the second and third generations, which will be explained in the following section, is reflected in their fictional writing, the characteristics of which will be discussed in section 2.2.2.

2.2.1. Introduction to Inherited Trauma and Postmemory

The transmission of trauma can be caused by different mechanisms. These mechanisms are described by Philippe Codde in his article "Transmitted Holocaust Trauma: A Matter of Myth and Fairy Tales?" (2009). Firstly, a trauma can be transmitted through the process of empathic unsettlement, a notion which I explained in section 1.1.2. (Codde 2009, 62-63). When the children of a Holocaust witness are (repeatedly) told stories about living in the camps, they might undergo virtual or even vicarious experiences, so that they themselves are affected by their parents' traumas. Codde mentions that "the mere act of listening to witness

testimony about devastating events can make the secondary witness (he or she who witnesses the act of bearing witness) take over some of the traumatic burden" (Codde 2009, 62). Sometimes these children even suffer from flashbacks to the events experienced by their ancestors. As Gabriele Rosenthal puts it:

> Descendants of survivors often become afraid in situations which they associate—often unconsciously—with the persecution in their relatives' pasts. (...) In many cases these people imagine themselves as inmates of concentration camps or as being exterminated along with their relatives. (237)

However, these symptoms can be caused not only by (repetitive) testimony, but also by a lack of testimony. In many survivor families, the Holocaust was simply kept quiet, usually in order not to "burden" the children. But the effects of such "family secrets" or taboos can be as negative as the effects of repeated testimony. Rosenthal states that "[f]amily secrets constitute some of the most effective mechanisms to ensure the continued impact of the threatening family past" (236). What is more, "[p]arts of the family past are not talked about in the families, but through subliminal messages, they still manage to be transmitted to the descendants" (Rosenthal, 236). In her article, Rosenthal gives the example of a survivor family for whom the "theme of the murder of children in the Lodz ghetto (235)" had an impact on each individual member of the family, making some of them fear heights, for example, even though the event was never discussed among them[6]. This "hidden past", which the second generation has never experienced, makes the children feel like there is an absence in their lives, which is nevertheless constantly present, and which constitutes an "irreducible part of their Jewish self-identity" (Berger A., 1). Therefore, we can speak of an absent presence, a past which the second generation never actually experienced, but which haunts them continuously. As Codde puts it, " when Holocaust victims will not or cannot bear witness, the corollaries for the next generation may be even worse and more outspoken due to the obsession that arises with the black hole, the hidden horror in their family history" (Codde 2009, 62).

[6] In September 1942, a large number of Jewish children living in the Łódź Ghetto, in German-occupied Poland, were taken from their parents and put onto transport trucks. Many children were killed in the process. The grandmother of the family in question witnessed babies being thrown from windows, onto the trucks. This experience, according to Rosenthal, could explain for the fact that certain members of the family feared heights and were preoccupied with the notion of falling, even though they had never consciously experienced the event or discussed it with their (grand)parents (Rosenthal, 235).

Apart from the trauma caused by a hidden family burden, children of the second generation can also become traumatised because they were brought up in "dysfunctional" families. Survivors of the Holocaust who are still acting out their trauma sometimes fail to play the normal parenting roles: instead of providing their children with a feeling of safety, they might pass on to them a loss of faith in humanity, start overprotecting them, or even refuse to become attached to them, out of fear of losing them. As Codde puts it, [t]he mere condition of being raised in a family burdened by trauma proves sufficient for an impact on the offspring" (Codde 2009, 63). In other words, the descendants of Holocaust survivors are believed to take over their parents' trauma - not directly, but by (unconsciously) taking over certain attitudes or fears, making them eventually display the symptoms of a post-traumatic stress disorder. These symptoms, however, could be seen as part of a "re-traumatisation" rather than of transmitted trauma (63).

Another mechanism, suggested by Codde (2011, 675), which can also partly explain the inherited trauma of the third generation, is to be found in genetics. Recent scientific research in epigenetics (the study of the epigenome[7]) shows us the possibility of a genetically inherited trauma. In the article "What Genes Remember", Philip Hunter defines epigenetic inheritance as a "form of inheritance (...) in which the behaviour of genes in offspring is affected by the life experience of parents" and which causes changes that "extend beyond immediate offspring to further generations" (Hunter, no pag.). Certain scientists assert that the general living conditions of an individual, as well as certain experiences (such as a traumatic experience, stress, or a famine) can have an impact on that person's DNA. It has been suggested that the changed DNA, containing elements that were influenced by these experiences, naturally passes on to the offspring of the individual in question. Consequently, the possibility exists that the effects caused by trauma can be inherited biologically, via transmitted genes, resulting in a literal inheritance of the trauma itself.

The trauma suffered by the third generation, which can be in part explained by epigenetics, can also be explained by the phenomenon of "postmemory". Postmemory, according to Marianne Hirsch, "characterizes the experience of those who grow up dominated by narratives that preceded their birth, whose own belated stories are evacuated by the stories of

[7]The epigenome can be defined as "a set of instructions that tell the genes when to become active, in which tissue and to what extent" (Vines, Gail. "Hidden Inheritance".*New Scientist*. 28 Nov 1998, No. 2162, pp. 27-30, http://www.science.anth.org.uk/ifgene/vines.htm.).

the previous generation shaped by traumatic events that can be neither understood nor created" (Hirsch 2002, 22). LaCapra defines postmemory as "the acquired memory of those not directly experiencing an event such as the Holocaust or slavery". In other words, instead of their own memories, the Second and Third Generations[8] have an "acquired memory" of that traumatic experience, acquired via their parents' stories and other testimonies, or through all kinds of documentation, often "completed" by their own imagination. Rosenthal states that, often because of the taboo atmosphere, "descendants [...] develop fantasies relating to the hidden part of the family's past" (236).

But not only descendants of victims suffer from transmitted trauma. Research, e.g. by Rosenthal, has shown that perpetrators, too, can transmit their trauma to their descendants. In Nazi perpetrator families, the Nazi past is usually ignored, or even ostentatiously denied. One of the perpetrator families Rosenthal has interviewed is the Sonntag family, in which the events are not kept quiet, but denied:

> [The grandparents] manifestly deny [their Nazi past], all the while dropping hints of actual involvement in the crimes. Along with the denial and justification, traces of the actual family past are transmitted to the descendants, often below the conscious level. When children and grandchildren say they have no knowledge of the family past in Nazi time—a widespread claim in Germany—it does not mean that they do not have a subconscious awareness of it. Often they have a hunch about the hidden parts of the past and act out the family past in their biographies. (230)

Like the descendants of Holocaust survivors, the descendants of Nazi perpetrators unconsciously react to their (grand)parents' experiences, often led by fantasies about the actual crimes, at which of course they can only guess (Rosenthal, 236). Some of those fantasies seem to contain an element of truth, and the reactions to that hidden past are "passed on" from parents to their children. In the Sonntag family, for instance, the grandson suffers from a fear of fire, and both father and grandson have recurring dreams about burning: whereas the grandson has dreams of being a victim surrounded by fire, his father's dreams include "the order to burn women and children" (Rosenthal, 231-232). But, according to Rosenthal, not only "traces of the past" are transmitted, but also feelings of guilt, as well as a

[8] Although in what follows I will call these descendants of Holocaust survivors the "second" and "third Generations", they did not literally survive the Shoah. They do, however, carry the burden of transmitted trauma and Postmemory.

fear of being exterminated (236-237). This phenomenon she observes in both perpetrator and survivor families:

> [w]hereas descendants of perpetrators feel guilty on behalf of their parents and grandparents or are talked into feeling guilty for falsely accusing their parents or grandparents, descendants of survivors' feel guilty for the inability to make their parents' or grandparents' past go away or for not being more help in making a better life for them. (...)Fear of extermination in perpetrators' offspring tends to relate to an unconscious fantasy of being murdered by their own parents; the threat survivors' offspring feel tends to be a general anxiety about the extrafamilial and non-Jewish world" (Rosenthal, 236-237).

In other words, hiding the family's past can have a tremendous impact on both descendants of Nazi perpetrators and of Holocaust survivors. As we will examine in the second part of this thesis, the effects of hidden family pasts on subsequent generations are an important theme in Nayman's *Awake in the Dark*.

2.2.2. Fiction of the Second and Third Generation.

Fictional literary works written by the second and third generation of survivors share certain characteristics, that are often related to the descendants' positions as 'secondary witnesses' to the events of the Holocaust, or as 'witnesses to documents': "Whereas members of the second generation are no longer witnesses to events but witnesses to other witnesses, those of the third and later generations generally can only witness documents because the actual survivors are swiftly disappearing" (Codde 2011, 676). In the following chapter, I will only discuss the characteristics that are relevant for the analysis of both *Awake in the Dark* and *The Listener*, namely the aspect of the inaccessibility of the truth - referred to in Codde's "Philomela Revisited: Traumatic Iconicity in Jonathan Safran Foer's Extremely Loud and Incredibly Close" (2007) - , a poetics of absence - explained by Codde in "Keeping History at Bay: Absent Presences in Three Recent Jewish American Novels" (2011) - and an "inaptness of language for historical reconstruction" (Codde 2007, 244).[9]

Since the members of the second and third generation did not consciously experience the events of the Holocaust, their only sources of information about that period consist of written documents, testimonies, film footage and pictures. In the descendants' quest for the 'truth',

[9] These characteristics, which are explained in the following paragraphs, are also referred to in Prof. Codde's lecture on Postmemory, on which the structure and ideas of this section are largely based:
Codde, Philippe. "Contemporary American Literature – Postmemory and Postmodern: Third-Generation Jewish American Trauma Narratives". University of Ghent. n. p., 14 October 2011. Lecture.

the reliability of these highly subjective sources is often questioned. This problem is reflected in their work, for example in the use of multiple perspectives (or "layers" through which information can be received), showing that each testimony has a different interpretation of events; as well as the "impenetrability of a past drowned in layers of mediated discourse" (Codde 2011, 688). A connection can be made between the idea of an inaccessible truth and the idea that there can never be complete closure, suggested by LaCapra, Friedländer and others (cf. section 1.1.1.): when the original course of events can never be fully reconstructed, it is indeed not possible to cope with the experience completely. In fiction, this idea can be put into practise by the use of open endings. For authors of the third generation, the distance between the actual events of the Holocaust and the present has increased, which makes these writers even more prone to the idea that closure is impossible. Another implication of the inaccessibility of the truth for the third generation's fiction is the use of unreliable narrators – such as in the work of Jonathan Safran Foer and of Judy Budnitz, as noted by Codde (2009, 70). In postmodern fiction, sometimes unreliable or lying narrators are used in order to question the idea of truth; in the case of third generation trauma fiction, however, unreliable narrators are often not so much lying as simply incapable of testifying in a rational or truthful manner. [10]

A second recurring theme in second- and third-generation fiction is absence. The absent presence in the lives of survivor's (grand)children often results in an obstinate quest for the past, which is reflected in their fictional writing by the theme of detection[11]. This occurrence of the absent presence of the Holocaust past is confirmed by Berger when he writes that "the artistic works of this generation bear witness to the *presence of an absence*" (2). This theme can be linked to the theme of ghosts, since, like ghosts, the absent presences haunt the second and third generation's lives. In Shira Nayman's work, we will indeed observe the themes of quests, absent presence and ghosts (cf. section 3.2.).

A third major element in third generation fiction is a suspicion towards language, as demonstrated by Codde (2007, 244). Many (first-generation) witnesses feel that words are not sufficient to give a truthful image of their traumatic experience, so they hesitate to talk about it. In the quest for representing the traumatic experiences their (grand)parents went through, the second-and third-generation witnesses also face this problem of a failing language. In

[10] Codde, Philippe. "Contemporary American Literature – Postmemory and Postmodern: Third-Generation Jewish American Trauma Narratives". Ghent University. n. p., 14 October 2011. Lecture.
[11] Codde, ibid.

addition to questioning the sufficiency of language in their writing, some of these authors attempt to find new ways of representing the trauma, e.g. by including images in their novels or by an unconventional page layout[12].

[12] Codde, Philippe. "Contemporary American Literature – Postmemory and Postmodern: Third-Generation Jewish American Trauma Narratives". Ghent University. n. p., 14 October 2011. Lecture.

2.3.Trauma and Madness.

In this chapter, I will first compare possible symptoms of both mental illness and post-traumatic stress disorder, observing that madness could be seen as an extreme form of acting out, but that mental illness can in certain ways also cause a post-traumatic stress disorder. Secondly, I will focus on the position of the mentally ill in society, in comparison with the social position of the traumatised, and the role of literature in this position.

2.3.1. Psychosis and PTSD.

Whereas in the past psychosis and PTSD were considered two very different conditions, recent research shows that the possibility exists that both are "part of a spectrum of reactions to trauma" (Morisson et al., 345). In Morisson's article "Relationships between trauma and psychosis", it is suggested that different factors, such as environment/social support, cognitive processes and what people do during and after the trauma, determine whether a traumatised person will develop PTSD or a psychosis (338-345). However, there also exist causal relations between PTSD and psychosis, for "the experience of psychosis can precipitate the development of PTSD (and post-traumatic stress symptoms)[13]" and "the experience of trauma can, for some people, lead to a psychosis" (Morisson et al., 345). In an attempt to elucidate all these possible repercussions of trauma and psychosis, Morisson writes that "some psychotic patients will develop PTSD in response to their psychosis, some people will develop psychosis in the first place as a result of traumatic experiences, some may develop both, and for some people a vicious circle may develop between their psychotic experiences and their PTSD symptoms" (345). In other words, although further research is needed with regard to this subject, a strong pathological connection can be made between PTSD and psychosis. One aspect of PTSD similar to psychosis is the way in which language is treated.

In "Madness and Modernism", Louis Sass observes three major trends in schizophrenic language, namely *desocialization*, *autonomization* and *impoverishment* of language (177-181). *Desocialization* consists of a decrease of the communicative aspect of language, a trait which can also be discovered in certain trauma patients. In "Worlds of Hurt", Tal describes how trauma victims sometimes share an "alphabet" of symbols related to the traumatic event (118). These symbols sometimes differ from standardised symbols and are hard to understand

[13] Morisson asserts that psychotic patients can develop PTSD from traumatic experiences in the hospital, ranging from having to take medicine against their will to being confronted with offensive behaviour from other patients. He also claims that social prejudices against madness can influence the patient's self-image so that he develops a stress disorder, out of fear of his own psychosis (332-334).

for people who did not go through a similar experience: "[f]or example, the symbolism inherent in the Holocaust survivor poet's description of a bakery's bread oven is entirely different than the same invocation by a nonsurvivor" (118). In addition, words that are not used symbolically in everyday language can also gain new meanings for the traumatised:

> Traumatic experience catalyzes a transformation of meaning in the signs individuals use to represent their experiences. Word such as *blood*, *terror*, *agony* and *madness* gain new meaning, within the context of the trauma, and survivors emerge from the traumatic environment with a new set of definitions. (Tal, 16)

Similarly to these trauma victims (only in a more extreme way), schizophrenic patients often develop a language of their own, "[...] employ[ing] common words in personalized and idiosyncratic ways without bothering to explain what they mean or even to indicate that they are using them in some special or metaphorical sense" (Sass, 177). The aspect of *impoverishment* is related to the feeling of ineffability of language, described by certain trauma victims as well as by psychotic patients. Many schizophrenic persons speak only in vague, meaningless terms (the so-called "word salad"), refuse to talk, or use an "extremely formal or high-flown language" in order to "abdicate any attempt to express meaning" (189), often as a reaction to the "inadequacy of language", or to "the impossibility of describing experiences that are felt to be inner and private" (187). Trauma victims, too, sometimes feel suspicious of language (see section 1.2.2.). The aspect of *autonomization*, however, is found less frequently in trauma patients than in psychotic patients. About this characteristic Sass writes that "[i]nstead of grasping the overall meaning of something read or heard, schizophrenics will often attend to material qualities of the signifier, to the sounds of words or their graphic appearance on the page, or they will become aware of a large number of the potential, but normally irrelevant, meanings of words" (178).

Another schizophrenic aspect similar to PTSD symptoms, but with more extreme characteristics in the case of the psychotic, is a changed world view. In "Madness and Modernism" Sass discusses the schizophrenic "Stimmung", a mental state that occurs during the first phases of schizophrenia. It consists of what Sass calls "Unreality" and "Mere Being", as well as of "Fragmentation" and "Apophany" (47-53). While "[i]n the visions of Unreality and Mere Being, one experiences a loss of the normal dynamism and texture of human life", "Fragmentation" consists of a state in which "[o]bjects normally perceived as parts of larger complexes may seem strangely isolated, disconnected from each other and devoid of encompassing context [...]" (Sass, 49-50). The fourth characteristic of the schizoid

"Stimmung" is the feeling of "Apophany". In this mood, the patient perceives an "excruciating distinctness, specialness, and peculiarity" (Sass, 52) in every detail of his surroundings. These phases, all of which seem to alter patients' view on their surroundings, stimulate a focus on the mere existence of things, and are related to the schizophrenic view on language, since objects are "stripped of the[ir] usual meanings" and "[...] at the same time, words and syllables themselves will come to seem objectlike" (Sass, 50). Consequently, many psychotic patients have a fear of losing touch with reality. This fear can, to a lesser extent, be found in the experiences of trauma victims: their view on reality may change drastically, making the world a place of threat and danger, and their unwanted memories or flashbacks, which constantly remind them of the past, may distance them from the present. Yet, the schizophrenic's distance to reality could be considered larger than that of the trauma victim. In *The Listener*, we will come back to these elements of madness, in showing that the protagonist is gradually descending into Madness.

2.3.2. Madness, PTSD and Society

The theme of madness has always been a recurrent element in art, from the troubles of mad characters in ancient Greek or Shakespearian tragedies to depictions of psychotic delusions in films like Ron Howard's "A Beautiful Mind "(2001). This theme attracted particular interest in the domain of literature. As the attitudes towards psychotic patients changed throughout history, so did the literary portrait of the 'madman'. In literary works from before the Middle Ages, the mentally ill were sometimes depicted as gifted with sacred qualities. However, what the more recent literary works have in common, as Lillian Feder suggests in *Madness in Literature*, is the theme of social alienation of the mad, symbolic of the "struggle for psychic integration within a social framework" (279). This alienation occurs in narrations of both fictional and non-fictional psychotic patients. Rather than simply being tolerated, or even respected for what were previously considered divine qualities, the mentally ill were locked away in asylums from the 18th century on, in an effort to silence their absurd, possibly threatening behaviour. According to Foucault in *Madness and Civilization: A History of Insanity in the Age of Reason,* this development deprived the madman of his voice, reducing his status to that of a psychoanalytic object (237). In "Writing and Madness", Shoshana Felman elaborates on the role of literature in providing a voice for the madman. According to Felman, "[literature]alone restores to madness its robbed subjectivity", in that it "gives refuge and expression to what is socially or medically repressed, objectified, unauthorized, denied, and silenced"(4). She lists the various ways in which literature can express madness, such as

through both reliable and unreliable narrators, "through a theme, a character who is mad", or through "a stereotypical cliché of 'folly' as a metaphor for social deviance and dissidence (...)" (4). The idea that madness represents social deviance returns in modernist writing. In many modernist works for example, such as André Breton's "Surrealist Manifesto", the schizophrenic was idealised as a free and passionate ("Dyonisian") individual, in contrast to the rationalised human being advocated by modern society (Sass, 22-23). Feder, however, states that "[w]ords such as 'truth,' 'freedom,' and 'glory' too often blur the actual messages of the mad - in art and in life – with superimposed philosophical significance" (33). Feder perceives the mad's social alienation as a result of suffering rather than freedom:

> The varieties of communication among the mad (...) convey inner experience of enormous range and complexity. Despite this variety, patterns of communication do emerge, in literary as in actual madness. Tracing such patterns in literature, one finds revelations of suffering more often than of achievements of freedom or glory. One discovers, moreover, a symbolic language that discloses the intricate ways in which the mad incorporate the very conflict and suffering of the world from which they have withdrawn. (33-4)

Regardless of whether the social alienation of the mad is the cause of suffering or of freedom, what can be implied from both viewpoints is that the mad character undergoes an identity crisis, with regard to his self as well as to his position in society. This crisis emerges from the madman's troubles in finding his place in a society in which madness is considered the antithesis of reason: in "Grafting and De-grafting Mental Illness: The Identity of Madness", Alvise S. Tarabochia writes that "[t]he identity of madness is precisely what reason needs to exclude in order to define itself" (68). Furthermore, the identity crisis of the fictional madman is perceived by Feder as the repercussion of more general identity crises caused by modern society: "[i]n imaginative writing from the late Romantic period to the present, the increasing sense of aloneness in an indifferent universe and an amoral society is symbolically transformed into assault on the very notion of an autonomous self (Feder, 279)". The fact that the fictional madman's self is not in full control of his own actions here serves as a means to testify of the social consequences of modern capitalist culture. These consequences consist of a marginalisation of minorities (such as psychotic patients), shattered social identities (for example through different subcultures in modern cities), and the feeling that society is "amoral" and "indifferent". Via literature, however, these consequences can be denounced or made public, giving both the mentally ill and social critics a medium of speech.

Trauma victims also feel excluded from society, as many of them went through traumatic events that surpass everyone's imagination; an experience which naturally distinguishes them from others. Since only peer trauma survivors completely understand the trauma victim's story , the traumatised often come into contact with victims of the same (type of) trauma, together forming a "defence" against society's lack of understanding (or excessive patronizing). In addition, social alienation is a common symptom of PTSD. But it is also society itself which frequently gives trauma victims a sense of exclusion. According to Tal, three possible strategies exist for cultural coping with trauma narratives. Firstly, *mythologization* "works by reducing a traumatic event to a set of standardized narratives (...), turning it from a frightening and uncontrollable event into a contained and predictable narrative" (6). Secondly, *medicalization* "focuses our gaze upon the victims of trauma, positing that they suffer from an 'illness' that can be 'cured' within existing or slightly modified structures of institutionalized medicine and psychiatry" (6). Thirdly, *disappearance* or "a refusal to admit to the existence of a particular kind of trauma" works by "undermining the credibility of the victim" (6). What these three strategies have in common is the attempt to achieve a rational classification (or denial) of the traumatic events. Yet trauma victims often find it difficult to rationalise their experience: the evidence for this is seen in the suspicion towards language felt by many trauma victims – language being the instrument of reason par excellence. Consequently, the gap between trauma victims and (rational) society increases. Since trauma victims' experiences have become part of their personal identity, and society often shows a lack of understanding, a strict rationalization or a denial of these experiences, the traumatised go through an identity crisis with regard to their position in society. Tal, however, states that trauma victims can change the way society deals with traumatic experiences through testimony:

> Bearing witness is an aggressive act. (...) Its goal is change. The battle over the meaning of a traumatic experience is fought in the arena of political discourse, popular culture, and scholarly debate. (...) If survivors retain control over the interpretation of their trauma, they can sometimes force a shift in the social and political structure. (7)

Like the madman in literature, trauma victims who find themselves excluded from society can recover their voice in testimony (fictional or non-fictional), and even change society's reaction to their experiences.

In short, the conditions of PTSD and madness show many similarities, sharing certain symptoms including a suspicion towards language and a different view on reality. The exclusion of the mad, both for their own protection and for the protection of society itself, cannot be denied, since it takes place literally in psychiatric hospitals. Reflections on this position of the psychotic patient as an outcast can be found in many literary works. These reflections do not always depict the madman as an idolised free individual, or liberated from social conventions: the madman's suffering - as a result from his condition and social exclusion - is frequently present as well. Both views, however, imply that the madman experiences an identity crisis, a development that often also characterises trauma victims. The trauma victim's exclusion takes place in a more subtle way, and is caused by different factors, such as society's attempt to rationalise the traumatic experience. However, through literature and testimony the madman and trauma victim can recover their voice and retain control over the way society deals with their experiences.

III. Analysis.

The analysis of *The Listener* and *Awake in the Dark* will consist of three main chapters. In the first two chapters, respectively *Awake in the Dark* and *The Listener* will be analysed for two issues: first, the representation of trauma (and madness), and secondly the characteristics that are connected to second and third-generation survivors' fiction. These characteristics consist of a questioning of the truth, a quest motif, unreliable narrators, and a failure of language. The third chapter will consist of an analysis with regard to the gothic tradition.

3.1 *Awake In The Dark.*

3.1.1. Trauma and the Search for the Past.

In the four *s*hort stories that make up *Awake in the Dark*, a daughter goes on a "quest" for the truth about her mother's past – except for *Dark Urgings of the Blood*, in which the daughter seeks to reveal her father's past. In each of the short stories, the protagonists attempt to find out about their origins in order to fill the emptiness they have always felt, and to determine their own identity. Because these "quests" originate from the absences in the daughters' lives, they suggest that these daughters suffer from a trauma; in some cases this trauma is intergenerational. In *Awake in the Dark,* the protagonists' traumas are so intimately connected to the secrets of their parents' pasts, that in this chapter they will be treated along with the theme of a "quest" for the past.

In *The House on Kronenstrasse*, Christiane's quest sends her on a trip to a forgotten house in Germany. There Christiane finally discovers that her actual mother, who died years ago, was Jewish, and that she herself was brought up as the daughter of her parents' housemaid Hilde. The direct reason for Christiane's quest is Hilde's death and the address uttered by Hilde on her death bed - "[t]he house on Kronenstrasse. You know the number? Number fifty-eight" (Nayman 2006, 5). However, a second, more important reason for Christiane's quest is one of the few memories she has of her life in Germany, a memory which has "haunted [her] the whole of [her] life":

> I am perhaps two and a half years old, and dressed in a special dress made of maroon velvet and lace. I am playing in a fountain that is ornate – and dry. (...) My mother is nearby; I can sense her, if I do not see her. Then the moment blurs, and time skips long minutes, perhaps even hours. (...) I see my mother crouched over the steps leading up to our grand home. She seems busy with something, though I cannot make out what. At that moment she turns. She smiles. I am momentarily puzzled. I do not

> know why I am puzzled. That puzzlement has marked my relations with my kind soul of a mother for as long as I can remember. It is something I learned early on to try to hide from her. Only when I became a woman myself did I realize that my efforts had been unsuccessful – that my mother was all too aware of the odd distance between us. This distance came from me, I feel certain, and has been a great sorrow for my mother, with all the losses she has suffered, and me her only child. (Nayman 2006, 3-4)

The feelings which Christiane connects to this memory are those of absence and loss. The "distance" Christiane speaks of, which relates to her "puzzlement" in the memory, is in fact an absence of feelings for the woman she believes to be her mother. This lack of feeling is linked to the loss of her actual mother, who died in wartime Germany. The memory also reveals the absence - perceived by Christiane as a loss - of a "fullness of feeling" in Christiane's life today:

> I know why I cherish the memory of playing in the fountain. I also know why it pains me still. Within that moment is a fullness of feeling I don't otherwise have in my life. (Nayman 2006, 6)

The fact that the memory still pains her demonstrates that Christiane has never been able to cope with the thought that she could not love her own mother. Therefore she has clung to the one memory in which she did still feel this type of love, albeit not for Hilde, but for her actual mother, as the reader discovers at the end of the novella. But unconsciously, Christiane still realises that she is the odd one out in Hilde's family, as is clear from her memory of her seventh birthday, when her only wish was for Hilde's family members to stop looking at her:

> [H]ere I am, sitting before the cake, looking at the wavering flame. "A wish," my mother is saying. "You have to make a wish. "I look around the table: my mother's cousin, (...), and her husband, a clerk, both of them wearing expressions of irritation and distaste; their three children, much older than I, (...). (...) Fervent wishes regularly passed through my child's imagination at that time, intense longings incubated by the suffering I'd witnessed and by our many deprivations. But one wish only burns in my mind as I look around at those faces, at all those sideways eyes fixed on my face with a distaste I do not understand, and which makes me feel hollow and achy inside. I close my eyes and give it full voice: *Stop looking at me*. (16)

Although Christiane claims she does not understand the distaste Hilde's family feels for her, it makes her feel "hollow" inside, as if she unconsciously understands that they are correct in not perceiving her as real family. This hollowness could be the absence Christiane feels, related to not knowing her real family. Arguably Christiane's strong wish not to be looked at reveals that she still has unconscious memories of going into hiding in the house on

Kronenstrasse with her parents, as she has often had "the sense that other people are watching [her], though [she has] learned to dismiss such feelings as a quirky neurosis" (15): this feeling can be associated to her and her parents' fears of being seen by Nazi soldiers when they were hiding behind one of the walls. From Christiane's feelings of absence and loss, as well as from this "neurosis" - which can be seen as an acting out of her trauma - her need for the truth is formed, which sends her on a quest to Germany. Her search for the past can be seen as the working through of her traumas, but also as a way to discover her true identity.

Interestingly, Christiane's search for the past is also visible on the textual level. In *The House on Kronenstrasse* we can observe a constant shift between two narrators (Christiane and Hilde) who each tell their story from a different temporal perspective: whereas Christiane's storyline takes place in 1985, Hilde's story is set in 1940. These time shifts have the effect of literally bringing the past closer to Christiane's present by formal means. In an interview with Erika Dreifus, Shira Nayman herself comments on these time and narrator shifts:

> I have long been intrigued by the shimmering and paradoxical nature of time (…). The shifting narrators and temporal vantage points seemed to work well, allowing me the kind of fractured narrative I wanted but at the same time providing a visceral immediacy as far as the characters' experience was concerned. I wanted to close the distance between the present and the past, and between the protagonists and the reader; I wanted to slam the reality of what I was writing about directly into the reader's consciousness and emotions, to engender the feeling—"This is happening *to me*, and it is happening *now*." (Nayman, interview with Erika Dreifus)

Thus, the past is of great importance for Christiane's - and the reader's - understanding of her present, and it is brought closer in the content of the narrative, but also on a textual level. If Christiane's traumas determine a major part of her identity, so will her quest for the past: in searching for her real family origins she will find not only the causes of her traumas, but also the key to the person she actually is, namely Rachel Arnhold.

The shifting between narrators and different temporal vantage points returns in *The Lamp*. Like in *The House on Kronenstrasse*, the two narrators are a mother and her daughter (respectively Ruth and Miriam). Whereas Miriam's story is situated in 1987, Ruth tells her story from both 1987 and the 1940s. In *The Lamp*, however, Miriam does not find out the complete truth about her mother's past, while the reader is let in on the "secret" through Ruth's testimony. Miriam finds out that her mother was Jewish because of funeral arrangements Ruth made with the local rabbi before she died, but she does not uncover the

story of Ruth's survival in Nazi Germany. The uncertainty about her mother's life, and about her own identity, is made clear at the funeral, by the question Miriam asks her mother in thoughts while reading aloud part of the Kaddish, (a Jewish prayer for the Dead):

> I stumble over the unfamiliar words; my voice is shaky and gravelly and harsh. "Yisgodal ve yisgodash shemay raba". *Mama, I know you can hear me. Mama, from your double grave, hear the words of your people. I am doing my best to give them voice*. I stumble through the prayer. I look into my mother's grave. *Mama, are they my people, too?* (Nayman 2006, 138)

The motif of a quest for the truth is less obvious here, since in the end Miriam completely accepts the fact that her mother had secrets:

> Yesterday, I was greatly troubled by the thought that I'd never know the significance of my mother's lamp. I felt shut out, once and for all, from really knowing her. Now, though, looking into her grave, I feel something else. That my mother had every right to keep hidden whatever she needed to hide. Today I will also lay to rest the secret of the lamp, here, in this Jewish cemetery, where my mother deemed she belonged. When I visit the grave, I will honor her secrets, along with her memory. (Nayman 2006, 137)

However, one could say that in this short story, it is in fact the reader who goes on a "quest" in order to find out the truth of the lamp, since it is the reader who is let in on the secret, and for whom the lamp becomes a lugubrious token of the Holocaust.

In *The Porcelain Monkey*, both the mother (Suzana) and the daughter (Rinat) are curious about their family history. Remarkably, this narrative does not concern the trauma of Jewish survivors of the Holocaust, but the trauma of a German perpetrator family. Suzana converted to Judaism after she heard that her father was a Nazi soldier working in the concentration camps, and changed her name to Shulamit. The name "Shulamit" brings to mind the famous Holocaust poem "Death Fugue" (or "Todesfuge") by Paul Celan, in which the Aryan Margarete, who has "golden hair", is contrasted to the Jewish Shulamit, whose hair is black as "ash"[14]. In *The Porcelain Monkey* this contrast is echoed in Suzana's double identity, emphasised by her use of brown contact lenses in order to mask her blue eyes. Suzana, whose character functions as the story's only narrator, takes us further into the past to the moment of Suzana's "quest", when she investigated her deceased mother's diaries and her father's old possessions. Similar to Christiane in *The House on Kronenstrasse*, Suzana's quest for the past

[14] This poem is included in the Appendix.

partly originated from her lack of feeling for her own mother. However, in this story the daughter blames the mother for their odd relationship, and not herself, as Christiane did: "[a]ll my memories of [my mother] involve a recoiling of her coldness, her selfishness, from the anger that oozed from her like a toxic, oily liquid" (63). Suzana finds out that she is the result of a genetic experiment with people of the "Aryan race", "to populate the Third Reich with perfect, Aryan specimens" (67). Her mother's diary notes from this particular period show that she was "a shallow twenty-three-year-old" (68) who wrote down "hysterical declarations of allegiance to her Beloved Fatherland" and "pining protestations of love for her hero-heartthrob [Adolf Hitler]" (67). When Suzana finds the wooden top her father once gave her, and which she now knows to be a Jewish dreidel, she decides to ask her father why he gave her such a peculiar present. He finally tells her that he was the "keeper of the doors" (78) to the gas chambers at the Ravensbrück concentration camp, and that he took the dreidel from a little Jewish girl, whom he had dropped on the floor by accident after her mother threw her into his arms. After this confession Suzana decides to "give" the little Jewish girl "back her life", i.e. to become Jewish herself, exchanging her own life for the one the little girl could have led:

> "I will rescue you," I whisper, clutching the little toy [the little Jewish girl] surely treasured as I had. (...) I am in the car. I check the rearview mirror before backing out of the parking space, catch sight, in the glass, of my blue, blue, cornflower eyes. I swipe at the tears on my cheeks. "I will give you back your life," I whisper as I roar down the steep driveway and out onto the open road. (82)

Eventually, Suzana can "no longer stand to catch sight of [her]self in the mirror because of the unnaturally bright blue of [her] eyes, eyes that were the result of a bizarre bit of genetic planning in a dark hour – [her] dark hour" (85); so she starts wearing brown contact lenses. This reaction could be seen as a vicarious experience, since Suzana seemingly identifies with the young victim of the Holocaust her father told her about. Suzana's change in eye colour is an important part of the evolution of her - or Shulamit's – character, so that (blue) eyes become a symbol for the truth throughout the story. Her daughter Rinat, for example, who has inherited her mother's blue eyes, questions her origins because of her eye colour, and only discovers the truth about her mother's past when Suzana's natural eye colour is revealed to her. The fact that Suzana repeatedly complains about dry eyes from wearing the contact lenses, and goes to great lengths to hide her real eye colour from her family, is symbolic of Suzana's hardship in converting to Orthodox Judaism and obeying the strict rules this religion imposes. This hardship is part of Suzana's acting out her "perpetrator trauma":

presumably connected to both her vicarious experience with the little Jewish girl, and her taking over the guilt her father feels via the absent presence – or the family secret - of his past. In order to pay for her father's deeds, she felt she had to give up her own life and lead the life of one of her father's victims. The fact that Suzana gave up her running career (even though she very much enjoyed it) only "to spite her [mother]" (87), who used to be an Olympic champion in this field, could be the repercussion of the guilt Suzana felt for her mother's adoration of "her beloved Führer" (66). Because Suzana felt guilty for her mother's behaviour, and did not want her to plan her life, she "put a quick end to it all", even though it was in some ways "at [her] own expense" (64). Her mother's adoration of Hitler was possibly also one of the reasons why Suzana could never love her mother: Suzana admits to Rinat that she "didn't know exactly why [she] hated [her mother] at the time" but that it was "only later, when [she] learned he truth about her, that [she] understood" (87).

But the guilt Suzana and her father experience is not confined to these two generations. Suzana's daughter Rinat seems to take over some of her mother's feelings and "knows" what is going on without her mother telling her the details of Rinat's grandfather's doings, or so Suzana tells us:

> I look at [Rinat] and sense that she knows these things [her family history] without me having to say them, wonder again at how this child of mine, now a grown woman herself, can know the things she knows. It's as if the secrets of her parents and grandparents are siding up against her own soul. (88)

Although Rinat's actual feelings with regard to these secrets cannot be known, since Rinat is not the narrator in this story, we might conclude that the perpetrator trauma in this family has been taken on by a new generation, possibly via epigenetics, but probably because of her living in a dysfunctional family, in which her mother continuously attempted to hide her 'true colours' from the rest of the family.

In *Dark Urgings of the Blood*, the motif of the quest returns in Deborah's search for her father's past, after her psychotic patient Dvorah insists that she and Deborah have common backgrounds. Dvorah claims that she and Deborah are the same, and that both Deborah and Dvorah are guilty of the crimes Dvorah's uncle has committed in the war. This uncle is later revealed to be Deborah's father, who was a Nazi mascot during the War, wearing a Nazi uniform. After Deborah suspects her father is not telling her the truth about who he is, she

undertakes a quest for the truth. Deborah's quest, like Rachel's, originates from a feeling of emptiness, and an anxiety which she has felt from a very young age:

> As a child, I would sometimes lie awake at night, engulfed by a black feeling that snuffled light and joy. Heart racing, I would lie trapped in my bed, gripping the sheets, certain I must flee some appalling, imminent danger. (...) I would close my eyes and listen to the thudding of heart and hissing of blood, sounds that seemed to come from an ominous reality that existed secretly, silently, behind the bright, freshly painted scenery of my daily existence. It was only a matter of time, I felt certain, until the walls of my waking life – days of contentment and play, the adoring faces of my parents – would crash in on me and I would tip into the terrifying pit that lay just on the other side. (149-150)

Later on in the story the narrator further explains her fear of this "black pit" with a flashback to her teenage years, when she was a member of a Jewish Youth Movement, more precisely to the moment when she watched *Night and Fog*, a documentary about the Holocaust:

> A bulldozer, working over piles of dirt. The lighting of the movie was poor; the projector flickered mistily, pouring its black-and-white images through the air, where they smacked up against the screen, then slammed onto the retinas of my eyes to ricochet around my head. Back and forth, the bulldozer lunged and withdrew, turning over its huge piles, which rolled slowly, luxuriantly, against the blades of the plough. Naked bodies, skeletally thin, bony limbs intertwining, coupling, uncoupling, the thin skin of malnourished faces stretched across bony skulls, open eyes, grimacing mouths, this one gaping, that one pressed tightly closed, rolling, rolling, a morbid dance of corpses as they turn and turn and sweep toward the pit. (…) My mind seized on a thought – any thought, to rescue me, too, from being plunged down into the ground. *Who was operating the bulldozer?* This thought appeared in my mind as a thin red line of words piercing the suffocating black plunge. *Who was it sitting there, pulling the lever, turning the wheel? Who was he, and what was he thinking?* Here was the black pit I had trembled before the whole of my life, from the time of my very first memories: here it was, in eerily translucent form, flickering upon the screen. (199-202)

In this moment Deborah finally understands that it is the Holocaust that has been haunting her all of her life. The blackness and fear Deborah feels are the repercussions of an inherited trauma, most likely transmitted through her father Jacob, who 'survived' the Holocaust as a Nazi mascot. Although Jacob never told his daughter of his past, it manifested itself as an absent presence in Deborah's life, which none of the family members spoke about. (Deborah's mother admits she and Jacob have a pact, in order not to speak about their pasts.) As a member of the second generation, Deborah has not consciously lived through the

Holocaust, but has (unconsciously) feared its horrible events her entire life, even though she did not know about the Holocaust before she was fourteen years old. Deborah's "blackness" is also felt by Dvorah, who later turns out to be Deborah's cousin. Dvorah describes the emptiness as a "vacuum of silence", a notion which she explains by drawing a "Star of David":

> [Dvorah] raises her hand and sketches something in the air. (...) At first, I don't know what she's doing, but then I realize she's sketching in the air a large, six-pointed Star of David.
> "You. Me," she says. "Past. Present. Suffering. Sin." With each word, she stabs the air at the places where she'd just made the points of her star. "It would be easier to show you if I drew it," she says.
> (...) "Here, in the middle" – she points to the empty hexagon in the center of the star – "this is the secret at the heart of it all."
> (...) "The vacuum of silence," she says. "The inside of a locked-up secret." She is far away, and yet I feel as if I've never been closer to her, never closer than this.
> "To which the key –" She continues, speaking slowly, now, oddly drawing out her words. "Has been –" Now, she stops.
> "Yes?"
> I wait. Nothing. And then.
> "- thrown away." She breathes the final word like a sigh. (191-192)

The "vacuum of silence" Deborah and Dvorah experience, as well as Dvorah's insinuations about Deborah's origins, incite Deborah to finally ask her father what he has experienced in the past. However, when she starts questioning his answer, she decides to investigate his past herself, and discovers documents in the attic which prove that Dvorah's delusions are clearly linked to what happened to Deborah's father Jacob.

Apparently, during the war Jacob found himself in what Primo Levi called the "gray zone" (Levi, 42). This zone, "where the two camps of masters and servants both diverge and converge" (42), includes Jews who collaborated with Nazi soldiers in the concentration camps, often to enjoy privileges. Although Jacob did not go to the camps, he did go "over to the other side" (Nayman, 239) and lived the life of a Nazi boy. At the age of 5 Jacob watched his family dig their own graves before being murdered by Nazi soldiers, while he was hiding in a hut nearby. Shortly afterwards, Nazi soldiers found him and took pity on him. They took him in, claiming that the boy was the orphaned "son of an Aryan farmer" (262) - a story believable because of Jacob's fair complexion. Jacob was used as a mascot: he wore a Nazi

uniform and performed the *Sieg Heil*, and was made to observe the soldiers when they were eliminating Jews:

> "I lived with those soldiers for five years. One of them set up a little cot for me in the corner of their barracks. I was made to observe everything they did. For a time, they were a firing squad. Then, they started using vans with gas…" Now, [Jacob] trails off and falls silent. After some minutes, he speaks. "I was always afraid of the other soldiers. But Albrecht – the one who took me in – he treated me like a son." (261-262)

Soon Jacob became the subject of a newspaper article, performing the Hitler Salute in the accompanying picture. The fact that Jacob has always kept this article, as well as the fact that he never spoke about his life in Poland, indicate that he has not been able to cope with his past. However, arguably there is more to Jacob's past than what he told his daughter in this conversation. The fact that he falls silent after mentioning the eliminations of the Jews, before changing the subject to his adoptive father, could mean he had a bigger role in the killings than that of a mere observer. In any case, Jacob's reaction after he tells his daughter about his "betrayal" shows that he has a strong feeling of guilt, which indicates that he suffers from a perpetrator trauma with regard to his actions (either as an observer or in a more active role):

> [M]y father's face crumples. I watch as if in a dream: my father, always able and unremittingly stoic, is hunched over, his crumpled face all but unrecognizable, tears streaming from his eyes, lost in a place of grief pried open by me. (...) "Papa," I say. That awful, distant, faraway sound – it is my own voice. "What kind of hut was it?" He turns to me now – I see his eyes. They are black, rimmed in red, and bottomless. Suffering and madness of a different kind than Mr. Husani's or Dvorah's – the nightmare no delusion – but madness nevertheless. "The hut?" he asks. His voice is a whisper; his voice is filled with pleading. Again, he turns away. Now his legs buckle, he falls to his knees, grasps the windowsill, and looks up, out the window, into the sky. His eyes are streaming, his mouth is stretched around a silent howl. No sounds but a stifled gasping for air. His shoulders heave, he continues to peer into the heavens. (263-264)

In this excerpt, Deborah compares her father's behaviour to that of her mad patients, all the while calling her father's madness different than the ones she has seen so far. However, Dvorah shows a feeling of guilt that is not different, but similar to that of Jacob: in many of her therapeutical sessions with Deborah, Dvorah repeatedly accuses Deborah of having committed Dvorah's uncle's "crimes", stating that they both have to pay for his past. After she explains to Deborah that "her father's brother came to [her]" when she had given birth,

inciting her to give birth to more babies as "fresh supplies" for [the Nazi soldiers] to shoot" (238), she loses her temper and confronts Deborah with what she claims is part of Deborah's heritage, too:

> "When will you have the guts to own *your* piece of it? To admit that you've committed the very same crimes you accuse me of?" (…)
> "(...) I'll expose you, I will. I'm not going to let you get away with it." (...) "You see," [Dvorah] says, (…) [y]ou're just as guilty as I am. You wore the uniform once yourself. I don't know what you've done with it. Maybe you locked it in a trunk and put it up in the attic. But you have it, I know you do. Everything you are – what you wear, what you do. It's false, all of it. Nothing but a disguise." (238-241)

Dvorah's sense of guilt indicates that she inherited Jacob's perpetrator trauma through her father's stories. However, in Dvorah we can see not only signs of a perpetrator trauma, but also of a trauma connected to victims of the Holocaust, probably through empathic unsettlement with regard to her father, who survived the Holocaust, and a vicarious experience with regard to Jacob, who witnessed his family being shot. Dvorah's vicarious experience is demonstrated in her dream about Jacob, in which she *is* the little boy in the hut. In this dream, Dvorah relives Jacob's experience, even though she was never actually there. Furthermore, like many other women in her Hasidic community, she felt the need to "provide" enough babies to "make up for the terrible losses" (236). This need, as well as Dvorah's fear of the Holocaust, return in another dream of hers, in which she lies in a delivery room, giving birth to dozens of babies:

> I raise myself up on my elbows, just as another baby pushes out between my legs. I scan the room. (…) I am no longer in a sterile, enclosed room but on a hospital bed out in the middle of a large field. (…) I strain up to a sitting position and see that some distance away is a large pit. As quickly as I am delivering babies, they are being taken by a guard and perched at the edge of the pit. Then – again, I hear that sound. My eyes move slowly in the direction of the noise and land on its source: a soldier in a brown uniform has his rifle raised and is firing shot after shot. Each one hits its mark; following each, one of my new babies falls dead into the pit. (…)" (236-237)

Dvorah's nightmare about giving birth to babies who are shot by soldiers right after they are born shows her anxiety with regard to the events of the Holocaust, although she never experienced these events herself. Dvorah arguably inherited both a victim and a perpetrator trauma through empathic unsettlement and a vicarious experience when her father told her stories about the Holocaust and about his traitorous brother Jacob, as well as through a dysfunctional family environment, since her father did not realise that his stories were too

horrific for a little girl's mind. As a consequence, at the age of four Dvorah believed that the Nazis still existed and were going to murder her:

> "My father told me stories about his life from the time I was very young," [Dvorah] says. "Too young, really, to grasp what he as saying." (…) "He told me too much. Too often. Over and over again. He would get this faraway look, and once he started on a story, he had to see it through to the end. I heard them all so many times…" (…) I wondered. *Did I look Jewish?* What exactly did it mean to *look Jewish*? And if I did, what would I do or say when the people who kill Jews came to get me? (…)" (159-160)

After the decision to have only seven babies, Dvorah seemed to have worked through her victim trauma, but her perpetrator trauma continued to haunt her after the birth of her seventh child, as she started to have hallucinations of being visited by her father's brother. These delusions can also be seen as the influence of a psychosis, probably related to her inherited traumas. In one of her conversations with Deborah, Dvorah attempts to work through her perpetrator trauma by explaining away her uncle's crimes, stating that "*God needs the evil as well as the good*" (216) and that she and Deborah, as "bearers of evil," "live out the evil in all human souls on behalf of humanity, so that the coming of the Messiah might be hastened" (217). Yet in the end Dvorah could not cope with the fact that Deborah was "getting away" with (not knowing) her father's past, while Dvorah herself suffered from anxiety and guilt because of this past, so suicide seemed Dvorah's only solution.

The fact that Deborah begins to feel her traumas more strongly and starts questioning her father because of Deborah's sessions, alludes to the dangers of being a psychiatrist, or the 'listener' to other people's testimonies. Both Jews, Deborah and Dvorah start to identify with each other: Dvorah attempts to convince Dvorah that they have committed the same crimes, and at one point Deborah dresses up as an orthodox Jew in order to experience what Deborah's lifestyle is like. Deborah arguably identifies with Dvorah because of a vicarious experience, as well as through empathic unsettlement, the latter of which is demonstrated when she admits the "dreadful stories [Dvorah] was told have found their way into my dreams" (182). The dangers of being a psychiatrist are also demonstrated in Deborah's reflections on the belief that the motto of a psychiatrist should be "No Trespassing" (184). (With this sentence, Nayman also refers to the concentration camps, in which signs carrying messages as "Halt!' were abundant.) However, Deborah feels as if this motto is wrong: "Am I not shedding healing light but rather causing walls to come crashing in, with potentially

disastrous consequences?" (184). This scene could also be viewed as a positive reflection on the listener in an active role, intervening with his or her patient's testimony rather than 'building up walls'.

In short, at the heart of each story in *Awake in the Dark* lies a quest for the truth. The main causes for these quests are family secrets, or the absent presences that constitute the past of the protagonists' parents – absent because of the fact that they are never mentioned, but present because they are constantly haunting the main characters' lives. Whereas some of the characters (such as Suzana and Dvorah) suffer from a trauma because they know too much about their parents' experiences, others displayed trauma symptoms even before they consciously knew the truth about their parents. As we have observed in the theoretical part of this thesis, both the expression and the suppression of traumatic experiences can have a traumatising impact on the next generation; an impact that affects the members of both survivor and perpetrator families.

3.1.2. Fiction of the Second and Third Generation.

In the previous part, we analysed the quests undertaken by the main characters in order to work through their traumas and discover their true identities. As we have indicated in the theoretical part of his thesis, a search for the truth about the past is characteristic of the second and third generation of survivors. In this quest, some sources are found to be more reliable than others, or not reliable at all, which makes the reconstruction of the truth very difficult. In post-memorial fiction, the reader is often placed in a similar position, by having to find his way through different versions of the story, as well as by encountering unreliable narrators and language failing to convey its message. These three elements return in *Awake in the Dark*.

In *The House on Kronenstrasse*, Christiane as a narrator is not very reliable when it comes to the past. This fact is demonstrated by the repetition of Christiane's only childhood memory. In the memory, as mentioned by Christiane at the start of the story, Christiane's "mother" is "crouched over the steps", "busy with something" (4), before she turns around and smiles at Christiane. Yet the second time this memory "rears up" (40), the first version of it is revealed to be a false reconstruction of the past, since Christiane realises that the woman in her memory is in fact not her mother, but a maid cleaning the steps:

> The old memory rears up. That puzzled feeling again – only this time I am puzzled because I am wearing a beautiful dress of velvet and lace, and my mother is dressed plainly, over by the steps. This is new, entirely new. Here, then, is the source of the puzzlement that has always dominated this memory, snapped, of a sudden, into clarity: I am in velvet and lace. And this is in contrast to my mother, who is crouched over the steps. (…) She turns, as she has turned all these years over and over again in the vibrant eternity of my memory. (…) I smile and wave – not with a child's hot love for her mother but with something else: mild and peripheral affection, my attention more wholly absorbed by the pleasure of playing in the empty bowl of the fountain. She is wearing a uniform, (…) The uniform of a maid. I see now what she is doing. My mother is scrubbing the grand stone steps of the home. And then this: *She is not my mother*. (40)

The final step in the evolution of Christiane's memory concerns the identity of Frau Arnhold, Rachel's actual mother. The last mention of the memory – or, in this case, a flashback - completes the scene which has haunted Christiane all these years:

> Time skips backward – but no, it is different. (…) "There is Hilde," I say. I raise my arm in acknowledgement. Now I turn to see her, her dark hair bouncing a little around her lovely face as she hurries toward me. Now I am flooded with the hot passion a child has for her mother, that flash flood of feeling that makes the world vivid and bright. "The fountain is dry!" I call out with fervor. "Yes, my love. Isn't it fun?" Her voice. I run into her arms. She embraces me, kisses my cheek, strokes my hair. I smell her. She smells warm and kind; she has the scent of jasmine. "Mama," I say. My heart is so full that I fear it will burst through my chest. "Rachel," she says. "My sweet Rachel." Rachel. My name is Rachel. She laughs. It is the sound of sunlight, the sound of a happiness I have never consciously known. "I see you have dirtied your dress! Never mind, little gosling. Hilde will clean it. It will be as good as new." I turn again to see Hilde, by the steps. Our maid. Kind, devoted Hilde, who tried so hard to be a mother to me. Who, in saving my life, took away my past. (43)

In other words, Rachel does not remember the actual content of this childhood scene, or her actual name, until the very end of the story. This situation ensures that the reader is at first as much in the dark about the past as Rachel is, misled by the narrator's faulty description of the scene, as well as by the headings introducing each chapter (in which the name of the narrator is given, as well as the location and the year). In these headings Rachel is referred to as Christiane, even when the reader already knows Christiane is not Rachel's actual name: the deliberate lie is continued after chapter VI, in which Hilde reveals that Christiane is not whom the reader believed her to be. Rachel's unreliability as a narrator might originate from the fact that she has unconsciously repressed the elements of this memory which prove that Hilde is not her real mother, as a result of narrative fetishism with regard to the trauma of

losing her actual mother. As narrative fetishism is "the way an inability or refusal to mourn emplots traumatic events" and "a strategy of undoing, in fantasy, the need for mourning by simulating a condition of intactness" (Santner, 144), it can be argued that this is how Rachel managed to avoid mourning her mother's death.

Yet Rachel's memory can also be used as an example of the technique of mediation, since it is described by both Rachel and Hilde. In Hilde's account, the moment in the fountain is mentioned when Hilde leaves her (actual) daughter Christiane to die in the arms of Frau Arnhold: "Before exiting [the space behind the wall], I turn briefly to glance at Frau Arnhold, who is fingering the velvet dress I quickly pulled onto Christiane. It was Rachel's dress; I remember how upset she was once when she soiled it while playing in the dry fountain that August had emptied to clean" (37). With this memory, which Hilde mentions only once, she gives a different perspective on the fountain scene. Christiane's rather emotional account of it differs from Hilde's, which is brief and factual: whereas Christiane focuses on her warm feelings for Frau Arnhold, Hilde focuses on the fact that Rachel was upset about soiling her dress - an element which is not even present in Rachel's own memory. The ambiguity of the fountain scene thematises the issue of different versions of the past, since in the end the reader cannot completely be certain of the true content of this scene: either it can be seen as a daughter's emotional response to her mother, or it can be considered an indication of the unworldliness of this wealthy child in wartime, upset about soiling her dress.

The technique of mediation returns in the other short stories. In *The House on Kronenstrasse* and *The Lamp,* the use of two narrators might suggest that information from the past can be changed or lost as it is passed on to other generations, and emphasises the fact that, for members of the second or third generation, the truth can never be accessed directly. Even though in *The House on Kronenstrasse,* Rachel is more or less successful in discovering the truth about her parents, it is because she remembers most of it herself - as she was actually there. In *The Lamp*, however, Miriam does not find out her mother's past: the information is lost forever, because Miriam has no direct access to it, and because the person who did took it to the grave. The only "witness" of this past is her mother's lamp, which will eventually also be taken to the grave. The problem of the second generation's indirect access to the truth is emphasised by the double narration: Nayman's decision to let her readership have access to both the past and the present lets them know much more about the past than the character of

the second generation does, and demonstrates that the daughter cannot possibly know her parents' past to the same extent the reader does.

In *The Porcelain Monkey,* the issue of mediation is reflected in the story of Mendelssohn's monkey statues, to which the title refers. In this (true) story, which Shira Nayman based on the version in Amos Elon's *The Pity Of It All: A Portrait of Jews in Germany*[15], the Jewish philosopher Moses Mendelssohn was forced to buy twenty hideous porcelain monkeys: at the time German law prescribed that whenever a couple of Jews desired to marry, they would have to purchase a certain amount of expensive porcelain (which they were not allowed to choose themselves) from the Royal Porcelain Works. In *The Porcelain Monkey,* Suzana's friend Bertholdt means to include one of these porcelain monkeys in an exhibition mounted by the West Berlin Senate, but the Senate do not agree with his decision: they believe that the statue is "too ugly" and "too pointed in its message of centuries' old anti-Jewish sentiment" (53), and that "putting the Mendelssohn monkey on display is just another act of chest beating" (54) for the German people. Despite Suzana's attempt to convince the Senate of the monkey's historical value, Mendelssohn's monkey is not included in the exhibition, but instead replaced by a prettier looking monkey figurine. This story demonstrates that in only one generation's time, history (or the way it is perceived) can be altered - voluntarily or involuntarily. The Senate's decision to replace Mendelssohn's ugly looking monkey by a prettier one is not a mere change in appearance, but a change by which part of the harshness of Mendelssohn's story, and thus part of the truth, will get lost to the audience. This loss is possible because the audience only has access to the truth through what they see in the exhibition. As a consequence, the exhibition will not inform the audience of the complete truth about the lives of German Jews in the 18th century. This fragment can be seen as an example of how history is very often mediated, and thus not always to be trusted.

In *Dark Urgings of the Blood,* we can also observe a reflection on mediation: namely in the way Deborah hears her own father's story before she asks him about it. In one of Deborah's therapy sessions with Dvorah, Dvorah describes her dream-vision of being her uncle in the hut, while he watches his family die. She also describes the Nazi uniform her uncle was wearing during his years as a Nazi mascot. These stories Dvorah has heard from her own father, who in turn discovered the truth about his brother in a newspaper article, which is the same article that Deborah found in the attic afterwards. As a consequence, Deborah discovers

[15] Elon, Amos. *The Pity of It All*: *A Portrait of Jews in Germany 1743-1933*. London: Penguin Books, 2004.

her father's story through three different "mediums". In this short story, emphasis is also put on a transmission to the next generations through the Jewish custom of naming a child after a deceased relative. Both Deborah and Dvorah (whose name is the Hebrew version of Deborah) were named after their (common) grandmother: their fathers both did not know their brother was still alive and named their daughters after their own mother. In addition, Dvorah named her third son Jacob after her father's brother, whom she believed dead. The fact that Jacob Senior is not dead, however, evoked signs of superstition in Dvorah's own father, who is convinced that the boy will be influenced by the "evil eye" (279). The tradition of naming children after deceased relatives in this story connects to Dina Wardi's explanation of "memorial candles" - traditionally a Jewish way of mourning the dead by lighting a 24 hour candle (or "yahrzeit"): in *Memorial Candles: Children of the Holocaust*, Wardi argues that children of survivors often "serve as a compensation and a substitute for their [parents'] relatives who had perished, their [parents'] communities that had been wiped out and even for their [parents'] own previous lives", and that they are "perceived as symbols of everything the parents had lost in the course of their lives" (or as "memorial candles") (27). Many of these children are "burdened by the charge to make up for the lives lost during the Holocaust" (Codde 2011, 685); and most of them were named after these lost relatives (Wardi, 29). In *Dark Urgings of the Blood*, both Devrah and Deborah have adopted the status of memorial candle: they were both named after their paternal grandmother, and both of them feel incredibly affected by the Holocaust. They also show signs of what Wardi calls the motif of "the rescue of the family" (46), i.e. the urge to undo what happened to their parents, or to save them from the evil they went through in the Holocaust. When she confronts her father with his past, Deborah pronounces the wish of rescuing him and undoing what happened:

> I want to run after the little five-year-old boy racing in the dark, clutching the precious round stone he has saved for his brother. I want to take him in my arms and comfort him, tell him he's safe, take him away from all he is about to experience. I want to prevent it from happening. I want to undo it. Undo it all. (Nayman 2006, 263)

Dvorah, on the other hand, arguably feels she can save herself and her father by transferring her (and her father's) feelings of guilt to Deborah, whom she feels should take her "rightful place" (228); i.e. as the daughter troubled by guilt because of what her father did. This "transfer" is demonstrated in the odd ritual Dvorah performs when she attempts to put her wig[16] on Deborah's head, while humming a song used in a Jewish wedding ceremony. Right

[16] Jewish women who follow the Hasidic tradition wear a *sheitl* (wig) or a *tichel* (scarf) to cover their hair.

before this performance, Dvorah mentions that she came to the hospital so that she and Deborah can "make the switch" (229): this could be the switch which makes Deborah step into Dvorah's shoes, and making Deborah become aware of the guilt she should feel for her father's acts. Furthermore, the fact that Dvorah thinks she has" found (…) a way out" (217) when she claims that "*God needs the evil as well as the good*" (216), shows that she is very eager to find a solution for the evil her father's brother supposedly has conflicted upon his family.

A third characteristic of postmemorial writing consists of references to the unreliability of language. In *Awake in the Dark,* we observe this characteristic in the way objects - not words - are the bearers of the truth in all of the four stories. Each title centres on an object or a substance (a house, a porcelain monkey, a lamp, and blood), which in that specific story contains the truth about the main characters' family past. The objects could be seen as witnesses, who nevertheless cannot always tell their story, as is proven in *The Lamp*. In *The House on Kronenstrasse,* the residence on Kronenstrasse houses the bodies of Rachel's parents and little Christiane, which are literally traces of how Rachel took Christiane's place and of how Rachel's parents died while hiding from the Nazis. In *The Porcelain Monkey,* Mendelssohn's monkey is a symbol of the anti-Semitism Suzana's father took part in in the concentration camp, as well as of Suzana's own past as a German art expert, as well as an expert of Mendelssohn's life. In *The Porcelain Monkey* the dreidel can be viewed as a second object standing for the truth, namely the truth about Suzana's father's past: it is because of the dreidel that Suzana suspects her father of having more to do with the Holocaust than he ever cared to admit. In *The Lamp,* Ruth's lamp, which she takes from the Nazi officer (Herr Hubich)'s house, is a silent witness to what happened to Ruth, as well as to the Holocaust, since its shade is made from Jewish skin. The lamp, as described by Ruth, evokes a certain "unearthly" atmosphere, which could be due to the material this object is made from, but also to the secrets this object contains:

> I remember the way my skin glowed when Miriam was growing within me. Now I recognize the unearthly glow I have known all these years in the light of the lamp. It is the same glow: the glow of a life, springing from nothing, blooming from the heavens within a woman's womb. (…) My lamp - the shade. Someone's skin. Someone like the woman in the cattle car. Someone like her. Someone like me. (135)

The way Ruth feels she must take the lamp with her when she leaves Herr Hubich's house after a bombing destroyed the city, is also indicative of the lamp's value, arguably due to its quality as a "silent witness":

> I am looking again, at the lamp. I am struck by an odd certainty: that this lamp needs to be rescued. That I need to take it out of this place and bring it back with me. (132)

In *Dark Urgings of the Blood*, the word "blood" in the title arguably stands for Deborah's family line – in which the secret of Jacob's past is "hidden". Deborah's blood (or family line) is the same as Dvorah's: this fact is part of the secret of Jacob's past, since Deborah does not know that her father had a brother, or that Dvorah is her cousin. A second object of importance is the photo in the German newspaper article (only the picture is important, since the narrator, Deborah, does not speak German and therefore cannot understand the meaning of the words). This photo, which shows Jacob performing the Nazi salute, can also be seen as an object holding the truth, for it is after discovering this picture that Deborah knows that Dvorah's story is true:

> I look back to the picture, and now I see. My father, before he was my father; this distant, unknowable boy with the face that is simultaneously serious and blank. He is wearing a uniform; his arm is raised in a salute. His arm is raised in a *Sieg Heil* – a terse, properly rendered Nazi salute. This boy, my father, is wearing a Nazi uniform; the swastika stands out blackly on his left arm. (…) I don't know what to think. I am losing my mind. I hear Dvorah's words echoing inside my head: *You wore the uniform once yourself. I don't know what you've done with it. Maybe you locked it in a trunk and put it up in the attic. But you have it, I know you do*. Have I slipped over – over to the other side? (256)

The fact that these objects and substances hold the truth about the past can be linked to Pierre Nora's article "Between Memory and History: Lieux de Mémoire". The objects from the titles become *des lieux de mémoire*, "where memory crystallizes and secretes itself" (Nora, 7), or as Hirsch puts it, "sites of remembrance" (22). According to Nora, the *lieux de mémoire* are "material, symbolic, and functional" (19). They are "created by a play of memory and history", and are indicative of "a will to remember": "without the intention to remember, lieux de mémoire would be indistinguishable from lieux d'histoire" (19). The objects which are mentioned in the titles of *Awake in the Dark* can be considered witnesses of historical events, but the protagonists' will to remember these events with the objects (e.g. Ruth's insistence on taking the lamp with her, or Hilde pronouncing her last words about the house),

as well as their capacity to make others remember what happened because of them (e.g. the gradual returning of Rachel's memories when she finds the bodies in the house) also makes them objects of memory.

In short, *Awake in the Dark* is clearly a work of trauma fiction, with references to the way fiction is dealt with by authors of the second and third generation. Whereas the main characters each suffer from traumas, which are either first hand or inherited from their parents, an underlying issue of the search for the past (and for the truth) can be observed as well. The stories clearly show characteristics of postmemorial fiction. The analysis demonstrated that the reader is often placed in a similar position as the protagonist in their search for the truth: he also has to find his way through different versions of the story, he encounters unreliable narrators, and he is confronted with objects, rather than language, revealing the truth. These techniques result from the inability of accessing to the truth directly, as the testimonies of the second-and third-generations' parents, or documents relating wartime experiences, are often not reliable. As Deborah's father puts it when Deborah accuses him of lying to her about his past, "[t]ruth in such situations becomes elastic. It's not always easy to know what is reality and what isn't" (259).

3.2. *The Listener*.

3.2.1. Trauma, Madness and War.

In *The Listener*, trauma is strongly connected to war. Unlike the characters in *Awake in the Dark,* the main characters in *The Listener* suffer from traumas that do not originate from the Holocaust, but mostly from the battle field. As observed in the first part, the soldier's identity is ambiguous: he can be viewed as hero, perpetrator or victim. Trauma in *The Listener* is also closely related to madness. In the theoretical part, it was observed that PTSD and psychosis can sometimes be perceived as two possible outcomes of undergoing a traumatic experience. Furthermore, trauma can also pave the way for a psychosis, and vice versa. The main characters in *The Listener* (the patient Bertram Reiner, Nurse Mathilde Willoughby and Dr. Harrison) each suffer from traumas, and come into contact with psychosis on a daily basis, in an attempt to master it either from a patient's or a doctor's point of view. One of the major themes of this novel is the questioning of boundaries; namely the boundaries between psychosis and PTSD, or between sanity and insanity, but also those between doctor and patient, or between perpetrator and victim. Firstly trauma will be discussed as related to War, and secondly the element of psychosis will be added to the discussion.

3.2.1.1. The Traumas and Ambiguities of War.

Dr. Henry Harrison, the narrator of the story, is the chief psychiatrist of Shadowbrook, a psychiatric institution near New York City. His speciality consists of treating those who suffer from war trauma, or "battle fatigue". Though being a war veteran of both the First and the Second World War himself, he too has had his share of war trauma. One of his patients is Bertram Reiner, who will prove to be his most challenging patient so far, since Bertram will eventually force Dr. Harrison to "[discover] [his] own demons in someone else [i.e. Bertram]" and to "battle [himself] in order to help another" (Nayman 2010, 166), as the character of Dr. Fairbairn[17] puts it. During the War, Dr. Harrison witnessed the death of one of his best friends: that this experience has made a lasting impression on his mind and keeps haunting him, is demonstrated by the flashback Dr. Harrison experiences during a therapeutic session with Bertram:

[17] Dr. William Ronald Dodds Fairbairn is a historical character. He was a celebrated Scottish psychiatrist and psycho-analyst, born in the late 19th Century.

> I see Fergus again: he has died a thousand times. When the gas attack came, we'd been marching for days, drunk with lack of sleep, almost delirious from starvation rations. How many times had I forcefully strapped the mask to Fergus's face? I had begged him to humor me: there was no talking him out of his fixed belief – that the gas was harmless. (…) The taste of the gas; I only have to think of it and my throat swells. No warning; it was just suddenly there, and me madly coughing, forgetting, *that one time*, in my own frantic fumbling for the mask, Fergus's recent touch of madness. A horse-drawn wagon appeared, men jumped on (…). Behind the milky green glass of the mask – unforgettable, like being underwater – I remembered. I scanned for Fergus, my breath loud in my ears, the air thick with yellow gas; men stumbling, hurling themselves on, all from another world, faces of tarnished metal, green glass, outlandish elephant-trunk tubes. Scanning, moving, breathing – and then I saw him, surprisingly close, clutching his throat, stumbling, the mask dangling from his other hand. Running toward him: moving through mud, through yellow fog, dragging, slow motion, like not moving at all. Through the thick, greenish yellow air, guns, *rat-tat-tat* in my ears. (…) Fergus down now – coughing, yellow spume frothing from his mouth turning ghastly orange with blood. His eyes bulging, bewildered. Reaching him: too late. Fergus knew it, too. Heaving him into my arms. Feet sucked down, plowing through mud, regaining the wagon, flinging him in. (…) At every bump, watching new blood burble up from his mouth: never taking my eyes from his choking, sputtering face, furious with the last of his life. (93)

As Nayman mentions in the acknowledgements of *The Listener*, some of Dr. Harrison's flashbacks to the trenches were based on Wilfred Owen's war poetry (303). This particular flashback was clearly inspired by the poem *Dulce Et Decorum Est*, in which the lyrical I witnesses a soldier die from poisonous gas[18]. The narrator of *The Listener* also describes seeing a soldier die during a gas attack, albeit a close friend (Fergus) in his case. Subsequently Dr. Harrison "flings" his friend onto a wagon, seeing "blood burble up from [Fergus's] mouth" at every "bump"; likewise, in *Dulce Et Decorum Est* the dying soldier is flung onto a wagon, so that the lyrical I "hear[s], at every jolt, the blood / Come gargling from the froth-corrupted lungs" (Owen, 21-22). Both Owen's lyrical I and Dr. Harrison walk through the mud – or, as Owen calls it, "sludge" (2) - and compare the view from behind their gas masks with a green sea: whereas Dr. Harrison calls it "the milky green glass of the mask – unforgettable, like being underwater", Owen's lyrical I refers to it as "misty panes and thick green light,/As under a green sea" (13-14). However, what distinguishes this excerpt from Owen's poem is the presence of madness. Fergus's belief that the gas is harmless, described as a "touch of madness", cannot be found in Owen's dying soldier. Therefore, this excerpt might suggest that *The Listener's* traumas are strongly interwoven with madness: Dr.

[18] The poem *Dulce Et Decorum Est* by Wilfred Owen is included in the appendix.

Harrison's profession (as well as his own eventual madness) will largely influence his dealing with his personal War traumas. In one of his sessions with Dr. Harrison, Bertram Reiner compares his doctor's position as a therapist to that of the soldier, when he wonders "how you keep it all straight - dodging around the land mines and bullets of your patients while having to do the same regarding yourself. (…) "It must be rather like being on a battlefield and suddenly realizing that the enemy fire is coming at you from your own hands" (Nayman 2010, 104). In many ways, Dr. Harrison is as much a War veteran as he is a psychiatrist: Bertram's comment highlights this fact.

The character of Nurse Matilda Willoughby, who served as an army nurse during the Second World War, also feels haunted by her War experiences. In a conversation with Dr. Harrison, she admits that sometimes she feels "as if [the War is] still happening"; that "[s]ometimes a memory will pop up – only it's not like a memory. It's more like there's another reality happening at the same time as this one, and I'm peeking through an invisible window and watching it happen all over again" (72). This fact demonstrates that Matilda has not yet worked through her trauma, as part of her still believes the atrocities are not completely over; when she mentions that she watches the events happen "all over again", it is clear that she cannot let go of the past (72). One particular memory which she "would carry (…) with [her] forever" (72) is her meeting with the soldier Charlie Sullivan, who, after being made cripple and deformed by battle, wordlessly begs Matilda to say his name, so that he would not "die being *no one*" (73). Throughout the narrative, Matilda has a secret relationship with the patient Bertram Reiner. Eventually, Matilda admits she felt that she and Bertram were "the same", in that they both still felt traumatised by the War:

> "It was always there, for both of us. The things we'd seen, the things we were made to do. Who we were. Who we'd become. The War. Eating away at us like maggots. It was too much – and I couldn't stand myself for what I was doing." (297).

Although later Matilda describes their relationship as a "sickness" (296), Matilda and Bertram found each other in their shared War traumas.

Bertram Reiner, veteran of World War II, committed himself to the psychiatric hospital of Shadowbrook voluntarily after a breakdown at his PhD[19] graduation ceremony. During the War, Bertram supposedly accompanied the American regiment that liberated Camp Buchenwald. However, throughout the novel it is suggested (by Bertram and others) that he

[19] Bertram obtained his PhD degree in Biochemistry, in only 2 years time.

was also a spy for the American Army, because he was "in a unique position to serve his country" (272) - Bertram was born in Germany and speaks fluent German. As a young teenager Bertram moved to the US with his mother, while his brother Emanuel stayed with their father in Germany. Bertram's knowledge of German would come in handy during his undercover missions in Poland, where he became a member of the German Order Police, who roamed the Polish countryside murdering Jews. When Bertram was reunited with his brother Emanuel, the latter tried to kill him, and supposedly stabbed him in the abdomen. However, this story is only one of the possible versions of Bertram's past: neither Bertram, who suffers from delusions and who frequently alters the details of his stories, nor Dr. Harrison are reliable when it comes to the truth[20], so that in the end it is up to the reader to reconstruct Bertram's story - if this is even possible. A second possible version of the facts, for example, is that Bertram did not have a brother, but invented this character as a personification of his own guilt haunting him for cooperating with Nazis. Other versions could consist of Bertram being a Nazi scientist, having been captured and transferred to America - and thus having lied about his move to America - or of Bertram "inventing" his War experiences, including his feelings of guilt, being empathically unsettled by what he has seen or heard of Holocaust victims. In the latter case, Bertram's empathic unsettlement could then arguably have caused a vicarious experience, only not placing Bertram in the role of the victim, but in that of the perpetrator, who would need to be punished with guilt and delusions for doing harm to the victims. In any case, it is certain that Bertram suffers from perpetrator trauma (imagined or not): this fact is demonstrated by his delusions, as well as by his obsession with perpetrators not being punished. This obsession is revealed especially in his sessions with Dr. Harrison, in which Bertram frequently mentions what he calls the Allied Forces' "conspiracy of silence" about the Holocaust:

> "There was a conspiracy of silence. Perhaps it's infectious, or perhaps mankind is just a disgusting breed. This willful silence went on from the beginning, right up until the end. It's going on still, I'm certain of it. Young people being raised in silence. *Let's just forget it all happened*." (…) "As for our own blemish-free democracy, we knew what was going on long before anyone cares to admit. (…) And now we keep talk of what we saw to a minimum. *Move on*. Build alliances. Why bring the perpetrators to justice when they're running the new order?" (77-78)

This "conspiracy of silence" can of course also be linked to the "conspiracy of silence" described by Alan Berger, who defines this "conspiracy" as the reluctance of many Jewish

[20] On Dr. Harrison being an unreliable narrator, see section 2.2.1.2.

survivors to discuss their Holocaust experiences with others – not even with peer survivors, or with their own children (6). Bertram, however, gives this taciturnity a perpetrator twist: he suggests that by forgetting or by not speaking about a traumatic event like the Holocaust, one does not do justice to the event, the victims, or the perpetrators. Bertram's perpetrator trauma also emerges when he claims that he is guilty of war crimes, because "[his] father fought for the Kaiser" and because his brother supposedly did "unspeakable things" (60). Although these feelings of guilt could be explained by an inherited perpetrator trauma, the fact that Bertram only knows what his brother has done because he "read[s] the papers" (60), as well as the large geographical distance between Bertram and his brother and father, do not seem sufficient to evoke such strong feelings through mechanisms such as empathic unsettlement, dysfunctional families, or family secrets. Afterwards Bertram claims he witnessed his brother murder Jews when he served as a spy, but Bertram's reaction to Dr. Harrison's questions about his past reveal that Bertram is haunted by the Nazi acts he feels responsible for, and therefore might have performed these acts himself:

> He squints at me. "What are you, Doctor? A voyeur? Why would you have me rehearse the filthy secrets that haunt me? For me, there is no distance, no getting away to somewhere else. Only the awful, sickening truth."
> "A truth for which you are culpable."
> Bertram's nod is almost imperceptible. (60-61)

Bertram admits that he is haunted by images of the Holocaust victims, viz. by "the ones who didn't make it", as he claims these images "won't leave (him) be" (78). Bertram's "slip of the tongue" in the following excerpt seems to confirm that he, too, took part in the killings that haunt him:

> I only know that they shot them at the side of the road. Days from liberation – days from the possibility of reclaiming some sort of life. The ones that couldn't make it up the hill were shot as they fell, a single bullet to the head. That's what *we* did to them. Shot them on the spot. (78, my italics)

Bertram's use of the pronoun *we* implies that he was involved in murdering Jews, either as part of his undercover mission, or as an actual Nazi soldier. Another explanation could consist of his identification with the perpetrators who have committed these acts, taking over their guilt.

The Listener includes many reflections on moral ambiguities concerning warfare. The ambiguous identity of the soldier, for instance – the soldier being at the same time

perpetrator, victim and hero - can be found in Bertram's story. Even though Bertram is considered a war hero for liberating Camp Buchenwald, in his therapy sessions he focuses on his own culpability for the deaths of the Jews he could not save. Furthermore, it is clear that Bertram views himself as a victim of the State's goals, when he claims that "a country can ask too much of a man" (79): with this sentence Bertram arguably refers to his experience as an American spy in Poland. During his conversation with Dr. Harrison under sodium amytal[21] treatment, Bertram states that the American authorities "coerced" him into becoming a spy (201). As a consequence of the authorities making Bertram witness brutal murders of Jews (or possibly murder Jews himself), Bertram felt like a victim of the State, whereas at the same time he felt like a perpetrator for joining in Nazi acts. In addition, he was honoured as a war hero by that same State. In Bertram's case, the ambiguity of his (soldier's) identity is arguably enhanced by his actions as a spy (or by the conviction that he was a spy); as he witnessed or performed Nazi acts on request of the American government.

Dr Harrison's experiences also concern moral issues with regard to the soldier's identity. In one of his flashbacks to the battle field, for example, Dr. Harrison relives the moment when he shot a German soldier, who was "a boy like [him]. Not angry, not afraid, but surprised, apologetic" (180). After shooting the soldier, Dr. Harrison asks himself: "[d]id [this soldier] recognize himself in me, too, in that final moment, before I pulled the trigger? Did he also think, *Here is a boy, just like me, whom I must either be killed by or kill?*" (181). In this fragment the distinction between perpetrator and victim is connected to the distinction between foe and friend. The fact that Dr. Harrison recognises himself in his German enemy, as well as the surprised and apologetic look on this soldier's face, suggests that soldiers on the battlefield cannot be classified as purely evil or good (or as pure perpetrators or victims). This reflection contrasts with the "political suspension of judgement", as Tal puts it (152), or the political victimization of soldiers, part of the need to "recreate" our own soldiers "as no more than a victim, a pawn without agency, caught up all unwilling in a game of Russian roulette" (152), as opposed to the enemy, whom the State needs to recreate as hostile perpetrators.

[21] Sodium amytal is a drug which is often called 'the truth serum'. As Colin A. Ross puts it in *Satanic Ritual Abuse: Principles of Treatment*, the drug is a "barbiturate like those used for anaesthesia, and it appears to work by anaesthetizing the patient's inhibitions, allowing memories to come flooding back. The memories recovered during a sodium amytal interview can be real, confabulated, a mixture of the truth, or deliberate lies, so it is important to understand that there may be no truth in the truth serum" (Ross, 170).

A second moral issue which is discussed in *the Listener* is the act of collaboration, which is interpreted here in a rather broad sense, namely that of allowing German perpetrators not to be punished. Bertram, for example, is heavily affected by the knowledge that certain Nazi scientists were not punished for their acts, but taken to America and being granted a new start, in order for the United States to benefit from their research and expertise:

> "[O]ur laboratories and universities are crawling with Nazis. (…) [T]hey're using data they collected torturing concentration camp victims to further the scientific aims of the United States government." [Bertram] squints, as if peering at me through fog. "Will you applaud when they put a man on the moon? Knowing that the way he got there was through experiments that carefully detailed how much physical pain a person can endure before lapsing into consciousness, or at exactly what temperature a child freezes to death?" (79)

This question seems not only to be directed at Dr. Harrison, but also at the reader, since the reader knows that, years after the events in the novel, a man *has* been put on the moon. This moral dilemma is given more depth when Dr. Harrison utters that "if we hadn't co-opted them, the Russians would have" (80). Other than because of his strong moral sense, Bertram is heavily affected by these events because of the death of Jared, a soldier who served under Bertram during the liberation of Buchenwald. In one of the first versions of Bertram's war story, he and his men discovered certain Nazi scientists hiding behind a wall in Camp Buchenwald. Unfortunately, one of the scientists threw a hand grenade, killing Jared. As a consequence, Bertram feels responsible for Jared's death, and claims that he found the "meaning of it" especially hard to bear, as he views Jared's death as "a kind of exchange". According to Bertram, this "young American soldier" was "sacrificed to save an important Nazi scientist" (161). Bertram even goes so far as to designate the act of "trading" Jared for a Nazi scientist as "*collaboration*" (162). This scene evokes the question of the distinction between being a perpetrator (or a collaborator) and a victim of the State. Bertram also gives a second elaboration on the meaning of "collaboration" when he accuses Dr. Harrison of doing "[his] fair share of sending young men back to the front, where they could become target practice for the enemy" (162). Here, Bertram is alluding to Dr. Harrison's actions during the War, when he treated numerous soldiers who suffered from war neurosis, in order to have them sent back to the front once they had "healed" - or, as Bertram puts it, in order to "staunch the wastage" (157). In Dr. Fairbairn's answer to Bertram's dilemmas, he states that "[a]nyone who fought in a war (…) knows the chaos and ambiguity", and that both Bertram and Dr. Harrison were merely doing their job. According to Dr. Fairbairn, Jared's death

should be perceived as nothing more than "the tragedy of warfare" (163), unrelated to the Nazi scientists' redemption. This answer, however, does not provide a solution to the problem of American science progressing because of Nazi scientists' experiments on Jews, which is left to the reader's own moral judgement.

3.2.1.2. Trauma and Psychosis.

Trauma in *The Listener* is also connected to madness. In the case of Bertram, for example, Dr. Harrison's preliminary diagnosis consists of "psychosis due to trauma" (6). Bertram claims that as a child, he loved an eleven-year-old girl called Rosamund; when she died, this had a strong impact on him, as he claims that their love "wasn't a child's game; we were serious" (7). In Bertram's first version of Rosamund's death, the girl died in a car crash. Later, Bertram's delusions indicate that he thinks Rosamund was used in experiments by Nazi scientists. How exactly Rosamund died, and whether she was an actual person, the reader can only guess at. However, it is likely that Bertram did know a girl called Rosamund, and that this girl died as a child. Bertram, traumatised by her death, may have developed a certain obsession with her afterwards. It could be argued that later, as Bertram witnessed (or joined in) the deaths of thousands of Jews, and heard about Nazi scientists, he projected his feelings of guilt on Rosamund: Bertram namely suffers from delusions about this girl, which include hearing Rosamund's voice asking him to put her out of her misery. Sometimes these delusions almost make him kill other patients, such as when he finds himself in Mr. Featherstone's room, hearing Rosamund's voice "begging [him] to stop the pain", because "a scientist was doing some awful experiment on her" (66). He admits that he is alarmed by this delusion, since it was rather life-like: "[e]ven though I could see plainly that it was Featherstone there, in his bed, I also really *believed* it was Rosamund on a table, begging me to release her from pain" (66). In another scene, Bertram is worried that he might harm Matilda during one of their nightly meetings:

> "I must have dozed off, I must have been dreaming. But it didn't feel like a dream. I was looking at Matilda and I knew it was her, but I also knew that it was Rosamund! I could hear Rosamund's voice – telling me about her brother, her parents, all of them dead. She'd been selected by a doctor. She was saying that they'd heard terrible rumors – that they'd heard the screams of women taken away, some with their newborn babies. I didn't know what to do. Someone was going to do unspeakable things to Rosamund and I *had* to do something! Then suddenly, Matilda was looking at me (…). When she said my name, I came to my senses."
> "Do you remember what you were feeling in that moment – when Matilda opened her

eyes?"
"That I'd do anything to save Rosamund from what she was being put through." (129)

In Bertram's delusions, Rosamund arguably symbolises the deaths of the Jewish victims which keep haunting Bertram. Bertram's guilt, on the other hand, seems to manifest itself in delusions about his brother Emanuel, although it could be argued that Bertram actually created Emanuel as a second personality, in order to cope with his perpetrator trauma. This theory is also taken up by Dr. Harrison in the end:

> Here, close to the bottom of a page (…). The hand in which Emanuel's account was penned. I try to grasp hold of the fact: not a brother but an alter ego. A hunch I had earlier on but dismissed: that Bertram had dealt with an unbearable inner conflict by splitting off a piece of himself, his own *bad self*, to create a brother – Emanuel, a Nazi, who'd done and witnessed terrible things. Unspeakable, murderous deeds that an American soldier, working undercover, had documented as a member of the Nazi Order Police. (294)

That Emanuel does not exist can also be inferred from the fact that Bertram keeps altering his description of what Emanuel did in the War (from shooting Jews to being a Nazi scientist). In other words, Bertram's psychotic delusions cannot be disconnected from his traumas; on the contrary, they can be seen as the result of his traumatic experiences (Rosamund's death and his actions in the War).

Dr. Harrison, apart from his War traumas, also suffers from a more personal trauma concerning his patient Delilah, who died in an accident involving a truck. Dr. Harrison desperately loved this patient, but as he was married to Ursula, and, as a psychiatrist, was not allowed to develop relationships with patients, he never uttered a word about the matter - although he knew Delilah loved him too. Instead, he wrote down his problems in a journal, which was stolen years before the events in the book. This trauma is, to Dr. Harrison, largely connected to madness, as the doctor himself starts to suffer from delusions, arguably caused by his use of opium as well as by the fact that he did not yet work through this trauma. Both Delilah's love and death (which was probably a suicide) haunted Dr. Harrison in his dreams "for years after the accident":

> Sleeping fitfully beside Ursula, I sometimes found myself crossing the room to where Delilah sat on the chaise longue in my small attic office, pausing briefly to look at her. Delilah wold turn her pale face toward me, freed, finally, from her tremulous sorrow; I would raise my hand to her cheek, watch the slow spread of her smile, lean in for the kiss. She would open herself to me then, and I would feel intoxicated. There was

> another dream. Delilah's paleness now a horror as the blood slowly spreads, staining her blue jacket to black. (22)

That Dr. Harrison secretly did not want these dreams to pass is evident, as he admits he "longed for sleep as one longs for a lover, for there was always the chance [he] would find [himself] in the other place: peeling away her soft cardigan, then her blouse, sliding [his] hand beneath" (22). It is for this purpose that he "took to using laudanum", and discovered "[t]o [his] illicit delight" that "the drug improved the chances of dreaming [himself] into Delilah's arms" (22). Dr. Harrison arguably experiences his dreams as a kind of memorial for Delilah, and thus did not yet work through the trauma of losing her or even refuses to work through the trauma. When his dreams about Delilah return at Bertram's arrival in the hospital, twenty years after Delilah's death, it is clear that Dr. Harrison is still acting out his trauma. This acting out, however, is a possible cause of the doctor's gradual development of a psychosis, signs of which can be found from the start of the novel. Another possible cause of the Doctor's developing madness is his vicarious experience with regard to Bertram. In the novel, Bertram and Dr. Harrison are often compared with each other, and as the roles of Doctor and patient are reversed, for example in the scene in which Dr. Harrison symbolically sits in his patient's chair for the first time, Dr. Harrison arguably takes over Bertram's traumas, including his psychotic acting out of these traumas. This could be a reference to the dangers of being the 'listener', like the play between Deborah and Dvorah in *Dark urgings of the Blood*.

In the doctor's narrative, we find characteristics of the schizophrenic "Stimmung", or one of the first stages of schizophrenia. As noted in the theoretical part, some of the characteristics of this "Stimmung" include a "loss of the normal dynamism and texture of human life", the perception of objects as "strangely isolated", and the subject's discovery of "an excruciating distinctness, specialness and peculiarity" in his surroundings (Sass, 49-52). In the first chapter of *The Listener,* Dr. Harrison notices that "[t]he light streaming through the high windows hits everything in an oddly intense and precise way: the leather easy chair, the inlaid side table, the swan-necked reading lamp" (Nayman, 5). His focused attention to the objects in his office, which are lit in an "oddly intense" way, brings to mind the "strangely isolated" quality Sass describes. When Dr. Harrison receives letters that are supposedly written by Bertram's brother, Emanuel's handwriting seems "insectlike" to him, and makes him so "uneasy" that "[he] find[s] himself wanting to look away" (148): this behaviour arguably alludes to Sass' aspect of the "excruciating distinctness" of objects (which belongs to the

phase of "apophany") (52). During his research about Bertram, Dr. Harrison even compares his feeling that "clues abound and yet defy [him]" to "the experience that certain patients describe: eyes everywhere that flick away the moment one turns to track them" (111). This behaviour can also be seen as an example of "apophany", as in this phase "every detail and event takes on (…) some definite meaning that always lies just out of reach" (Sass, 52).

Yet the most convincing symptoms of madness in Dr. Harrison's behaviour are his delusions. In the scene where he first enters the underground passage ways of Shadowbrook hospital, he perceives a childhood friend in one of the stains on the walls:

> Here, a huge stains looms, uncannily familiar. Hunched over a table: the outline of his head, his shoulders, the hand holding a scalpel, unnaturally still. My mind fogs, I tumble through time. It is Mac, my childhood friend: a faceless shape pressing out through the concrete. (32)

This delusion then evokes a flashback to a moment from Dr. Harrison's childhood. Another delusion arguably occurs when, one evening, Dr. Harrison looks out of the window of his office to see Emanuel crouching outside:

> Unbearably restless, I cross to the window (…). I squint into the shadows; something is moving beneath the willow tree. A man: dressed in dark clothing and crouched among the low-hanging branches. Instinctively, I draw back from the window. (…) I peer sidelong out of the window, then draw back in alarm; the man has moved closer, he is crouched right outside the window. Still, I feel his eyes on me, clammy and unpleasant. He is wearing an unusual hat, the kind a hiker in snow might wear, with earflaps and a visor at the forehead. (…) I must call security. But suddenly I see myself from the outside, as if I am someone else, standing across the room and looking calmly, clinically, at the me who is sitting there, about to notify security about a frightening intruder with a clammy and unsettling gaze. (51).

Immediately after this scene, Bertram enters Dr. Harrison's office, stating that he has seen his brother on the grounds, and giving a description of his brother's hat - "[s]omething with earflaps" (54) - which is very similar to Dr. Harrison's own description. This fragment could, as a consequence, concern the break-in of an actual intruder, but the fact that Dr. Harrison later finds a hat with earflaps in one of the underground rooms could mean that it was Bertram who disguised himself as his supposed brother Emanuel, either to fool Dr. Harrison, or unknowingly, acting out his perpetrator trauma by becoming the character he created in order to cope with this trauma. This act would then fool Dr. Harrison into thinking that Bertram was Emanuel. This scene could, however, also be a delusion, including Bertram's

description of the hat, since no-one else in Shadowbrook, not even the guards, have detected the so-called intruder. Some of Dr. Harrison's hallucinations also concern Delilah: when he returns home one night, for instance, he sees "Delilah smiling once again", "with almost hallucinogenic force" (41)[22]. These images of Delilah, however, could also be considered visions, being the effect of a quick flashback rather than of a delusion. The fact that the doctor sees himself from the outside could refer to a DID-disorder. Arguably, Dr. Harrison cannot cope with the delusion he sees, or with the trauma it represents, so creates another person who watches himself having the traumatic experience, not 'mentally present' in their own body, as is often the case with rape victims[23].

Finally, Dr. Harrison also shows signs of a psychotic paranoia. This paranoia shows a possible connection to Dr. Harrison's feelings of guilt concerning Bertram's death, as Dr. Harrison feels he was "failing the patient" (165), as well as 'taking away' Matilda from him, and thus stepping into Bertram's shoes[24]. When he travels to New York City in order to buy opium, for example, Dr. Harrison feels "certain [he's] being followed" (178):

> [A]t Grand Central, the terrible, dogged feeling returns; every step I take seems echoed by a step somewhere behind me, malevolently matched to my own. Who could it be? (…) My eyes drift upward, scan the curved ceiling with its celestial constellations. (…) Now I see what caught my attention: movement along one of the walkways behind the glass. A man in a light-colored trench coat and fedora hat, looking like the cliché of a spy. The figure stops in the middle of the walkway, about halfway up the metal and glass structure. He looks down at the concourse – looking directly, I believe, at me. I cannot see his eyes, but I feel the terrible force of his gaze; I am being watched, but I am also being judged and condemned. (178-179)

It is clear that this scene represents a delusion, and it suggests that Dr. Harrison is no longer capable of functioning in the outside world, his rightful place being Shadowbrook instead. The fact that Dr. Harrison feels "judged" and "condemned" proves that his delusions are related to certain feelings of guilt, i.e. probably with regard to Bertram's suicide, and with regard to "taking over Bertram's life". This guilt is also reflected in Dr. Harrison's hallucination of Bertram visiting him from the grave: in this scene, Dr. Harrison is talking to Bertram, whom he sees as a "shadow (…) – detached from the human form and set upright,

[22] These images of Delilah, however, could also be considered visions, being the effect of a quick flashback rather than of a delusion.
[23] Codde, Philippe. "Contemporary American Literature – Postmemory and Postmodern: Third-Generation Jewish American Trauma Narratives". University of Ghent. n. p., 14 October 2011. Lecture.
[24] After Bertram's disappearance, Dr. Harrison marries Matilda, with whom he was already in love when she was in a relationship with Bertram. Dr. Harrison alone knew about this relationship, as he had spied on them while they were making love in one of the underground rooms. Later he admits his jealousy to Dr. Fairbairn.

hovering apart, ghostlike" (266)[25]. This ghost accuses Dr. Harrison of deliberately planning Bertram's death, in order to "[step] into [Bertram's] shoes and [take] [Matilda] away" (267). Near the ending of the novel, Dr. Harrison also hallucinates in a paranoid manner when he thinks a new patient Mr. Yardley, whose shadow he first believes to be Bertram, is passing him a secret message about Bertram's past, using a handmade basket. The comparison between Dr. Harrison and his psychotic patients is complete when Dr. Harrison observes the way the paintings on the hospital walls have "subtly altered", a fact which he finds "unnerving", and which is then compared to the behaviour of the patient Cuthbert, i.e. to "how Cuthbert used to examine the grille – how, to his eyes, the pattern would change", as he was "convinced that God himself was communicating to him through the changing pattern" (278). In the Epilogue, the doctor has finally recognised his own mental illness, as he wakes up as a patient after having undergone a sodium amytal treatment, thinking the words "*Doctor, heal thyself*" (302).

By representing trauma and madness in both of her novels, Nayman also reflects on the social position of the mad. She does this with regard to the cocoon of the psychiatric hospital and with regard to language. Firstly, the two hospitals in the narratives could be seen as a double cocoon, keeping the patients safe (by keeping others out), but also keeping them from entering society for as long as they are not 'ready'. In one of his sessions with Dr. Harrison, Bertram and Dr. Harrison comment on this ambiguity of the hospital. While Bertram feels as if he is "cooped up", Dr. Harrison seems to suggest that it is for Bertram's own good, as he reminds Bertram of the original purpose of his commission to the hospital, namely being treated.

> "I had this hankering to be outside. It can get claustrophobic, being cooped up all the time. Always under somebody's gaze."
> Resentment glimmers in Bertram's eyes.
> "Might I remind you, Bertram, you are here voluntarily."
> "I'm sorry, Doctor, but I find myself feeling very confused. It's always easy to know what one wants. And when you're not in control of your life - " (…) "Well, I find myself looking for someone to blame." (52)

This ambiguity returns in the conversation between Dr. Harrison and Dr. Fairbairn. In pointing out that Matilda and Bertram are breaking the rules of the hospital, and that patients are not supposed to have relationships with their carers, Dr. Harrison thinks of patients as

[25] On the subjects of ghosts representing traumas, see section 2.3.

outcasts, not fit to perform activities belonging to 'normal life'. Dr. Fairbairn responds that "[i]t's sometimes easy to forget (…) that the patients are not children; it's not our place to tell patients what to do or how to live. Ultimately, our role is no more than that of a guide" (165).

Secondly, Nayman arguably gives the madman "back his voice"; as opposed to society confining and repressing the madman's thoughts. Felman already commented that "[literature] alone restores to madness its robbed subjectivity" (Felman 4). Nayman does this by letting some of her patients speak *word salad*: in the scene where Cuthbert explains his vision to Dr. Harrison, for example, he uses word sequences that simply rhyme, and that seemingly do not mean anything. But to the mad these word sequences do mean something, as they view words differently than the 'sane': as mentioned in the theoretical part of this thesis, some psychotic patients view words as objects, concentrating on their shape and sound rather than on the meaning. With regard to language, Nayman also connects the experience of the traumatised with that of the mad, in that they both feel their experience is "unspeakable". The patient Cuthbert describes his experience concerning a vision about a mathematic formula which would explain everything in the world, but as he woke up from his vision, he could not find the words for what had happened to him, nor could he explain what he had 'discovered' with the formula. Likewise, Bertram cannot talk about his experiences in a direct way: as he mentions himself, "sometimes it's not possible to tell the truth" (Nayman 2010, 27). Similarly, Bertram's perpetrator traumas concerning his 'brother' are due to his brother's "unspeakable"(60) acts during wartime. The houses of Deborah's neighbourhood, are also "cloaked in silence" (Nayman 2006, 175). By commenting on the traumatised's and the madman's exclusion, as well as by letting them phrase their delusions and experiences, Nayman arguably gives the mad (and the traumatised) back their voice. A third way in which Nayman gives the madman back his "credit" is by reversing the roles between doctor and patient. This feature, however, will be treated in section 3.3.2.3.

Thus, in *The Listener* - but also in *Awake in the Dark* - Nayman confronts the reader with the effects of war on each side of the battlefield, such as the traumas of soldiers and Holocaust survivors, and constructs a link between madness and trauma. In addition, the boundaries between the two "sides" are blurred, which seemingly annuls the political "suspension of judgment" which Tal describes. As a consequence, it could be argued that Nayman's work shows a kind of anti-war message.

3.2.2. Postmemory

The Listener features four types of characteristics of postmemorial fiction, namely those of the unreliable narrator, mediation, a quest for the truth, and the unreliability of documents, or of language. The combination of these four factors makes the reader feel as if no information in the novel can be trusted, which is a crucial theme in this type of fiction.

3.2.2.1. The Unreliable Narrator: Dr. Henry Harrison.

Since Dr. Harrison is *The Listener*'s only narrator, the reader discovers the novel's events (both of the past and the present) only through this character's version of the facts. However, Dr. Harrison cannot always be trusted when it comes to the truth. The reasons for this fact consist of the influence of alcohol and opium on Dr. Harrison's mind, as well as his gradual descent into madness.

From the start, Dr. Harrison presents himself as an alcoholic. In his desk he constantly keeps a fresh supply of whiskey, vodka, or another type of spirit, and he easily drinks "a half bottle of wine with [his] meal" (37). He repeatedly feels a certain "gnawing in [his] gut" (102), indicating that he longs for another drink. During his periods of drinking, the well-known effects of alcohol cause the narrative, based on Dr. Harrison's own senses, to be unreliable. In the scene where Dr. Harrison drinks a third of a bottle of vodka before entering the tunnels, for example, he hears "footsteps, steady and light", which are "coming [his] way", and claims that "the dust in these tunnels" is "rising" and has "turned to smoke. [His] throat closes; [he] struggle[s] for breath" (180). Whether there is an actual intruder can be doubted, as Dr. Harrison then stops hearing the footsteps and slips into a flashback to World War I. "Next thing [he] knows, he is "running across the lawn" (181): the blank spot between Dr. Harrison's flashback in the tunnels and running on the Shadowbrook grounds demonstrates that Dr. Harrison's own memory, and therefore his narrative, can be considered unreliable.

Dr. Harrison's use of opium evokes the same effect. In the novel, numerous scenes occur in which Dr. Harrison describes his opium induced hallucinations: one example is the scene in which he looks at a painting of a peacock after smoking opium, and sees the peacock come to life while seeing images of his secretary Cynthia dancing. As the number of these scenes increases, the reader becomes increasingly aware of the fact that whatever Dr. Harrison describes could be a delusion caused by opium, and that the possibility exists that he does not

give us a complete rendition of the facts. Certain blank spots in his memory after using opium highlight the latter fact. The scene in which Dr. Harrison supposedly encounters Emanuel in the forest, for example, is presumably nothing more than a hallucination caused by opium, since Dr. Harrison also thinks he sees Cuthbert (who by that stage has already left the hospital) riding a donkey. In this scene Dr. Harrison is himself doubtful about what is happening and where he is, as a result of certain events not being registered in his memory:

> Twigs snap behind me; I spin around. Is that Cuthbert? Galloping toward me? On a donkey (…)? Waving his compilation of jokes above his head (…). In his other hand, a spear. No, I have the spear in my own hand; it is heavy, and I look with wonder at the handle. Smooth wood, heavy like an ax – no it *is* an ax, I have found an ax in the woods. Why would the gardeners leave one about? But no, I am not in the woods; where am I? The gardener's shed perhaps? I put down the ax and see my keys splayed on the concrete floor. I reach to retrieve them; the touch of the cool metal reassures me. I didn't realize I had the key to this shed; it must be the medium-sized one here. (215)

In another scene, Dr.Harrison clearly suffers from gaps in his memory caused by smoking a pellet of opium, combined with a delusion of an intruder as he lies in bed:

> I smoke one pellet and then head up to bed. I move in a trance, and when I awaken, I am lying under the covers wearing my pajamas, though I have no recollection of anything beyond climbing the stairs with the intention of going to bed. I lie perfectly still, my nerve endings tingling with dread, and squint through my lashes. I can feel the interloper; his presence is like a blast of cold air. I hear it, now: the slow creak of the floorboards, the sound of someone taking a single step, attempting to remain undetected. A band of moonlight falls from the hall window in through the doorway to my room; I can just make out the elongated shadow in the shape of a man. *An eye for an eye* – Bertram's words from earlier today swell in my mind. I do not move a muscle. I stay like that for what seems an age, coiled with fear. (…) When I awaken again, the shadow is gone; in its place is streaming sunlight. (204)

The fact that Dr. Harrison's fear of an intruder coincides with his remembering Bertram's words "*An eye for an eye",* may be another indication that the intruders and stalkers Dr. Harrison fears represent his own guilt for taking over Bertram's role as Matilda's lover.

A third negative effect on Dr. Harrison's reliability as a narrator is the fact that he displays signs of madness from the start. He clearly suffers from paranoia and delusions, but arguably, as he is incapable of facing the truth himself, he tells the reader what he sees and hears as if it concerns the actual truth, even though sometimes these scenes are mere hallucinations. Dr. Harrison's conversation with the new patient Mr. Yardley, for example, in which the later

offers him a Christmas present as a secret sign, and admits that he writes for the War magazine *Yank*, is not, as Dr. Harrison believes, an actual conversation, but is arguably partly hallucination. This suggestion only becomes clear when Dr. Harrison's illusion gets broken by Matilda's interference:

> "We're very fond of basket weaving here. You know, the *case* of the basket." [Mr. Yardley] pauses dramatically. "The *basket case*."
> From the torn paper, he withdraws an ungainly basket, woven in a drab shade of brown. "I thought it would do for your *office*." (…) "It wasn't my first choice for a gift. I was going to give you an *article*. You know what I did during the War, don't you?"
> (…) What is he saying? I rifle through my memory. Mr. Yardley was indeed a journalist before the War, but as far as I recall, he served as a gunner. "I do not believe you wrote as a journalist during the War," I say, my breath labored.
> "And how do you know you can trust what you believe?" Yardley asks, his eyes wavering strangely. "How can *any* of us *really trust* what we believe?"
> "I really don't see how – "
> "No, I'm certain you don't," Yardley cuts in. "But if you'll allow me - "
> He turns abruptly to face Matilda, who has appeared from nowhere.
> "Now, what's all this, Mr. Yardley?"
> "He says he wrote for *Yank*[26]," I say helplessly.
> Yardley's face ignites with confusion. "No, sir, I never did. I was just saying that I'd wanted to make you an ashtray, but it wasn't my turn with the clay. Why would he say that, nurse Willoughby? And why won't he take my basket? I worked very hard on this basket." (…) Mr Yardley's face falls; obediently, he goes off with Matilda, his untied bathrobe flapping at his sides. (290-91)

Mr. Yardley's mysterious comment about trusting what we believe arguably refers to the unreliability of Dr. Harrison's beliefs, and therefore, of his narrative.

3.2.2.2. Mediation

A second technique of postmemorial fiction is mediation, or showing different versions of a story. In *The Listener,* it is the character of Bertram Reiner which refers to this technique the most, as his stories have many different versions, so that in the end the reader does not know which version contains the truth (or if any of his stories are true at all). Bertram's narrations about Rosamund and about his brother Emanuel slightly alter throughout the novel, as well as the story of Bertram's own disappearance.

[26] *Yank, the Army Weekly* was an American War magazine, which was weekly published by the military during World War II.

In Bertram's first version of Rosamund's death, he indicates that she died in an accident. Later he elaborates on this accident, saying that it involved a car which was driven by his brother, jealous of Bertram because he, too, was in love with Rosamund. Bertram also mentions that Emanuel blamed Bertram for Rosamund's death. In Bertram's final version of the story, Rosamund was Jewish and ended up in a concentration camp, from which she sent Bertram a postcard "on the eve of her murder" (26): this postcard arrived only after the War, leaving Bertram filled with grief. Bertram also suggests that his brother Emanuel "may as well have sent Rosamund to her death himself. Rounded her up, shot her in the head" (66). During his delusions, in which Rosamund speaks to him, Bertram even believes that she was used for Nazi experiments. In other words, the different versions of Rosamund's death give this character a certain air of mystery, as both the reader and the narrator do not discover which of the many versions is correct.

Like Rosamund's story, the narrative concerning Emanuel takes on many different shapes. Whereas, at first, Bertram states that his brother was a Nazi soldier who did "unspeakable things" (60), later Bertram claims that Emanuel was a Nazi scientist. Dr. Harrison's first reaction to this story is that Emanuel is probably a paranoid delusion, but when he receives a letter from Denmark, supposedly written by Emanuel's Danish wife Gitte, he starts to believe that Emanuel actually exists. This letter suggests that Emanuel defected from the German Order Police and ferried Jews to Sweden, together with Gitte and her father. The letter also includes German documents, supposedly written by Emanuel, describing his "barbaric Nazi acts" (45) and his plans to find his brother. However, in the letter which Dr. Harrison receives at the end of the novel, written by a certain Knut Dikstar, an "American of Danish origin" (271), it is revealed that Bertram asked Knut to send Gitte's letter to Dr. Harrison's address, and that Bertram showed a great interest in Knut's stories about "the Danish efforts to save their Jewish population from the Nazis" (272). Because of Knut's version of the facts, Gitte's story (as well as her existence) can be questioned. In the scene where Bertram undergoes sodium amytal treatment, he claims that, as a spy, he "*worked with* [his] brother", who "wasn't supposed to know [Bertram] was there" (201), but that his brother found him and knifed him. However, Knut claims he was with Bertram at the night of the stabbing, on the ship which would bring them back to America. As Knut followed Bertram to the "deserted" bunks belowdecks, he heard "a deep voice [he] didn't recognize", and forced open the door, to find Bertram lying on the floor, "his abdomen (…) sliced open" (273). Knut's testimony implies that Bertram actually stabbed himself, as Knut did not see anyone else in the latrines.

It is possible that Bertram, traumatised by his own Nazi actions in his "second tour", created Emanuel as an alter ego to cope with this trauma, and, as Emanuel, knifed himself out of the wish to be punished for his deeds. This theory seems even more likely when Dr. Harrison finds "Emanuel's" hat in the underground room where Bertram and Matilda were once making love. However, the truth about Bertram and his brother stays a mystery even at the end of the novel, as it turns out Dr. Harrison himself is unreliable as the narrator.

Thirdly, it is not only Emanuel's story which exists in many versions; so does the mystery of Bertram's own disappearance. When Dr. Harrison receives a letter by the coroner, stating that Bertram "was found dead in a hotel room on the outskirts of Phoenix" – "an apparent suicide" (212) -, Dr. Harrison is convinced that the letter is a "hoax" (213), although he does not call the coroner's office for further details. Furthermore, after the news of Bertram's death, the patient Mr. Racuglia comes back from an outing with his family, convinced that he saw Bertram in a restaurant. Both the patient Cuthbert and the nurse Janice also believe that Bertram is not really dead. According to Janice, "Mr. Reiner is a man who gets people to believe what he wants them to believe" (256). However, the latter three characters cannot be considered extremely reliable, as two of them are psychiatric patients, and Janice is described as "unstable" (251). As to the reliability of Dr. Harrison, the reader has all the more reason to doubt (cf. supra). Apart from the possibilities of Bertram having committed suicide, or of him having faked his death, the possibility exists that Dr. Harrison killed Bertram – his motivation then might have been his jealousy of Bertram's affair with Matilda. A few scenes in the novel hint towards this idea, such as the delusion in which Dr. Harrison meets Emanuel in the woods. In this scene, Emanuel claims that Dr. Harrison knows very well how Bertram died:

> "Who's there?" I call out again. This time, a voice – coming from directly beside my ears.
> "How did he die?" demands the voice – deep, male, gently accented.
> "I have no idea - the letter didn't say."
> "You know very well; it was hanging. You see him, don't you, dangling down from the light fixture. Have you ever seen a strangled man?"
> "I tell you, it didn't say!" I call out. "And in any case, it's not true!"
> I see Bertram's face before my eyes; if I were to lift my hand, I could touch it.
> Bertram's lips ballooning, ready to split and spray blue blood. I jump back.
> "Why don't you touch it? Go ahead, I did!"
> "Emanuel? I ask in disbelief. "What do you want from me! Why are you here?"
> "I don't want anything! That's the best joke of al!" (214-15)

Although it is possible that Dr. Harrison has a very strong imagination with regard to Bertram's last moments, his detailed description of Bertram's corpse seems suspicious. Arguably, Emanuel has come to represent not only Bertram's, but also Dr. Harrison's guilt, be it for taking away Bertram's lover or for actually killing him. In that case, Emanuel's confession of touching the dead Bertram's face could mean that Dr. Harrison has actually done this, having possibly taken over the alter ego Emanuel as his own, in order to cope with his murder. In another delusion, Bertram arguably accuses Dr. Harrison of not only willingly going along with the story of Bertram's suicide, but also of planning "it" (267):

> "You know everything, don't you, Doctor. (…) Matilda – you knew she'd fall apart when she heard the news [about the suicide]. After I left, you went in for the kill. (…) There was a secret. You know this as well as I do."
> "I do?" I ask helplessly.
> (…) "You planned it," the ghost says. "All of it. So that you would get what you wanted. That's what it's all about, isn't it. The truth about where you sit – the whole point of your comfortable doctor's chair." (…) "You were in love with Matilda before I left. So you stepped into my shoes and took her away."
> "What are you saying?" I try to scream; no words come out. (…) Hands on my shoulders; he will strangle me -
> I deserve this, I think – my chest, I *must* open it - (267)

Dr. Harrison's words "I deserve this" at the end of this scene could refer to his feeling of guilt with regard to Bertram's death. However, Dr. Harrison's thoughts in the Epilogue could refute this theory, as they imply that he believes Bertram is still alive:

> I wonder where Matilda is now. I wonder if she ever found Bertram: if he is on his way to a full recovery, if they are together. Matilda, where are you? (301-02)

This could, nevertheless, also be a delusional comment, or a certain kind of narrative fetishism on the part of the doctor; a question he asks himself in order to appease his conscience. As in the end the reader does not find out what exactly happened to Bertram, this explanation remains only one of the many possibilities concerning Bertram's disappearance.

3.2.2.3. A Quest For The Truth.

In *The Listener*, Dr. Harrison goes on a quest for the truth about Bertram's past. In this quest, he interrogates his colleagues as well as certain patients (such as Cuthbert), sends Janice to Bertram's room to spy on him, and researches documents and War magazines at the library, all in the hope of finding pieces of information to help him reconstruct Bertram's story. In one of his moments of curiosity, Dr. Harrison follows Matilda and Bertram down to the

underground passages, where he hears and watches them making love in a deserted room. His quest for Bertram's truth eventually becomes so important to him, that it becomes his obsession. It is because of this obsession that Matilda eventually leaves him, as she complains that Bertram was "coming between [her and Dr. Harrison]" (296) and that Dr. Harrison keeps "*watching"* her, "looking for signs" of her lasting love for Bertram (298). In the end, however, Dr. Harrison's obsessive research about Bertram does not reach a conclusion, as he starts to realise that he will never know the entire truth about Bertram. After he goes back to the room where Matilda and Bertram were making love, where he finds a hat with earflaps and a document containing the same handwriting as that in Emanuel's supposed letters, he fails again to make sense of things:

> Was [Betram's] fictious brother, Emanuel, created in a dissociative, fugue state – the product of a kind of hysterical conversion? As real to Bertram as is the deafness or paralysis to the shell-shocked soldier who can, in fact, hear or walk? Or was Bertram consciously scheming and manipulating – deliberately setting out to deceive me? And if so to what end? As if there are answers – as if everything is always *knowable*. (294-95)

With this last sentence, Dr. Harrison summarises one of the novel's – and of postmemorial fiction's - most important themes, viz. that the truth of the past is never completely knowable.

3.2.2.4. The Unreliability of Written Documents and Language.

The fact that language and documents do not always represent the truth is frequently suggested in *The Listener*. This suggestion is made through the occurrence of highly unreliable, possibly falsified letters on the one hand, and the schizophrenic – and traumatic - characteristic of distrusting language on the other.

The Listener contains a number of (references to) letters, almost all of which cannot be called reliable. The first letter we encounter is the postcard supposedly written by Rosamund, on which she writes Bertram that the day after, she is to report for "'work duty' (26)", meaning that she will probably be sent to her death. The postcard, however, "is worn with handling", so that "the words are no longer visible" (26): Bertram is reading the words he memorised by heart, supposedly translating them from German at the same time. In addition, the reader receives this information through the (unreliable) interpretation of Dr. Harrison, who in his turn also cannot be certain of the message on the postcards, since he hears the words from Bertram, translated from German. Therefore, the reader cannot be certain of the actual content of this postcard. Bertram could be inventing the words on the spot, without the reader

or Dr. Harrison knowing if they are truthful. It is, by consequence, not even certain if the postcard was actually sent by Rosamund. A second example of an untrustworthy letter is the one sent by Emanuel's Danish wife Gitte (including the documents supposedly written by Emanuel). As explained in section 2.2.2.2., the existence of both Gitte and Emanuel becomes doubtful near the end of the novel, when Dr. Harrison receives a letter from Knut Dikstar, stating that Gitte's letter was sent on Bertram's request. Gitte's letter could thus be falsified by Bertram, in an attempt to fool Dr. Harrison into thinking Emanuel is real. However, as Knut's information comes from a letter, the reader might again doubt its content. The content of the fragment written by Emanuel, in which he writes that he "must find [his] brother and set things straight" (48), cannot be trusted either, since it was translated from German, a language which Dr. Harrison does not speak. The translation was made by a German expatriate, who was "likely interred during the War" (45), and who can therefore not be completely trusted in translating the horrible Nazi acts Emanuel supposedly committed during the War. The letter from the coroner, claiming that Bertram was found dead in Phoenix, cannot be trusted either, since Dr. Harrison clearly considers it a hoax - although, as an unreliable narrator, his opinion can scarcely be taken into account on this matter.

A curious case concerning the unreliability of written documents concerns the notebook in which Dr. Harrison wrote of his torturing love for Delilah. This notebook, which Dr. Harrison believed lost, as it was stolen long ago, turns out to have been in Bertram's hands from the start of the novel. It was stolen by Bertram's Commanding Officer, Captain Hammersmith, who - as Bertram claims - had an obsession with Dr. Harrison after being treated by the latter for "war neurosis". Bertram confesses that he has read the journal, and therefore knows Dr. Harrison's biggest secret, after Dr. Harrison's suggestion that writing down one's thoughts can have a beneficiary effect on the psyche. Bertram responds to this suggestion that he "[doesn't] believe in journals" because "things like that can end up in the wrong hands" (154): this response shows a suspicion toward written documents, however not because they can be unreliable, but because writing down one's deepest secrets where other people might read them can be dangerous. This behaviour could be seen as a matter of prudence, of focusing on the possible dangers of writing down his traumas instead of on the possible benefits, but also as a symptom of acting out; for Bertram might not yet have worked through his traumas and refuses (or simply is not able) to write down a coherent version of his traumatic experiences.

As noted in the theoretical part, a suspicion toward language in general can be found in both trauma patients and schizophrenics. In *The Listener*, the aspect of *autonomization* (Sass, 178) can be observed in both Dr. Harrison's and Bertram's behaviour. As discussed in section 2.2.1.2., Dr. Harrison describes the words supposedly written by Emanuel as "insectlike" (Nayman, 148), which can be compared to the schizophrenic tendency of perceiving words as "objectlike" (Sass, 50), and of "[attending] to material qualities of the signifier", such as the words' "graphic appearance on the page" (178). In one of Bertram's conversations with Dr. Harrison, they discuss the meaning of words, which according to Bertram mean different things to different people, e.g. the word "victory":

> I don't always have the easiest time with words," [Bertram] says. "It's as if they have eyes."
> (…) "What do you mean by *eyes?"*
> "They seem to mean one thing to other people and another thing to me."
> "Can you give me an example?"
> (…) "*Victory*. That's a perfect example." (24-5)

In the conversation following this fragment, Bertram explains that his associations to the word *victory* consist of coming back to the postcard Rosamund wrote him, implying that she had been murdered by Nazis, and which he only received after the War, while he was staying in the veteran's hospital. This scene shows that Bertram *autonomizes* certain words, as he claims they "have eyes": this constitutes a parallel with Sass' description of patients who feel as if words are "no longer the transparent signifiers of meanings lying beyond themselves, they may turn opaque or come alive - flaunting their immanence and independence, demanding to be paid attention to for their own sake" (50). Bertram's focus on the difference in meaning of words could also refer to the fact that certain psychotic patients pay (too much) attention to the many possible meanings of words, an effect which Sass calls "the Apotheosis of the Word" (198). In another conversation between Bertram and Dr. Harrison, the latter confronts Bertram with the discontinuities in his story about Rosamund's death. Bertram then claims that he was talking in metaphors when he said that his brother was driving the car which hit Rosamund, and that "[s]ometimes it's not possible to tell the truth" (27). Presumably Bertram was talking in metaphors to avoid speaking of his trauma with regard to Rosamund's death (and arguably also with regard to the deaths of the Jews he witnessed). The "metaphor" he uses is remarkably similar to the story of Dr. Harrison's own personal trauma, namely that of Delilah's death by being hit by a truck. Since later Bertram admits he already knew about Delilah before he came to Shadowbrook, the "metaphor" he speaks of

might actually consist of Delilah's story, or the car accident: in this way, Bertram might be referring to Dr. Harrison's trauma in order to explain his own traumas, and to avoid a more direct approach. This behaviour constitutes a parallel to certain trauma victims' refusal to speak about their trauma (directly) when they feel language is not sufficient to describe what they went through, but can also be compared to the schizophrenic aspects of *impoverishment* and *ineffability* (185), or the feeling that certain schizophrenic experiences cannot be put in words.

In short, the use of different techniques of postmemorial fiction which concern the impossibility of knowing the truth, implies that no-one can really know the truth about another person's experiences, as trauma and psychosis cause a person's testimony to be unreliable, and that documents and language in general can be untrustworthy. As Bertram himself says during one of his sessions with Dr. Harrison, "reality – *Truth* – does not always operate according to the principles of logic" (89). These elements can be linked to the second- and third-generation's frustration of having to learn their family's past through books and documents, and through their parents' testimonies, which, as these parents are often traumatised, are not always reliable.

3.3. Traces of the Gothic Tradition in *The Listener* and *Awake In the Dark*.

In *Gothic Histories: The Taste for Terror, From 1764 to the Present*, Clive Bloom describes the gothic as "a mechanism for describing not only the workings of the mind, but also the mind in relationship with the supernatural, the universal and the divine", and states that gothic fiction "[t]herefore (…) perforce dealt in the unspoken, the difficult and the painful in ways no other form of art could do" (4). Going by this definition, the transition from trauma and mental illness to the gothic is evident: the themes of trauma and madness can be considered as difficult and painful as the horrifying images of gothic tales. In *The Listener* and *Awake in the Dark*, Nayman deliberately seeks to imply these images with respect to her characters' traumas and mental instabilities. In this third chapter I will firstly discuss some of the main themes and characteristics of gothic fiction, as well as its relation to trauma and madness, in a brief theoretical overview. The second chapter will consist of an analysis of *The Listener* and *Awake in the Dark,* with regard to these themes and characteristics.

3.3.1. Gothic Fiction: a Brief Theoretical Overview[27].

In the late seventeenth century, gothic fiction arose as "one aspect of a general movement away from classical order (…) parallel to the Romantic movement", as Brendan Hennessy puts it in *The Gothic Novel* (7). David Punter, in *The Literature of Terror*, adds that "where the Classics offered a set of cultural models to be followed, Gothic represented excess and exaggeration, the product of the wild and uncivilized" (5). Although it originated in the English tradition, the Gothic soon spread around the world. One particular type of gothic fiction was the American tradition, in which the gothic focus shifted to "*psychic* grotesqueries" (3, my italics), as "it is said to deal in landscapes of the mind, settings which are distorted by the pressure of the principal characters' psychological obsessions" (3). This tradition can, among others, be found in the work of Edgar Allen Poe. Gothic characteristics continue to be found in literature (and film) today, e.g. in what is called the Southern Gothic, set in the Southern parts of the United States of America, and including writers such as William Faulkner or Anne Rice.

In *The Literature of Terror,* Punter enumerates some of the most common characteristics of gothic fiction:

[27] This overview is, however, not meant to be exhaustive: it will only refer to the elements which are of importance to the analyses in the following chapter.

> When thinking of the Gothic novel, a set of characteristics springs readily to mind: an emphasis on portraying the terrifying, a common insistence on archaic settings, a prominent use of the supernatural, the presence of highly stereotyped characters and the attempt to deploy and perfect techniques of literary suspense are the most significant. (Punter, 1)

As the title of his work indicates, Punter's main concern with regard to gothic fiction is the portrayal of the "terrifying". As Punter notes, one crucial feature of gothic fiction is also the setting. According to Bloom, "[t]he gothic mood took as its first vocabulary that of architecture on the one hand and of the wild on the other; confinement in dungeons and oubliettes and the confusion of the forest and the castle ruin" (4). In other words, the gothic setting (which often consists of gothic architecture) can be a catalyst for the terrifying or supernatural events which happen there, architecture and nature going hand in hand with the unknown and fearsome. As Hennessy puts it, "[g]othic architecture (…) was used to create 'Gothic gloom' and sublimity (…). (…) Such buildings displayed all the paraphernalia of fear: dark corridors, secret underground passages, huge clanging doors (…). Nature was picturesque (…), and turbulently romantic (…)" (8). The term 'sublime' was established by Edmund Burke, who defines it as "the strongest emotion which the mind is capable of feeling" (In Bloom, 8). As mentioned by Gary Day and Bridget Keegan, gothic fiction precisely aimed to generate these powerful emotions in its readership, "including voyeuristic pleasure as well as shock and terror" (125). But the setting of gothic fiction, other than generating the sublime, can also function as a means to portray the troubles of the mind shown by the main characters. This feature, as Punter notes, has its origins in the American Gothic heritage (3). Hennessy comments that this characteristic is due to Poe's legacy, who "added psychology" to gothic fiction: "[Poe's] descriptions of doom-laden settings and furniture are genuinely, and symbolically, relevant to the tale", while his characters "lose their sanity and sometimes their lives", retreating "into the prison of themselves" (39-40).

Some of the best-known traditional characters in gothic fiction, described by Punter as "stock characters", are "the shy, nervous, retiring heroine", "a cast of comic extras and servants", as well as "the villain":

> The villain was always the most complex and interesting character in gothic fiction, even when drawn with a clumsy hand: awe-inspiring, endlessly resourceful in pursuit of his often opaquely evil ends, and yet possessed of a mysterious attractiveness, he stalks from the pages of one gothic novel to another, manipulating the doom of others

> while the knowledge of his own eventual fate surrounds him like the monastic habit and cowl which he so often wore. (11)

To this gloomy picture of the gothic antagonist, which finds its contrast in that of the innocent heroine, we can add the image of the "mad scientist" (Hennessy 43), which often symbolises a reflection on "science's role in the future" (44).

According to Hennessy, other features of gothic fiction consist of "the supernatural" (9), "ghosts" (9), an "imagery of dreams and nightmares" (33), and an interest "in corpses and other manifestations of death", as well as an interest "in developing understanding for the outcast" and "in analyzing erotic sensibility and the effects of sexual repression" (50). The subject of ghosts is characteristic especially of the English gothic novel, although the "apparent presence of ghosts" is "often finally explained away by non-supernatural means" (Punter 2). The gothic interest in manifestations of death seemingly originates from "a longing for what is beyond death, in a spiritual, or unknown world – for what cannot be described" (Hennessy 34-5). Arguably, the gothic interest in outcasts and eroticism can be brought back to the longing for what *should* not be put in words.

The terrifying and the unknown of the Gothic can also be discovered in trauma fiction, albeit in a more psychological form. In "Gothic: Violence, Trauma and the Ethical[28]", David Punter and Elisabeth Bronfen attempt to "'re-vision' Gothic in the light of (…) the theory of trauma" (7). Relying on the work of Jean Laplanche, their main concern is the reflection of the unconscious as the "Other", since "[t]he unconscious (…) is the irreducibly other thing in us, an unassimilable foreign body that marks the limit of our attempts at self-coherence" (8). In the gothic uncanny, Punter and Bronfen perceive an expression of this alien-ness that is our own unconscious (8). Interestingly, they state that this expression of our alien-ness might also be an attempt to *control* it; an attempt, however, which is "doomed to failure" (8). This failure to control suggests that "we might be wanting to look for a *reduplicated uncanny*; the uncanny which is lodged in the text by the pressure towards coherence and the further, deeper uncanny that results from the inevitable fracturing of the edifice of compromise"(8). In other words, the text itself shows the failure to control the uncanny by portraying both a pressure toward coherence and the breaking of this coherence. The impossibility to control the unconscious also evokes the condition of madness, in which compulsory impulses can sometimes not be held back. The experience of the unconscious as "the other" in ourselves

[28] In: *The Gothic* by Fred Botting.

can be observed in the psychotic experience of the "Uncanny" (Sass 55), which combines a "sense of strangeness" with "a sense of recognition[29]".

If the gothic uncanny expresses the alien-ness of our own unconscious, then it can also represent the traumas which have found refuge in our unconscious, and which keep attempting to force their way into our daily lives when we are acting them out. Trauma (and to a certain extent also madness, as madness can be a severe form of acting out) could be perceived as the unconscious presenting itself to us as an "other". Like traumas, the ghosts and horrifying events in the gothic novel keep haunting the protagonists, and cause them to experience terror – which could also be seen as the re-experience of terror felt at the moment of a trauma. In this way, the characters in the gothic novel can be confronted with the "alien" in themselves, i.e. with their most suppressed memories or thoughts, as well as with family secrets they do not consciously know about – but might know about unconsciously. One particular gothic feature, namely that of the *gothic double*, deserves to be treated here in a more detailed manner.

In gothic fiction, the element of the double or "the Doppelgänger" constituted a popular literary technique, described by Punter as "the mask of innocence" (21), and features in numerous literary works, such as *The Strange Case of Dr Jekyll and Mr Hyde* by Robert Louis Stevenson, or *Prometheus Unbound* by Percy Bysshe Shelley. In "The Double as the Unseen of Culture: Toward a Definition of Doppelganger", Milica Živković defines the literary double as "an imagined figure, a soul, a shadow, a ghost or a mirror reflection that exists in a dependent relation to the original, the double [pursuing] the subject as his second self and [making] him feel as himself and the other at the same time" (122). This technique can be used for two main purposes. Firstly, writers can have their characters symbolically meet themselves - or "the other" in themselves – in order for their characters to be confronted with their own psyche: Živković notes that "[i]n a progressively secularized culture, (…) the double has become an aspect of personal and interpersonal life, a manifestation of unconscious desire" (121). In this way, the double may represent a character's unconscious desires, but also his traumas. Secondly, the double can refer to the "other" in society: this can signify the outcasts of society, but also the "unseen in culture", or "that which has been silenced by the symbolic, rational discourse".

[29] Freud, Sigmund. "The uncanny," in *Studies in Parapsychology,* ed. P. Rieff (New York: Collier Books, 1963; originally published in 1919), p. 20, 42-47, 58. In: Sass, 55.

3.3.2. The Gothic in *Awake in the Dark* and *The Listener*

In both *Awake in the Dark* and *The Listener* references to the gothic tradition can be found. In this chapter I will focus especially on the short stories *The House on Kronenstrasse* and *Dark Urgings of the Blood*, as well as on *The Listener*, as they contain the most characteristics of the Gothic. In this chapter, I will analyse these three narratives with regard to four different characteristics: gothic settings and characters, ghosts and manifestations of death, and gothic doubles.

3.3.2.1. Gothic Settings and the "Landscapes of the Mind"[30].

Of all the settings in *Awake in the Dark* and *The Listener*, the psychiatric hospital Shadowbrook, along with the woods on its grounds and its underground passages, is probably the most gothic. Its name alone sounds dark and mysterious, as it refers to the shadowy swamp of which these grounds used to consist. With regard to the building and its surroundings, a comparison can be made to the castle of Udolpho, from Anne Radcliffe's gothic novel *The Mysteries of Udolpho*. At one point, Dr. Harrison compares the asylum of Shadowbrook to a castle, when he calls it a "bulwark": "before me, in the bright afternoon, the main building sits in the middle of the vast lawn, like a bulwark guarding something important and obscure" (91). The brightness which Dr. Harrison describes in this sentence brings to mind Radcliffe's description of the castle of Udolpho at dawn[31], as the castle is "lighted up by the setting sun" (Radcliffe 179). An effect similar to this one can be found in *The Listener's* opening sentence: "Crossing the great lawn, I see that the Virginia creeper has turned red and gold, as it does for one week each year, making the old brick of the asylum appear to be alive with flames" (Nayman 2010, 5). The bricks of the hospital seem to be lit up with flames, making it appear "alive", just like the castle of Udolpho is lit up by the sun, making its gloomy features look less "awful", before the light "die[s] away on its walls" (Radcliffe 179). Dr. Harrison's description of the asylum as "guarding something important" can be compared to Radcliffe's Emily observing that the castle of Udolpho "seemed to stand the sovereign of the scene, and to frown defiance on all who dared to invade its solitary reign" (179).

[30] Punter, 3.
[31] This fragment from *The Mysteries of Udolpho*, in which the protagonist Emily describes the castle of Udolpho with regard to its sublime qualities, is included in the Appendix.

The effect of the gothic surroundings representing the "landscapes of the mind" may be discovered in a number of settings in both *Awake in the Dark* and *The Listener*. Some spots in the woods surrounding Shadowbrook hospital, for example, are suggested to represent the minds of the residents of the asylum. In the scene where Dr. Harrison is surprised to find Matilda sitting in a particularly overgrown spot in the woods, Matilda remarks that she thinks the architect left some of these spots to run "wild" on purpose:

> "I've often thought it was deliberate. The way Olmsted left these patches of wilderness. As if he were making a statement. (…) As if he knew society would expect tailored lawns and formal gardens, which he made sure to provide, but wanted to make his own private comment about the truth of mental illness." (112)

As Matilda suggests, the architect's "own private comment about the truth of mental illness" could consist of a protest against the idea that mental patients should be confined to clean and tidy surroundings, as a means of contrast with their "uncivilized" nature, and against, perhaps, the hypocrisy of this idea, since, as Matilda observes later on in the novel, "craziness is not the sole territory of the insane" (144).

On many occasions, the woods also seem to reflect Dr. Harrison's mind. In one of the scenes where Dr. Harrison strolls through the woods while thinking of the past, he reflects on some of his sessions with Delilah, in which his burning passion for her made his thoughts crowd with "illicit dream images" (91). He also recalls that during those moments he feared that his "professional mask" would disappear. After these recollections Dr. Harrison observes that "[t]he woods are confusing now, the pathways unfamiliar" (91). He then attempts to escape the forest as quickly as possible:

> I sense I am heading in the wrong direction and turn back, walking with haste. The brambles and twigs underfoot make the going difficult. I retrace my steps, and it is with some relief that I finally break out from the woods into the open (…). (91)

The confusing qualities which Dr. Harrison attributes to the woods seem to reflect the state of his own mind, as he is troubled by his increasing flashbacks to his moments with Delilah. In an attempt to suppress his troubles, he runs away from the forest which confronts him with his unconscious desires. In this fragment, the woods can be seen as the gothic uncanny representing the "other" in Dr. Harrison, or his own unconscious. To Dr. Harrison, the forest also represents his trauma with regard to Delilah's death, as the accident in which she died happened at the edge of these woods.

In both *The Listener* and *Dark Urgings of the Blood*, the psychiatric hospitals in which the protagonists treat their patients have a network of underground passageways, which were built as an alternative connection between the separate buildings in times of severe weather conditions. Whenever the protagonists make use of these gloomy passageways, the latter seem to confront the protagonists with "the other" in themselves, or with their unconscious traumas and desires. In *Dark Urgings of the Blood*, Deborah decides to use the tunnels when she wants to enter the hospital "unseen", after hearing about Dvorah's suicide. This happens after Deborah confronts her father with his past as a Nazi mascot. Deborah's descent into the tunnels could be seen as her final confrontation with the "darkness that had plagued [her] since [she] was a child" (Nayman 2006, 155), or, in other words, with the traumas she inherited both through her father and through empathic unsettlement with the Holocaust survivors in her neighbourhood. Deborah's feeling of darkness is represented by the darkness in the tunnels, where "[t]he natural light of the limpid morning is (…) snatched away" (270). The passageways can also be viewed as a symbolic representation of the "black pit" Deborah has feared all her life, so that as she descends into the dark tunnels, she confronts her unconscious fears. During her passage through the tunnels, Deborah feels the presence of the ghosts of the "nurses and patients who so many decades ago regularly walked these underground passages", and she feels as if the objects stored in the tunnels are alive with the past, "exhaling the lives of the countless people who once made use of them" (270). On the symbolic level, Deborah is thus moving into the past, in order to confront her traumas about the Holocaust and about her father's Nazi acts. With the confession that her furniture, too, may as well be placed in these tunnels "that contain all that is discarded, ended, failed" (271), Deborah deplores her failure to save Dvorah from committing suicide. The image of Dvorah's suicide then plays out in front of Deborah's eyes, even though she attempts to stop it from doing so:

> A lump of grief takes hold of my chest, and now I find I cannot breathe. I grasp at the air, try to open my lungs. The scene rolls on; it will not leave me be. Dvorah, her face calm now, almost peaceful, as she finds a way to secure the belt to the pipe while permitting enough remaining length to encircle her own neck. (…) I want to shriek, I want to push it away, I do not want to see what she does. But I cannot shriek (…). I am frozen, unable to stop it, unable to move. (…) *Stop! Dvorah, don't do it!* But I can't scream out, I can't breathe. I can't stop her. She has already done it. (272)

In the tunnels, Deborah is confronted with the trauma of Dvorah's death which she had already begun to repress, connected to her guilt for not saving Dvorah. After being

confronted with this trauma, Deborah is able to face her other traumas, namely her inherited perpetrator trauma and victim trauma. Firstly she weeps for the victims of the Holocaust: "[t]ears spill from me, they pour out like blood from a gash, they are pouring from my eyes, my nose, my mouth. I have so many people to cry for; I do not think I will ever be able to stop" (273). Afterwards she is confronted with the guilt connected to the perpetrator trauma she inherited from her father: "[a]ll of it seems like my fault" (273). Deborah seems to finally be taking her "rightful place" (228) and to confront her traumas, when she compares her feelings to those of Dvorah:

> I am on fire with it all. I do not think I can bear it.
> I feel as if I cannot go on.
> This must be what Dvorah felt. I am feeling what she felt as she crept off the unit.
> (273)

It is only when Deborah reminds herself of who she is, i.e. a psychiatrist, and that, in other words, she is not Dvorah, that she is able to get up and move on - in both the literal and the figurative sense. Deborah's passage through the tunnels has arguably started her process of working through her traumas, as her confronting and acknowledging these traumas was necessary to begin this process in the first place. This scene is a perfect example of how the tunnels, as part of the gloomy gothic atmosphere, confront the protagonist with the "alien" within her, or her suppressed traumas. In this case, the "alien" also takes on the shape of a double – an element which will be discussed in section 3.3.2.3.

In *The Listener*, the underground passageways of Shadowbrook are used by all three main characters. Dr. Harrison, in his first descent into the tunnels, is confronted with a terrifying experience from his childhood, namely the scene in which his friend Mac is presumably on the verge of torturing a young puppy, before Henry runs away, sensing that something is "terribly wrong" (Nayman 2010, 33). Dr. Harrison's delusion of Mac's appearance in the stain on the wall adds to the gothic atmosphere of the tunnels. Again, the tunnels confront the protagonist with his suppressed memories. The main reason why the three main characters go 'underground', however, is to be confronted with their unconscious desires. As Dr. Harrison spies on Matilda and Bertram making love in one of the underground rooms, he is confronted with his desire for Matilda, as he feels "ashamed of the hardness in [his] groin" (82), which becomes "a stifled, unquenchable scream" (83): later, when he almost admits to Dr. Fairbairn that he "*[has] wanted, desperately wanted*…" (168), he calls his supressed desire "too terrible" (168) to discuss. In the underground passages, however, Dr. Harrison is directly

confronted with this desire. His sexual voyeurism is also part of the imagery of the Gothic. For Bertram and Matilda, this room arguably represents their suppressed erotic sensibility. The fact that their relationship is mainly "lived" underground reveals their willingness to conceal their love from the other staff members and patients, but also symbolises the fact that their love was doomed from the start, as a parallel can be drawn with Deborah's suggestion that the tunnels house "all that is discarded, ended, failed" (in *The Listener*, too, the tunnels are used as storage rooms for what is no longer usable). It is also this underground room in which Dr. Harrison finds the relics of Bertram's alter ego Emanuel, as symbols of Bertram's perpetrator trauma, which arguably resulted in the creation of this character. The gloomy tunnels, in other words, stand for the unconscious, or the "alien" in the characters' selves, and confront the characters with what they suppress or fear the most. As noted by Dr. Harrison himself, "there may be things [we]'ve shunted underground, things that are too painful to confront" (188): in *The Listener* and *Dark Urgings of the Blood*, these "things" have manifested themselves in the underground passageways, having literally been "shunted underground".

In *The House on Kronenstrasse*, the house in the title represents Rachel's unconscious fears with regard to her childhood trauma, since it is the very spot where she was forced to leave her parents behind, but it also *confronts* her with her traumas - in a rather lugubrious way - by letting her discover her parents' corpses. Although at that moment Rachel claims she does not know who the corpses were, she expresses the wish to pray, and "bow[s] [her] head and weep[s]" (Nayman 2006, 33); as if, unconsciously, she knows she is visiting her parents' grave. This grave is described by Hilde as "the dank sanctuary that in the end was no sanctuary at all" (37), since in this "room" Rachel's parents found death instead of escaping it. It could be argued that the other house in the story, namely the house where the Arnhold family used to live, represents Rachel's former life and happiness, as opposed to the house on Kronenstrasse. This idea can be derived from the last scene of the short story, in which Rachel completes her "fountain memory" and remembers who she is: in the memory, she claims she feels a happiness she has never known since in her entire life. This happiness is undoubtedly connected to the sight of the other house, and of the fountain. Rachel's finding the house of her parents, as well as her lost happiness, could mean that she is now finally able to start working through her traumas, which lived in her unconscious until she was confronted with her repressed memories in the house on Kronenstrasse.

3.3.2.2. Corpses and Ghosts.

In gothic fiction, the imagery of the dead traditionally "demonstrate[s] man's desire for immortality and fear of it" (Hennessy 50). From this viewpoint, it can be inferred that the imagery of the dead also provides an emphasis on the transience of man, a quality which it shares with the romantic image of the ruin. In both *Awake in the Dar*k and *The Listener*, this idea of transience is represented by the descriptions of dead bodies or skeletons. However, as we have seen, Nayman also focuses on the idea of continuity through the generations, specifically the continuation of trauma. Nayman combines these ideas in two ways.

Firstly, Nayman often places the discovery - or the image - of a corpse right before the moments when characters are confronted with their (inherited) traumas. One example of this technique is the moment when, in *Dark Urgings of the Blood*, Deborah descends into the underground tunnels from the hospital and sees the horrifying image of Dvorah's corpse in her mind's eye, before she succumbs to her suppressed traumas. A second example can be found in *The House on Kronenstrasse,* when Rachel's discovery of her parents' skeletons results in her acknowledgement of her own childhood trauma. In *The Listener*, however, the image of Bertram's corpse confronts Dr. Harrison with his feelings of guilt, which might be due either to his perpetrator trauma of killing Bertram, to his failure to solve Bertram's case, or to the perpetrator traumas he took over from Bertram. In the latter case, the continuation of Bertram's trauma might be established through empathic unsettlement on the part of Dr. Harrison. This theory also refers to the theory of the "landscape of the mind", which we explained in the previous section, in which the gothic surroundings (including the imagery of the dead) confront their characters with their traumas. However, the fact that the traumas concerned are often inherited, or passed through to someone else, makes it plausible that the confrontations between corpses and traumas also reflect the combination of transience and continuity.

Secondly, Nayman combines the ideas of transience and continuity by contrasting the physical and the spiritual side of death: in other words, she contrasts corpses with ghosts, the former symbolizing the transient quality of the body, the latter a symbol of the continuous quality of the spirit. That corpses and ghosts are two different manifestations of death is noted by Bloom when he describes the 1920s' "radical shift in people's attitude to the dead, no longer skeletal (…) but now spiritual" (Bloom 141). In *The Listener* and *Awake in the Dark*, ghosts - or apparitions that seem to be ghosts - constitute a means to represent traumas which

haunt the characters' minds and which keep emerging in their lives. Ghosts representing haunting traumas are, according to James Berger in *After the End*, the subject of the Toni Morrison's novel *Beloved*. In *Beloved*, the protagonist Sethe killed her baby "Beloved" in order to save her from a life as a slave. Beloved then returns as a ghost to haunt her mother. According to Berger, *Beloved* recounts the "symptomatic and ghostly transmissions of (…) traumas" (169). He compares traumas to ghosts as he simply writes that "traumas return; ghosts return" (169).

In *Dark Urgings of the Blood*, Deborah describes two types of "ghosts" which haunted her friends' families:

> In the homes of my friends, it was as if we were surrounded by two kinds of ghosts, which could never be mentioned. The ghosts of too many relatives, murdered long before their time. And the ghostly pasts of my friends' parents: these, too, were cloaked in silence. (Nayman 2006, 175)

The first type of ghosts consists of the victims of the Holocaust, which haunt the lives of the survivors, as well as their children. These "ghosts" or traumas which originate from losses are the cause of Wardi's "memorial candle"- effect, indicating the influence of the past on the children of Holocaust survivors, who often have the feeling they need to make up for the lost lives of their murdered relatives. The second type of ghosts consists of the traumas of the Holocaust survivors, as these traumas, like ghosts, keep haunting the survivors in their dreams and daily life. Interestingly, Nayman herself grew up in a community of Holocaust survivors in Melbourne, which was haunted by the same types of ghosts, as she mentions in an interview in The New York Times Online:

> "The houses were haunted," Ms. Nayman said of Melbourne. "There were two sets of ghosts. The ghosts of those who were murdered, and of the survivors' own past, which were never mentioned." (Nayman, interview with Dinitia Smith)

In other words, Nayman herself has clearly witnessed both types of trauma, which she refers to as ghosts, haunting the houses of the Holocaust survivors.

In *The House on Kronenstrasse*, we do not find any literal references to ghosts, but the scene of Rachel's first nights in the house on Kronenstrasse makes the house seem uncanny and haunted. During her first night in the house, Rachel is "awakened by a draft that seems maliciously directed at [her] ears, which have always been sensitive" (13). When, during the second night, Rachel wakes up in darkness after the lamp in her bedroom has broken, "[a]

scuttling on the floor to [her] right tells [her] that [she is] not alone" (19). Rachel then bumps her head into the wall by accident, discovering that the wall is hollow: her investigations then lead her to breaking open the wall. The "hauntedness" of the house can be considered a prelude, setting the gothic atmosphere in which Rachel will find the skeletons of her own parents. It is the Arnhold parents which arguably constitute the ghosts in this short story: in the scene where Hilde, as the narrator, tells us how she broke open the wall in order to swap her dying daughter Christiane for Rachel, the Arnhold couple look as if they are already dead, since Hilde describes them as "souls that seemed already gone from this world" (36). Frau Arnhold is described as a living corpse, with "deadened eyes" and a "gray face" (36). Yet she also seems supernatural: when she says goodbye to Rachel, Frau Arnhold's face is "touched with an otherworldly brightness" (37). The Arnhold couple and Christiane could be seen as haunting the house, as their remains have rested in this place for years, and will eventually cause Rachel to be confronted with the past they represent.

In *The Listener*, both Bertram and Dr. Harrison suffer from traumas, which seem to haunt them in the form of "ghosts". In Bertram's case, his delusions about his supposed brother Emanuel and about Rosamund behave like ghosts, in that they haunt him in his delusions, respectively as a result of Bertram's perpetrator trauma and of his possible vicarious experience with regard to the victims of the Holocaust. Emanuel seems to be a representation of Bertram's guilt, acting as an alter ego which was able to cope with this guilt, but which now has tracked down Bertram and apparently wants to kill him. This idea could be a sign of Bertram's unconscious desire to make peace with the traumas of his past, or, of a desire to be punished for his acts. Though Bertram sometimes feels the "presence" (Nayman 2010, 129) of Rosamund's ghost, she does not appear to him in a visual form, like Emanuel does, but as a voice who tells him she is being tortured. In the following scene, which takes place shortly before Bertram's disappearance, the machinery in the printshop arguably makes Bertram think of (Nazi) torturing tools, used to harm Rosamund:

> "I heard Rosamund's voice, clear as day. (…) In the printshop. I couldn't go on with it – the machinery was – (…) Not printing – it was a place of torture. Terrible things are being done with those machines." Bertram's eyes fill with tears. "You have to do something," he hisses. "You have to stop what they're doing." (…) He looks about wildly, then cocks his head, alert. "She's here." He scans the molding on the ceiling. "Ssssh – listen." He listens intently, his face trembling. (190)

From this scene, it is clear that Rosamund has started haunting Bertram more severely, as he also hears her voice while talking to Dr. Harrison. The fact that Bertram does not see this

ghost, but only hears her, could refer to his inability to 'face' the past she represents. Her pleads could also be an echo of the pleads he heard while working as a spy in the German Order Police (or possibly as a Nazi scientist).

As to Dr. Harrison, his traumas are represented by three ghosts, which haunt him in his flashbacks, delusions and opium-induced visions. The ghost of Delilah can be seen as the representation of his trauma resulting from her suicide. In Dr. Harrison's two dreams about Delilah, we again find the theme of combining transience and continuity: in the first dream, he revisits the scene of the accident, as well as the image of Delilah's corpse: "Delilah's paleness now a horror as the blood slowly spreads, staining her blue jacket to black" (22). In the other, he revisits the scenes in which their love for each other continues, and in which she is "freed, finally, from her tremulous sorrow" (22). In addition to Delilah's ghost, after Bertram's death Emanuel also starts haunting Dr. Harrison, as a representation of Dr. Harrison's own guilt for either murdering or not helping Bertram, or possibly as a result of taking over Bertram's perpetrator trauma (of which Emanuel was the representation) through a vicarious empathic experience. After Bertram's supposed death, he himself visits Dr. Harrison from the grave, as a shadow without a body:

> A rapping at the door- at two in the morning? (…) [T]hat rapping again. Is Bertram, after all, alive? Has he come back to confront me? Cracking open the door, peering into the hallway: a thick, colorless beam of moonlight, slanting down through the transom above the front door. (…) Outside, it is cloudy, the sky an uneven patchwork of shadows, glazed with uncertain light. My own body flings forward a fuzzy shadow, grotesquely huge, somehow edged with fur. It is then that I see it, up against the tree: not a person but the shadow of a person – detached from the human form and set upright, hovering apart, ghostlike. The shadow moves out from under the tree. (…) "I have come to take back my life," the shadow says. I know in that moment that the apparition is Bertram, and that he has returned to exact his due. (266)

As suggested in section 3.2., this apparition of Bertram's shadow-ghost confronts Dr. Harrison with his own guilt, either with respect to taking away Bertram's lover, with regard to further investigating his suspicions that the letter announcing Bertram's death was false, or with respect to killing Bertram. In contrast to this ghost-image, Dr. Harrison is also confronted with the image of Bertram's corpse in another scene, in which he hears Emanuel's voice. In this scene, the image of Bertram's corpse is vividly pictured in Dr. Harrison's mind: "Bertram's lips ballooning, ready to split and spray blue blood" (215). In these scenes we can

observe again the contrast between corpses and ghosts, or the contrast between Bertram's death and the continuity of his traumas – as his ghosts now haunt Dr. Harrison.

3.3.2.3. Gothic Doubles.

The gothic double, as noted in the brief theoretic overview of section 3.3.1., is an important feature of the gothic uncanny, put into use in order to confront the protagonist with the "other" in him-or herself, or, in other words, with their own unconscious fears, desires and traumas. This doubling can also be found in the text itself, as it often demonstrates both a refusal and a will to present a coherent narrative. But the double can also be a metaphor for "the alien" in society, viz. the outcast, such as the madman, the traumatised or the "shell-shocked" soldier. In both *Dark Urgings of the Blood* and *The Listener*, the narrative concerns a protagonist who is a psychiatrist and an antagonist who is his or her patient. Between these two characters a doubling motive can be discovered, for as the narrative unfolds, they are continuously compared to each other and seemingly start to take over the other's place. In this way, the boundaries between these two characters are blurred, as well as the boundaries between sanity and insanity.

In the case of Dvorah and Deborah, they are already compared to each other from the start, viz. in the moment when Deborah reads Dvorah's case file: "Dvorah Kuttner, a woman of thirty-two – my age, in fact – mother of a two-week-old infant and six other children. Not so unusual for a Hasidic woman, though still astounding to me, being as yet unmarried and childless" (Nayman 2006, 142). In their first session, Deborah describes that "something passes between [them]", which she calls "[a]kind of mutual recognition" (145). The name Dvorah being the Hebrew version of Deborah, Dvorah soon points out that "[they]'re both named Deborah" (165); this coincidence is later explained by the fact that both Deborah and Dvorah were named after their common paternal grandmother. In addition, Dvorah accuses Deborah of 'committing' the same war crimes as she did (i.e. Jacob's war crimes), saying that Deborah is "just as guilty as [she is]" (241) and that they are both "master[s] of disguise" (242). During their sessions, Dvorah often alludes to the fact that the boundaries between the patient's and the doctor's chairs are in fact not as insurmountable as they might seem, such as in the scene where Debora feels "invaded" by Dvorah, and attempts to comfort herself with the idea that Dvorah is "*only a patient"*:

> "I'm your doctor, Dvorah. You're my patient. I'm here to help you."
> "*Liar!* Don't you think I'm just as sick of having to put up with your lies? This

> *treatment,* or whatever you want to call it, is just as much about *you* as it is about *me*! (…) I thought that despite everything – all the role-playing and nonsense that goes on here 'Yes Doctor,' 'No, Doctor,' all your comforting little insights – that underneath it all, you recognize as much as I do what is really going on."
> I feel blindsided. I feel invaded. I feel like this patient – and after all, *she's only a patient, isn't she?* – I feel she's climbed right into my skin and is ferreting to a place I didn't even know existed within me. (217-18)

This "invasion" by Dvorah returns in the scene where Dvorah performs a kind of ritual, in an attempt to put her own wig on Deborah's head, and to make the doctor take in her "rightful place" (228); namely Dvorah's place, or the place of the patient. To Deborah, Dvorah represents Deborah's own fears and traumas, and acts as a mirror in order to make Deborah aware of what she has been repressing her entire life, and to make her aware of their family's secrets, which Deborah has perhaps suspected but never faced. It is significant that from the moment Deborah has found out the truth about these family secrets - by investigating the lockbox in the attic and interrogating her father - Dvorah dies: in other words, Dvorah's role as a mirror image is no longer necessary when Deborah has finally exposed her father's – and therefore her own – traumas.

Dvorah's madness and lugubrious dreams, as well as her horrible suicide, turn her into a *gothic* double, confronting Deborah with the "other" in herself, which has in this case taken the form of another person, or a "Döppelganger". Though at first Deborah attempts to control or make sense of the gothic uncanny that is Dvorah, i.e. by treating her, she does not succeed, as Dvorah commits suicide in the end. This failure, which we can perceive as a failure to control the gothic uncanny, indicates that Deborah will fail to control her own unconscious: her traumas and the repressed family secrets need to be exposed, and not repressed, in order to be worked through. Like Deborah's father mentions after his confession, "it could not be helped" (Nayman 2006, 263). In the text, we find what Punter and Bronfen call the "reduplicated uncanny" (8), or references in the text to a pressure to form a coherent narrative, contrasted to the failure to make the narrative coherent. Deborah's sessions with Dvorah, as well as Deborah's search for the past, present the text's volition to get to a coherent story with a clear ending. However, Dvorah's suicide, which 'breaks' the doubling, as well as the open ending, show the pressure to break with this coherence.

In *The Listener,* the doubling concerns Dr. Henry Harrison and Bertram Reiner. In this case it is not a family bond which makes Bertram an obvious mirror to Dr. Harrison, but the fact that they both love Matilda, as well as their traumas. Like Rosamund's death haunts Bertram, for

example, arguably because he once loved this girl, Delilah haunts Dr. Harrison, as her forbidden love for him led to her suicide. As it happens, Dr. Harrison and Bertram are also both in love with Matilda. Throughout *The Listener,* certain scenes hint towards the idea of reversing patient-doctor relations, such as the scene in which Dr. Harrison tries out the patient chair for the first time in his career:

> I move toward the armchair on the other side of the desk. It is not as comfortable as it appears, though the patients never complain. The seat is too firm and seems to tilt forward. In all these years, I've never once sat in this chair. (Nayman 2010, 83)

This chair switch symbolises Dr. Harrison's gradual switch from doctor to patient. It is significant that Dr. Harrison has never sat in this chair before Bertram came to the hospital: this means that it is only because of Bertram that Dr. Harrison now considers sitting in the other chair, seeing his office how his patients see it. In another scene, Bertram actually doubts whether Dr. Harrison is any different from the patients he treats: "How am I to know you're any different from those who walk up and down the ward, muttering about mutinies? Perhaps the only difference is that you have an uncontested kingdom here, in which no one can really question you" (Nayman 2010, 103). In one of his sessions with Dr. Harrison, Bertram insists that they are similar: "*We're the same. Spies, both of us. (...) Masters of disguise*" (147). Bertram also admits he came to the hospital voluntarily "to find himself" (174). However, in this scene he tells Dr. Harrison that he has read the journal about Delilah: therefore, it could be argued that with this sentence, Bertram means that he wished to find himself in Dr. Harrison, after recognising some of his own issues in the latter's trauma about Delilah. Yet it is not only Bertram who compares Dr. Harrison to his patients. When Dr. Harrison looks in the mirror, he himself cannot but notice that the look on his face resembles that of his patient Bertram: "I know that look: but it is Bertram's, not mine" (84). When Bertram confronts Dr. Harrison with his knowledge of Delilah's story, he places his hand on Dr. Harrison's, as if Bertram is the doctor who needs to comfort the patient. Dr. Harrison does not protest at this sudden gesture, but admits "it is a greater comfort than [he'd] have dared to imagine" (150). In the Epilogue, the delicate dance between these two characters results in Dr. Harrison taking up his role as patient, as he now undergoes the same treatment Bertram went through earlier in the novel, and is treated by a certain female doctor, who stays anonymous.

The meaning of the doubling between Bertram and Dr. Harrison can be found in the moment in which Bertram visits Dr. Harrison 'from the grave' as a shadow deprived of a body. In gothic fiction, the shadow without a body often stands for "the other", or, as Abigail Lee Six

puts it in *Gothic Terrors: Incarceration, Duplication, and Bloodlust in Spanish Narrative*, "meaninglessness if there is no 'one' relative to whom or which it can be other" (80). This idea corresponds to the theory of the gothic double representing the "other" in the protagonist's self, viz. his or her unconscious. That Bertram confronts Dr. Harrison with the "other" in himself is made clear by Dr. Fairbairn's comments about Bertram when Dr. Harrison asks Dr. Fairbairn for advice:

> "This is where the true challenge lies," [Fairbairn] continues. "The real test. Discovering one's own demons in someone else; having to battle oneself in order to help another – and with no choice in the matter. There's no escaping it – not if you're honourable, not if you take your responsibility seriously. I've been there, my friend; I remember how trapped I felt. How hopeless and alone." (166)

As Dr. Fairbairn notes, Bertram suffers from the same "demons" as Dr. Harrison does, and therefore confronts Dr. Harrison with these "demons", which stand for his unconscious traumas and fears. The word "demon" is part of the gothic imagery of monsters, which can also be used to describe the "other" in one's self. In the text, the effect of the "reduplicated uncanny" (Punter and Bronfen, 8) can also be found. While Dr. Harrison's quest for the truth is a proof of the text's pressure to form a coherent narrative, the text contains many hints toward the impossibility of coherence. In one of his therapy sessions, for example, Bertram states that "perhaps there is no making sense of things" (Nayman 2010, 27), as a reaction to Dr. Harrison's wish to discover the truth about Bertram.

The reversed doctor-patient relationships could also be seen as a manifestation of the effects of "transference and countertransference" (90) (i.e. the patient projecting his own fears and delusions on the doctor, and the doctor responding to those). Yet Nayman herself admits she feels as if insanity can be felt by everyone:

> I loved being a psychologist. I worked only with patients in psychiatric hospitals, patients with severe mental illness. I did have questions: Why are we calling you crazy, and not me, given that we're all human beings with the ability to experience crazy things? The power relationships bothered me. I spent much of my time being a patient advocate, which is not what I'd really gone into it to be. (Nayman, interview by Michael Standaert, *Nextbook*)

Nayman thus emphasises the vague boundaries between the sane and the insane, as she does with the fragment in *The Listener* in which Matilda comments on the secret intentions of the architect of the Shadowbrook grounds. With the reversal of the patient-doctor relations in *Dark Urgings of the Blood* and *The Listener,* Nayman refers to the ambiguity of these "power

relationships", as well as to the social position of the mad and the traumatised, which we already discussed in section 3.2.1.2. In an interview with Julie Bernstein, Nayman comments on this fact:

> The fact is that psychotic people can also tell (…) what's (…) crazy and what isn't. And we often don't credit the person with the authority to speak about his or her own experience, and that is a very troubling thing that you see sometimes. That the patient is disempowered and told that they're not authorised, really, to speak about their own experiences. That it's the *doctor* who's going to say "I'll tell you what's sane", or "I'll tell you what's crazy".[32]

Nayman arguably attempts to give the psychotic patient back his authority on his own experiences.

In both *Dark Urgings of the Blood* and *The Listener*, the doppelgangers can also be seen as representing the "other" in society, apart from the "other" in one's self. In these two narratives, the "other" in society, or outcast, refers to the madman, and to the soldier returning from battle (in *The Listener*). The two characters which constitute the doubles are both psychotic patients, one of which is a veteran. As we discussed in section 3.2.1.2., Nayman reflects on the excluded position of both the traumatised and the mad, and gives them back their voice.

[32] Interview with Julie Bernstein. Radio. Web. 14 May 2012. <http://www.shiranayman.com/?audio=an-interview-with-shira-nayman>.

IV. Conclusion.

Both *Awake in the Dark* and *The Listener* reflect on a great number of traumas, with regard to both the first and the second generations of trauma survivors. These traumas are connected to the First and Second World War, and to the Holocaust, but also to the loss of loved ones, as we observed in the cases of Dr. Harrison and Bertram Reiner. Both novels were analysed for the thematical representation of these traumas, as well as for how they represent "postmemory" and the issues experienced by members of the second and third generation concerning the recreation of the past.

A crucial theme in the four stories that make up *Awake in the Dark* is the search for the past, which is undeniably connected to the traumas represented in the novel. The characters feel a void in their lives, or an "absent presence", which can only be filled with the truth about the past. The protagonists, each of which belong to the second generation of trauma survivors, have different ways of coping with these absent presences. Three of them, namely Rachel, Suzana and Deborah, undertake an active search for the truth, while Miriam realises, too late, that the secret is lost forever. Rachel, Suzana and Deborah can be argued to have inherited the traumas from their parents, giving the narratives a postmemorial twist. These inherited traumas are inflicted upon the protagonists through "empathic unsettlement", "dysfunctional families", or "epigenetics", but also through the mechanism of the family secret, which is, according to Rosenthal, one of the most effective ways of ensuring "the continued impact of the threatening family past" (Rosenthal 236). The short stories involve not only victim trauma, but also perpetrator trauma, both of which are passed on to the next generation. The issue of perpetrator trauma also thematises the contrast between victims and perpetrators, which is blurred in *Dark Urgings of the Blood*.

The issues with regard to postmemory can be discovered in the use of some of the techniques typical of the second and third generations' fiction, namely the motif of the quest, the theme of absence, and the questioning of the truth, via unreliable narrators and a focus on mediation as well as on the unreliability of language. Because of these techniques, the reader steps into the shoes of the protagonists in their search for the truth: he or she is also confronted with different versions of the story, with unreliable narrators, and with the fact that the truth hides in objects, rather than in language. In *The Lamp,* it can even be argued that the reader undertakes a quest for the truth himself. As Shira Nayman herself grew up in a community of Holocaust survivors, she has experienced and witnessed firsthand the effects of inherited

traumas; the influence of her past – or of her recreation of the past – on her writing is clear from her use of these techniques and themes.

The traumas of battle, as well as the difficult moral questions concerning warfare, are referred to especially in *The Listener*, namely in the characters of war veterans Bertram Reiner and Dr. Harrison, and in Matilda, who served as a nurse during the War. All three characters find themselves traumatised by the experiences they went through on the battlefield, and are still acting out their traumas. The moral issues concerning the position of the soldier and the question of collaboration are referred to and represented by the characters of Dr. Harrison and Bertram, but are not solved. In this novel, too, the issues of the second and third generation are reflected: in *the Listener,* the truth is difficult to discover. These difficulties are due to the fact that the narrator is unreliable, the fact that Bertram is, because he is acting out his traumas, not able to give a complete and truthful rendition of his story, as well as the doctor's gradual descent into madness. Other characteristics of the second and third generations' fiction used in this novel are mediation and the unreliability of language and documents.

That traumas not only affect victims and perpetrators, but also the psychiatrists (or "the listeners") listening to their testimonies, is exemplified in *Dark Urgings of the Blood* and *The Listener*, in which the protagonists are psychiatrists who do not only struggle with their own traumas, but also with (making sense of) the traumas their patients go through. This struggle sometimes turns into an obsession, or into a vicarious identification with the patient.

In the theoretical part, I have observed that madness can be strongly linked to trauma; in the analysis, I have shown that some of the characters thematise this connection. Dr. Harrison, for example, shows delusional reactions because of his trauma concerning the loss of Delilah, and arguably picks up traumas of his patients through vicarious experiences, including their delusion, which can be seen as extreme manifestations of acting out. In *the Listener* and *Dark Urgings of the Blood*, Nayman lets her characters comment on the position of both the madman and the traumatised soldier as outcasts. Another connection between the madman and the traumatised is their shared feeling that language is inadequate in describing what they have experienced. It can be argued that the madman, as an outcast, is deprived of his right to speak. With regard to this loss of speech, Felman commented that the only way to give the madman back his voice is in literature. Nayman arguably gives the madman his voice back, by reversing the doctor-patient roles, by letting her characters speak *word salad*, by showing their delusions, and by commenting on the ambiguous role of the psychiatric hospital.

Both *The Listener* and *Awake in the Dark* are part of the gothic tradition, featuring characteristics like gothic settings, events and characters. However, Nayman makes this tradition her own by using the terrifying gothic uncanny in order to reflect on her characters' traumas. Since the gothic uncanny represents the unconscious, the characters are confronted with the "other" in themselves via the gothic elements in the stories. Examples are the gothic settings, which are "landscapes of the mind" (Punter 3), the presence of ghosts, which reflect not only the haunting traumas and the absent presences of the characters, but also the continuation of trauma via a contrast with corpses, and the gothic doubles Bertram and Dvorah. These doubles may also reflect on the position of the madman and the traumatised as outcast when they signify the "other" in society.

We have seen that in *The Listener* and *Awake in the Dark,* the reader is confronted with each side of the battlefield. This confrontation, as well as Nayman's comments on the ambiguous, excluded position of the soldier and the traumatised, could contain an anti-war message. In her most recent novel *A Mind of Winter*, Nayman again takes up the theme of war trauma, as well as the fading of the boundaries between perpetrators and victims, as the protagonists are "hounded by the echo of war" (Parker, n. pag.) and reflect on the distinction between "self-preservation [and] (…) deliberate collaboration" (Kramer, n. pag.).

Appendix.

I. Testimony by therapist Sarah Haley

As a therapist who had evaluated, treated or supervised the treatment of nearly 100 combat veterans and who felt she had "heard it all", I was not prepared for the descent into psychic hell that awaited me. As in Philip Caputo's *Rumor of War*, I felt myself being dragged, kicking and screaming for release down every jungle trail, burned out village, and terrorizing night patrol until the thin line between control and its loss, between combat killing and murder/atrocities, had been crossed. The veteran's combat nightmares, night terrors and startle responses which had plagued him since his return from Vietnam and which he had heretofore told no one were alive and shared in the treatment hours. I came to dread those hours, to have sleepless nights before them, and often an episode of crying or dry heaves following them[33].

II. Dulce Et Decorum Est – Wilfred Owen

Bent double, like old beggars under sacks,
Knock-kneed, coughing like hags, we cursed through sludge,
Till on the haunting flares we turned our backs
And towards our distant rest began to trudge.
Men marched asleep. Many had lost their boots
But limped on, blood-shod. All went lame; all blind;
Drunk with fatigue; deaf even to the hoots
Of tired, outstripped Five-Nines that dropped behind.

Gas! GAS! Quick, boys! - An ecstasy of fumbling,
Fitting the clumsy helmets just in time;
But someone still was yelling out and stumbling
And flound'ring like a man in fire or lime…
Dim, through the misty panes and thick green light,
As under a green sea, I saw him drowning.

In all my dreams, before my helpless sight,
He plunges at me, guttering, choking, drowning.

If in some smothering dreams you too could pace
Behind the wagon that we flung him in,
And watch the white eyes writhing in his face,
His hanging face, like a devil's sick of sin;
If you could hear, at every jolt, the blood

[33] Sarah Haley, "Some of My Best Friends Are Dead: Treatment of the PTSD Patient and His Family," in William Kelly, ed., *Post-Traumatic Stress Disorder and the War Veteran Patient* (New York: Brunner/Mazel) 1985: 63. In Tal, 150.

Come gargling from the froth-corrupted lungs,
Obscene as cancer, bitter as the cud
Of vile, incurable sores on innocent tongues,--
My friend, you would not tell with such high zest
To children ardent for some desperate glory,
The old Lie: Dulce et decorum est
Pro patria mori.[34]

III. Death Fugue – Paul Celan

Black milk of daybreak we drink it at evening
we drink it at midday and morning we drink it at night
we drink and we drink
we shovel a grave in the air there you won't lie too cramped
A man lives in the house he plays with his vipers he writes
he writes when it grows dark to Deutschland your golden hair Marguerite
he writes it and steps out of doors and the stars are all sparkling
he whistles his hounds to come close
he whistles his Jews into rows has them shovel a grave in the ground
he orders us strike up and play for the dance

Black milk of daybreak we drink you at night
we drink you at morning and midday we drink you at evening
we drink and we drink
A man lives in the house he plays with his vipers he writes
he writes when it grows dark to Deutschland your golden hair Margeurite
your ashen hair Shulamith we shovel a grave in the air there you won't lie too cramped
He shouts jab this earth deeper you lot there you others sing up and play
he grabs for the rod in his belt he swings it his eyes are blue
jab your spades deeper you lot there you others play on for the dancing

Black milk of daybreak we drink you at night
we drink you at midday and morning we drink you at evening
we drink and we drink
a man lives in the house your goldenes Haar Margeurite
your aschenes Haar Shulamith he plays with his vipers
He shouts play death more sweetly Death is a master from Deutschland
he shouts scrape your strings darker you'll rise then in smoke to the sky
you'll have a grave then in the clouds there you won't lie too cramped

Black milk of daybreak we drink you at night
we drink you at midday Death is a master aus Deutschland

[34] Owen, Wilfred. The Collected Poems of Wilfred Owen. New York City: New Directions Publishing, 1965, p.55. URL: <http://books.google.be/books?id=d80bBFrpZPoC&dq=dulce+et+decorum+est&hl=nl&source=gbs_navlinks_> .

we drink you at evening and morning we drink and we drink
this Death is ein Meister aus Deutschland his eye it is blue
he shoots you with shot made of lead shoots you level and true
a man lives in the house your goldenes Haar Margarete
he looses his hounds on us grants us a grave in the air
he plays with his vipers and daydreams
der Tod is ein Meister aus Deutschland
dein goldenes Haar Margarete
dein aschenes Haar Shulamith[35]

IV. The castle of Udolpho

Emily gazed with melancholy awe upon the castle, which she understood to be Montoni's; for, though it was now lighted up by the setting sun, the Gothic greatness of its features, and its mouldering walls of dark-gray stone, rendered it a gloomy and sublime object. As she gazed, the light died away on its walls, leaving a melancholy purple tint, which spread deeper and deeper as the thin vapor crept up the mountain, while the battlements above were still tipt with splendor. From those, too, the rays soon faded, and the whole edifice was invested with the solemn duskiness of evening. Silent, lonely, and sublime, it seemed to stand the sovereign of the scene, and to frown defiance on all who dared to invade its solitary reign. As the twilight deepened, its features became more awful in obscurity; and Emily continued to gaze, till its clustering towers were alone seen rising over the tops of the woods, beneath whose thick shade the carriages soon after began to ascend. (179)[36]

[35] Celan, Paul. Paul Celan: Selections. Ed. Pierre Joris. Berkely: University of California Press, 2005, p.46.
[36] Radcliffe, Ann Ward. The mysteries of Udolpho. New York: Derby & Jackson, 1859. URL: http://books.google.be/books?id=CXvUWr9RDU4C&hl=nl&source=gbs_navlinks_s.

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