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Asher Pandjiris
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ABSTRACT

This project explores intergenerational transmission of trauma as evidenced in the body. Specifically, I focus attention on the somatic experiences of two white South African women, one historical/biographical and one fictional/contemporary, to elaborate the legacy of white colonial psychic disavowals in post-colonial South Africa. Using feminist and relational psychodynamic theories, this project addresses the alexithymia of the colonial predicament via an assertion that unwitnessed somatic distress as a result of disavowed trauma in individuals is potentially transmitted to subsequent generations and requires nuanced clinical attention. Additionally, this project argues that interrupting the intergenerational transmission of collective traumas such as colonialism must involve curiosity about somatic manifestations of disavowed violence and aggression.

**WHAT HAPPENS WHEN THE BODY MATTERS?: AN EXPLORATION OF
CORPOREAL TEXTUALITIES IN THE LIFE AND WORK OF TWO WHITE SOUTH
AFRICAN AUTHORS AND ITS IMPLICATIONS FOR CLINICAL SOCIAL WORK
PRACTICE**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Asher Pandjiris

Smith School for Social Work
Northampton, MA 01063

2013

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Many thanks....

To my friends and chosen family—for everything you do to support and love me,

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CHAPTER I

Introduction

Something outside of us has been stored inside of us. How did it get there?

Stephen Mitchell, *From ghosts to ancestors* (1998, p.845)

In my clinical work I have regularly encountered the ways in which the psychiatric establishment diminishes somatic complaints (often coined medically unexplained illness, somatic preoccupation or Somatoform disorder) in clients/patients and finds little usefulness in bearing witness to what the body attempts to convey—the unspeakable narratives of trauma. These complaints can include chronic headaches, asthma, reproductive issues, abdominal pain, dizziness, skin and muscle discomfort, nausea, difficulty swallowing or breathing, vomiting, skin rashes, seizures, and back pain. As I will discuss in my literature review, and largely as a result of original theorizing by Freud on hysteria, somatic symptomology is frequently dismissed in the clinical encounter as “just psychosomatic,” implying some pathological fabrication or malingering on the part of the individual patient.

While recent empirical and theoretical research on the connection of somatic symptomology to unsayable/inexpressible trauma (van der Kolk, 1994 & 2000) has made some advances in engaging the body as container of implicit memories of trauma, this research is largely focused on treatment of the individual in whose psyche and body, it is assumed, repressed trauma is stored. I endorse the underlying aims of this somatically-informed

psychotherapy and body-work in relationship to trauma resolution. What I seek to explore in this project is more insight into the problem of intergenerational trauma transmission and more specifically to elaborate on the possibility that one mechanism of trauma transmission occurs via the body. I possess a strong curiosity (based on my clinical work) in the mechanism by which trauma transmission occurs intergenerationally in families and communities. For the purposes of this project I seek to explore the possibility that psychosomatic symptomology is, in a way, an alexithymia of the colonial predicament and a mechanism by which bodies are literally haunted by the collective trauma of the colonial encounter.

I argue that experiences in the body are regularly split off in the “talking cure” of analytic treatment (Knoblauch, 1997, p. 492). While recent (van der Kolk, 1994 & 2000) empirical literature has made attempts to re-assert the necessity of attending to the body in the treatment of trauma, the phenomenon of psychogenic, somatic, psychosomatic and conversion symptoms in individuals remains marginalized. Contemporary analytic historians of somatic-based therapies argue that, since Freud, there has been a “biased interest in the power of the mind to affect and/or control body experience” (Shapiro, 1996, p. 7). In this project, I pose the question: What if the body mattered? In other words, what if I were to trace narrative and seek out clinical material, via the body? Is it possible for a body to speak about its own haunting legacies?

Through an exploration of the relevant literature on somatic preoccupations and application of feminist critical theory as well as an intersubjective/relational lens, my project explores the unknowable traumatic impact of colonialism on the bodies of two white South African women, one fictional/contemporary (Lucy of JM Coetzee’s novel *Disgrace* (1999)) and one real/historical (Olive Schreiner, author of *The Story of an African Farm* (1883)). This thesis utilizes two essential theories applied to the phenomenon of the impact of intergenerational

transmission of trauma on the body to expand contemporary perspectives on clinical understandings of the etiology of somatic preoccupations as well as possible nuanced clinical applications. In the process of this exploration, I engage in a method of focusing on corporeal textualities as a means of better understanding the complex phenomenon of the transmission of trauma as it relates to the legacy of colonialism in South Africa.

CHAPTER TWO

Methodology

This study explores the mechanism by which transgenerational transmission of trauma occurs via the bodies of individuals impacted by legacies of colonialism in the context of South Africa. By utilizing feminist theory and relational theory I analyze, in lieu of a specific case study, two documents relevant to my identified phenomenon: Olive Schreiner's published correspondences (*Olive Schreiner Letters*, 1988 (edited by Richard Rive but acknowledged to be imperfect and imprecise)) and J.M. Coetzee's 1999 novel, *Disgrace*. This chapter will outline my methodology. The following chapter will name and elaborate on the specific phenomenon I used my method to evaluate and will describe some common themes identified in relationship to somatic symptomology in the form of a literature review. Chapter four will explore feminist theory and in particular will explore its relevance to contemporary psychoanalytic theory and literary criticism. In chapter five I will discuss relational theory, and in particular focus on both the relevance and limitations of an intersubjective frame in my "reading" of somatic symptomology in Schreiner and Coetzee's texts. Finally these two theories will be used to elucidate possible clinical implications specifically related to treating and conceptualizing the body in psychoanalytic treatment based on themes that emerge in the process of my research project.

The uniqueness of my method

There is a longstanding tradition within psychoanalytic theorizing that interacts with cultural production such as literature and film (Emmett & Veeder, 2001). My methodology is, in large part, not only the organizing principle of my thesis project, but also represents a possible strategy for engaging with somatic symptomology. I am interested in exploring the relationship between historical collective psychic trauma of colonialism/postcolonialism on the somatic experiences of white women colonizers in the context of South Africa. Influenced by a curiosity regarding somatic manifestations of the psychic trauma of colonialism/postcolonialism/racism/imperialism, I seek to elucidate the clinical implications of a psychoanalytic and historicist exploration of traces (ghosts/phantoms) of the legacy of colonialism/postcolonialist predicaments on the bodies of white South African women.

I will not use clinical cases, but rather will use published texts as my case illustrations of somatic symptomology. Throughout the project, I will highlight the method enacted by some of the theorists in order to articulate the unique ways of approaching narrative as a model for the clinical encounter. I acknowledge that this transfer of “reading” a text to “reading” a human being in a clinical setting is not an easy one and due to the limitations of this project, I am unable to elaborate fully on how this process might play out. I have settled on engaging in the process myself, as an experiment in order to see what I discover in the hopes of deciphering new, more complex, more attuned, more nuanced means by which the body can indeed be given voice in the clinical realm in a more substantive way. If my method proves helpful, it has the potential to inform various aspects of the clinical encounter regarding treatment of somatic symptomology, including clinical training and the production of theories to explain and treat individuals experiencing somatic distress.

Why these three texts?

My primary site of curiosity is in the life and work of Olive Schreiner. I have a deep interest in the ways that literature is able to express political themes via an exploration of the inner worlds of characters. Olive Schreiner is a historical figure whose novel, *The Story of an African Farm*, is considered to be one of South Africa's first published novels written by a woman. Because my project is focused on the relationship between the unknowable/unsayable aspects of trauma legacies and its impact on the body, I consider her personal correspondences that elaborate on the themes presented in her fictional work. Finally, I seek to draw a connection from Olive Schreiner as historical white colonial figure to the character of Lucy in JM Coetzee's contemporary novel, *Disgrace*. This connection allows me the opportunity to follow the line of thinking that involves a connection of legacies of colonialism via white women's bodies in South Africa. Lucy as a fictional character possesses many similar qualities to her historical predecessor, Olive Schreiner, and therefore I seek to elaborate the ways in which legacies of colonialism in South Africa continue to impact the bodies and psyches of white South African women on both a conscious and unconscious level.

Why South Africa?

I will utilize several theories developed by feminists (Horrell and Horton) who are engaged in the intersection of literary theory, feminist theory and whiteness studies and whose work is located specifically in the context of South Africa. A primary consideration for my thesis is: why South Africa? Why focus my exploration in the specific cultural context of the experience of white women in the colonial and postcolonial context of South Africa? I chose this context for several reasons. First, in lieu of a case study, I was interested in exploring culturally specific creative productions (narratives) that might be "read" in a similar way as a

more conventional psychoanalytic case study. Second, South Africa (especially in relationship to Western discourses) is a place in which race and racism manifests in explicit and overt ways. In other words, my intervention, influenced by the work of feminists and whiteness studies theorists, is in part an attempt to complicate discourses around race, colonialism and violence in a cultural context where discourses around race are polarized and often conceptualized in dichotomies of good/bad, white/black, oppressor/oppressed. Finally, I have a personal relationship to South Africa. I spent nearly a year living there from 1999-2000 and I was deeply impacted by the complex and nuanced discourses and histories that emerged from that context. As a white person visiting a country so plagued by legacies of violence, oppression, racism and colonialism, I came away from the experience seeking a deeper understanding of these experiences as well as knowledge that I needed to implicate myself in the collective traumas enacted by white colonial agents.

To sketch the problem in very broad strokes, the anxiety we are always in danger of dissociating, the evacuation of meaning and denial that we too easily succumb to, have to do with dehumanization. (Benjamin, 2012, p.211)

I will expand on this complex issue of “why South Africa?” and certainly “why white South African women?” in a subsequent section on intersubjective/relational theory. In brief, one aspect of this thesis project is an exploration of the notion of witnessing of trauma and more precisely, to question the way in which somatic symptomology interacts with this process. The challenge of truly witnessing the body in regards to trauma is explored by several intersubjective/relational theorists and proves to be significant to my thesis project. Specifically, I attempt to question the legacy of colonialism on white women’s bodies and call into question the challenge of adequately witnessing these narratives of trauma transmission via the body by

both the subject (white South African women) and the “reader” or clinician (me). It is my hope that in investigating the challenges of witnessing the impact of colonialism on whites in South Africa (both victim and victimizer), I might shed light on the difficulty of these white subjects and their witnesses to see their experiences as grievable (Butler, J. 2004). I will further question the possibility that white South African women’s subjectivities have been inadequately witnessed and therefore, the legacies of colonialism have potentially haunted these women in the form of splitting (as a result of inadequate mentalization) and somatic distress.

Potential Bias

I anticipate that my engagement with Relational and Intersubjective theories might prove to be a site of potential bias. Due to the structure and demands of intersubjective theory, it is essential for the clinician or, in this case, the reader, to position the self in relation to the client, or in this case, the text(s). To avoid bias, I plan to position myself as one reader, one self, in regards to the textual analysis. I aim to be specific about locating my biopsychosocial identity in order to enact transparency in regards to potential bias. However, my project does draw on the theoretical works of many authors and in this regard, I position myself as one (admittedly) biased reader among many. In summary, I aim, throughout this project, to position myself as a white woman engaging in a project that involves an exploration of white identity in South Africa.

Methodological Influences

Psychoanalytic theory makes clear that the body is literally written on, inscribed...

(Grosz, 1994, p.60)

Broadly speaking, as I have mentioned, the frame of analysis in my project is a psychoanalytically informed engagement with literary criticism. I used my method to explore psychosomatic experiences (trauma in the body) of white South African women by looking at

this phenomenon in two published texts. I did not use a patient as a case study due to the vulnerability of the topic. As a result, I made the choice to experiment with a method of analysis that might demonstrate a capacity to allow space to elaborate on the complex themes and issues surrounding the treatment of patients with somatic symptomology without impact on a individual or group of individuals. Instead of actual patients, I took the above-mentioned themes and applied them to fictional and non-fictional characters to reclaim the body as a site of analysis when considering collective trauma.

In my discussion I will integrate feminist and relational theories into an analysis of the effectiveness of my methodological approach to my “cases.” In this section, I will specify the most salient theoretical frameworks (both feminist and relationally oriented) that impacted the development of my chosen method of analysis.

Haydee Faimberg (2012) and Dori Laub (2005) are analysts who have written extensively about their work with survivors (and children of survivors) of the Holocaust. As a result of their years of work with these clients, both clinicians endorse the development and implementation of new tools in the analytic encounter that “give form, structure, and intelligibility to the incomprehensible past that does not have an ending” (Laub, p. 254). In their work and writing, Laub and Faimberg explore the mechanisms that challenge their capacity to adequately witness and hold both the sayable and unsayable aspects of trauma narratives/psychic pain of their clients.

Faimberg identifies the dialectical relationship between disavowal and the function of witnessing as the mechanism by which an impasse like “impossible mourning” comes into the analytic encounter (Faimberg, p.157). Faimberg argues that disavowal (“a special feature of disavowal is that the nature of what is to be disavowed is known and unknown at the same

time”), which is often transmitted intergenerationally, occurs within client and analyst (p.162).

Laub and Faimberg believe that process of overcoming disavowal “liberates the function of witnessing” (p.168). This is no simple process however, and one of Faimberg’s most significant contributions to my thesis project methodology lies in her exploration of the challenge of interrupting the intergenerational traumatic transmission process. She pinpoints the “disavowed aspect of the analysts’ own history” as one key reason that mourning and witnessing become seemingly impossible (p.166). In essence Faimberg argues that both analyst and client are subject to the same desire to “deny the existence of things that ought not exist,” thus promoting the intergenerational transmission process, foreclosing a “life project for the future” and refuting the possibility of listening in more than one dimension (p.161 & 158).

Faimberg and Laub both address the strenuous challenges of working with traumatic and distressing psychic content. Their desire to discover pathways for “render[ing] accessible to psychoanalysis material that would otherwise remain out of reach” is in line with the goals of my thesis project (Faimberg, p. 159). I am not addressing the horrors and legacy of the Holocaust, but rather the impact of colonialism and apartheid in South Africa. The violence embedded in these moments induces a push towards disavowal. My aim, like Laub and Faimberg, is to discover, within and along the margins of my “case material,” a space for witnessing, a learning to “listen to what is still unspoken, still in search of words,” in regards to the traumatic legacy of the colonial encounter in South Africa (Faimberg, p. 158).

I argue that psychoanalysis galvanizes, as no other discipline can, an understanding of texts in their social, historical, and political contexts. I also show how close reading can be a radical political practice through which heretofore unseen ideologies concealed within works of film and literature can be exposed. (Rashkin, 2009, p.1-2)

Esther Rashkin is a feminist psychoanalyst, author, and professor of French and Comparative Literature at the University of Utah. She has written extensively on the application

of a psychoanalytic framework to the study of literature and film. In an important essay, “The haunted child: social catastrophe, phantom transmissions and the aftermath of collective trauma,” (1999), Rashkin outlines several important theoretical concepts which she further elaborates in her ongoing academic work on trauma transmission. Much like Laub and Faimberg, Rashkin has worked extensively with Holocaust survivors and their families and is invested in exploring the complex mechanisms of trauma transmission as well as the challenges of adequately witnessing ensuing psychopathology and psychic distress. While Faimberg and Laub contributed to this discussion notions of disavowal and the function of witnessing, Rashkin presents the application of psychoanalytically influenced literary criticism as radical political practice. She sets her sights on comprehending the “symptom that narrates in ciphered form” as it relates to experiences of trauma (Rashkin, 1999, p. 445). This endeavor has proven immensely useful in my examination of somatic symptomatology, a frequently misunderstood and disavowed realm of symptomatology.

Rashkin is strongly influenced by the work of Nicolas Abraham and Maria Tortok, analysts who are responsible for developing the concept of the intergenerational transmission of the phantom, created by trauma (Abraham, Tortok & Rand, 1994). Their fascinating work on transgenerational haunting is extensive and, due to the limitations of this project, will be summarized briefly. Abraham and Tortok noted that certain events, often as a result of war/genocide/social catastrophe, are “experienced as too shameful to be articulated in speech” and as a result, many patients did not respond to “traditional techniques of analysis based on the Freudian concept of dynamic repression” (Rashkin, 1999, p. 435). In a significant departure from Freudian and post-Freudian conceptualizations of psychopathology, Abraham and Tortok proposed that it was possible that their patients’ “resistant symptoms” were not necessarily

caused by the repression or concealment of something they themselves had experienced, but possibly were related to something experienced by another (usually a parent or caregiver) that was silently transmitted, “through cryptic language and behavior” into their unconscious (p. 436). This is a brief description of the phantom formation. It represents the “silence or gap in the speech of someone else that ‘speaks’ as would a ventriloquist, through the words and acts of” the patient (p.436). Much like W.R.D. Fairbairn’s (1964) endopsychic structural formulation, the phantom transmission functions to protect the parental ego. However, in the phantom formulation, the “expelled or foreclosed” content of the parent’s unconscious is literally “buried alive, along with the shame attached to it, and transmitted in encrypted form into the child’s unconscious” (p. 443).

Rashkin’s integration of Abraham and Tortok’s theories with the analysis of film and literature is likely the most influential force in my methodological approach for this thesis project. Her work is creative and explodes open new possibilities. In my discussion section I will explain how I worked with her notions of haunting, intrapsychic crypts, and the intergenerational transmission of phantoms in regards to my case material. I aim to implicate the bodies of Lucy (from Coetzee’s *Disgrace*) and Olive Schreiner in Rashkin’s theoretical framework for the purposes of conducting my own phantom analysis as it relates to the traumatic legacies of colonialism. Specifically, the phantom analysis holds out the possibility of seeing the bodies of Lucy and Olive Schreiner as intrapsychic crypts, containing haunted (and often intolerably painful and irreconcilable) content of their ancestors. I explore the potentiality of Olive’s unexplored/unsayable psychic distress as manifesting in the body of Lucy in Rashkin’s formulation of a phantom haunting. Through this pairing, the joining of two white South African

women in proximity to each other, I seek to identify the ghostly remains of colonialism that might be encrypted in the postcolonial body of Lucy.

In such a reciprocal affirmation of the other, especially acknowledgement of suffering that has been denied, there is an implicit affirmation that two or more humans are linked by a third. This third contains or rests on certain principles: that suffering of humans matters, no matter what their different origins or status; that the recognition of suffering connects or reconnects us to the magnetic chain of humanity in which suffering is our common denominator. (Benjamin, 2012, p. 208)

The work of Jessica Benjamin, a feminist relational psychoanalyst, is a final and significant influence in the cultivation of my methodological framework for this project. Benjamin's essay, "Acknowledgement of collective trauma in light of dissociation and dehumanization" (2012), presents a compelling method for exploring the challenge of witnessing, recognizing and acknowledging the psychic distress caused by trauma. Much like Laub, Faimberg and Rashkin, Benjamin recognizes the difficulty of "lifting of dissociation," especially in the face of collective trauma (p. 208). Additionally, like Laub and Faimberg, Benjamin is invested in asserting the fact that, in witnessing work, it is essential that clinicians must resist "denying what is unbearable and overwhelming" while "confronting our own dissociations" (p. 209).

As a Relational theorist and clinician, Benjamin's framework impacted my methodology in the sense that she is invested in experiencing "all sides" of a person, thus always working to "maintain [an awareness of] the simultaneity of positions" (p. 211 & 210). This positioning is important to my project in that I am working with the assumption that white South African women (in both colonial and postcolonial contexts) are often positioned (and experience themselves) as both victim and victimizer. In her essay, Benjamin wonders about how one is to approach the problem of witnessing when it comes to individuals involved in collective traumas (such as the Holocaust or colonial violence) while also encountering the "problem of abandoning

those who feel guilty” (p.210). This conundrum describes an essential underpinning of my thesis project. Benjamin’s exploration of this complex issue, while attending to the positionality of the multiple selves of both analyst and patient, has been formative to my development of a methodological framework. What Benjamin’s Relational frame offers this project’s methodological approach is her very curiosity about the multiple self parts of all individuals involved in collectively traumatic environments such as colonial and post-apartheid South Africa. These multiple parts extend to and require an acknowledgement of somatic distress. Without this form of multiple-self witnessing, Benjamin warns, we as “witnesses” or clinicians, or researchers run the risk of disavowing or dissociating “painful and frightening parts in ourselves” thus contributing to the further transmission of trauma and violence generation after generation (p. 213).

Criteria for evaluating the phenomenon

1. Dialectics of disavowal and witnessing (H. Faimberg, D. Laub, J. Benjamin);
2. Impossibility of mourning (H. Faimberg, D. Laub, E. Rashkin, J. Benjamin);
3. Dissociation and the body (J. Benjamin, E. Rashkin);
4. Physical body as an intrapsychic crypt (E. Rashkin)

Themes I explore with my method

1. Trauma transmission via the white female body, especially due to unknowable traumas from past and inadequate means for self-expression;
2. Guilt, shame and unacknowledged desire as a legacy of the violence of colonialism as expressed by white South African women;
3. Disavowal and dissociation as defenses in the face of the disappointments, violence and desires implicated in the colonial and postcolonial predicament.

CHAPTER THREE

Phenomenology

My interest in exploring the phenomenon of somatic preoccupation in adults emerged slowly over years of clinical work first with severely traumatized patients in a residential eating disorder and complex trauma treatment facility and while interning on an inpatient mental health unit of a regional hospital. Over the course of these experiences, I regularly encountered the challenge of adequately bearing witness to the latent expressions of traumatic experience that appeared to be situated in the bodies of my clients. I found myself and clinicians with whom I worked to be either puzzled by unexplained pains in the body or drawn to dismiss the pains as somatic symptomology (i.e.: fabricated preoccupations).

In taking time to consider this clinical impasse, I began to wonder if, as Uehara (2007) suggests, that some of my patients in pain were actually attempting to engage me in a narrative that only physical pain could express, a pain engagement narrative that contained traces of intolerable familial traumas. Furthermore, if we as clinicians bear witness with openness, I surmised that perhaps somatic symptoms might function as dissociated narratives of trauma, ultimately revealing traces of unspeakable experiences.

In this section, I summarize the clinical literature addressing somatic symptomology in adults. Following this summary, I describe my case material and its relevance to the issues raised in my literature review. Specifically, I aim to situate my identified phenomenon of the

intergenerational transmission of trauma via the body in the context of the demonstrated need for further clinical understandings of somatic symptomology.

LITERATURE REVIEW

By ignoring the coherent expression of unconscious grief and pain as a diagnostic issue, we as clinicians miss an opportunity to more deeply understand the complexity and nuanced nature of trauma transmission and its impact on bodies and minds. This assertion is supported by Uehara (2007) and Greco (1998), who call for a more compassionate and nuanced clinical engagement in problematizing popularly held notions of illness and health. My research has focused on reviewing literature that addresses the phenomenon of somatic preoccupation (also known as medically unexplained sickness). An initial review of pertinent medical literature on somatic preoccupation (Crombez et al., 2006; Epstein et al 2009; Warsop, 2009) shows a focus on the healthcare-cost/challenges and treatment resistance posed by clients with medically unexplained symptoms. A limitation of the current literature is the lack of studies on the etiology of somatic symptomology as will be further discussed in the literature review. While recent Posttraumatic Stress research (Sansone et al., 2009; van der Kolk, 1994, 2000) explores the fact that traumatic memory is stored in affective (implicit) memory and cannot often be accessed or described in language or visual modes, many PTSD treatment modalities still emphasize development of a cohesive, coherent and linear trauma narrative (that reveals unearthed repressed memories) as a hallmark of trauma resolution.

In reviewing the literature, it is evident that more effective treatment modalities/approaches could be developed if informed by research regarding the cause and effects of somatic preoccupation in client populations, as well as clinicians' resistance to

exploring psychosomatic symptomology (Creed et al., 2012; Dimsdale, 2009; Sansone et al., 2009).

Empirical literature

Of the available body of research on adult populations with somatic preoccupations, nine empirical studies will be reviewed here. All studies are limited in that they rely on participants' self-report of somatic symptoms and traumatic experiences. I will review the pertinent empirical studies and follow with an overview of the theoretical literature.

Somatic preoccupations without medically confirmable physical findings are viewed by the psychiatric and medical establishment in a critical fashion as pathology expressed (if criteria is met) as a Somatoform disorder (Creed, et al., 2012). Due to this perceived indecipherability of somatic symptomology, "our knowledge of its etiology is incomplete" (p.312). I began my research with an interest in exploring the ways in which the psychiatric and medical professions relate to and "treat" somatic complaints (alternately termed psychosomatic illness, somatoform disorder or somatic preoccupations) in contemporary mental health settings (Sansone et al., 2001, p.39). Additionally, I was interested in how physical symptoms are linked to mental pathology and, in particular, whether current research perceives coherence in unspeakable bodily symptomology (Sansone, et al., 2001). This led me to seek out research that reflected current understandings of discourses around somatic symptomology.

One significant area of existing research involves the connection between adult somatic preoccupation and the experience of trauma during childhood (Creed et al., 2012; Sansone, Weiderman & Sansone, 2001; Sansone, Weiderman, Tahir & Buckner, 2009). A contemporary study (Creed et al., 2012) conducted in North West England utilized quantitative methods employing the Somatic Symptom Inventory (SSI) to evaluate adult participant's risk factors for

persistent somatic symptoms. The study identified the following risk factors for multiple somatic symptoms: Less than 12 years of education, separated status, widowed or divorced, reporting psychological abuse during childhood, co-existing medical illnesses, anxiety and depression. Persistent SSI scores in a one-year follow up study, using the same methods, helped support the initial finding that the total number of somatic symptoms reflects a dimension of somatic distress that is distinct from anxiety and depression.

While this study did not measure psychological mechanisms of intervention and is consequently not directly applicable to evaluating clinical interventions, it did utilize a highly recognized tool such as the SSI to evaluate a complex set of symptomology. Of significance is that this study posits that a high somatic symptom score is “best seen as a phenomenon of multifactorial etiology with interacting psychological, social and biological factors” (p. 316). Therefore, in addition to connecting psychological abuse during childhood to somatic symptomology in adulthood, researchers assert that a biopsychosocial framework is best suited for addressing the needs of individuals with high SSI scores.

Two studies (Sansone et al., 2001 & Sansone et al., 2009) engage in two distinct research methodologies to examine the connection between childhood trauma and adult somatic symptomology. In the first study (2001), researchers utilized a path analytic approach to evaluate the indirect and direct correlation between somatic preoccupation in adults who also have experienced childhood trauma, depression and borderline symptomology. The study attempted to answer the question: are certain types of trauma or particular combinations of trauma more likely to precipitate somatic preoccupation in adulthood? Researchers found that childhood trauma appears to independently put one at risk for somatic preoccupation. Furthermore, findings from this study indicate that the variables of childhood trauma, borderline

personality symptomology, acute depression and somatic preoccupation are all at least moderately related when placed into a sequential model. This study posits some explanation for the reasons that resolution of somatic preoccupation symptomology is so difficult to achieve. This is due, in large part to the association of somatic preoccupation with childhood trauma. Treatment for this type of trauma is often “multidimensional” and, when combined with treatment resistant somatic symptomology, patients are often regarded as “difficult-to-treat” cases (p.44).

In a follow up study, researchers (Sansone, Weiederman & Tahir, 2009) utilized a cross-sectional convenience sample to survey adults who were seen as outpatients in an internal medicine setting in a mid-sized Midwestern town. Participants were asked “Yes/No” questions regarding the five types of childhood trauma (physical, sexual and emotional, the witnessing of violence and physical neglect). The study measured somatic preoccupations using the Bradford Somatic Inventory. The researchers found that both physical and emotional abuses demonstrated strong correlations with scores on the Bradford Somatic Inventory.

This second study is significant in that it is the first to investigate the individual relationship between particular childhood traumas and somatic preoccupation in adulthood. Researchers posit that physical and emotional abuse during childhood may be related to somatic preoccupation in adulthood. The researchers also call for further research “exploring mediating variables such as the role of body image disturbance” (p.230).

A similarly oriented study (Stein et al., 2003) was conducted in a Veteran’s Affairs primary care outpatient clinic with women. These women self-reported (via questionnaire) their sexual assault history, their levels of health anxiety and any existence of somatic symptoms. The findings of this cross-sectional study indicated a strong association between sexual trauma

exposure and somatic symptoms, illness attitudes and healthcare utilization in women (p.178). However, the study did not test for causal mechanisms. Furthermore, the health anxiety and somatic symptoms could not be proven to be related directly to the sexual assault. Much like the 2009 Sansone study, this study posits that the experience of sexual assault early in life might lead to disturbances in “somatic perception and body image” (p. 181).

While significantly impaired by poor methodological organization and its limiting population of 18 year old college students, researchers (Kneipp, Kelly & Wise, 2011) did confirm their hypothesis that highly impaired self-reference, the female gender and high levels of anger/irritability do lead to distorted body image in traumatized individuals. These findings echo other studies (Sansone et al., 2009; Stein et al., 2003) in regards to the mediating factor of body image disturbance as emerging as a result of trauma.

In addition to connecting somatic preoccupation in adulthood to childhood trauma and possible subsequent body image disturbance, contemporary empirical literature also explores the role of alexithymia (Farooq, Gahir, Okyere, Sheikh & Oyebode, 1995; Smith & Johnsson, 1997) and cultural difference (Farooq, Gahir, Okyere, Sheikh & Oyebode, 1995; Fenta, Hyman, Rourke, Moon & Noh 2010) as possible explanatory factors in the presentation of somatic symptomology.

The term alexithymia was first coined in 1973 by P.E. Sifneos to describe certain patients’ inability to seize the essence of their own inner state as well as that of other people (Smith & Johnsson, 1997). Alexithymia is a psychoanalytic concept that is frequently linked to patients with psychosomatic preoccupation. An important empirical study on the relationship of alexithymia and somatic symptomology (Smith & Johnsson, 1997) summarized a series of experiments conducted with adults who had been diagnosed with Crohn’s disease, Ulcerative

Colitis and/or anorexia/bulimia. Researchers used the concept of alexithymia in a process-oriented frame of reference to explore the participants' relationship to the constantly recurring microprocesses that shape our reality at any given moment. This report is limited in that it utilizes such a variety of tools and experiments with the sample and therefore the report reads as overly complex. One strength of this study is the fact that the researchers continually return to a common thread: the connection between parental relations and psychosomatic symptoms, which is very clearly stated in the material. Researchers found that all participants engaged in alexithymic strategies that revealed a common tendency to avoid identification of emotions. While strategies of alexithymia varied across the three diagnostic categories, researchers do assert that all participants, in terms of microprocess, demonstrate blocked access to the emotionally rich preconscious early phases of development.

Interestingly, the concept of alexithymia is not dissimilar from the discussion explanations in several empirical studies (Farooq et al., 1995; Fenta et al., 2010) on the inherent nature of certain cultural groups to be inclined to express emotions somatically. Both studies examined specific refugee populations and attempted to determine if somatic symptomology was linked to cultural specificity. One cross-sectional study (Fenta et al., 2010) examined the occurrence and correlates of somatic symptoms in a random sample of 342 adult Ethiopian immigrants residing in Toronto, Canada. Study participants were asked to complete the somatization disorder module of the Diagnostic Interview Schedule. A limitation is that all data were self-reported. In a multivariate linear regression analysis controlling for mental disorder, self-reported somatic symptom level was significantly associated with older age, pre-migration trauma, post-migration stressful life events and limited English language fluency, with the association between pre-migration trauma and somatic symptoms being largely mediated by the

onset of PTSD. Depression and PTSD were found to be directly associated with somatic symptoms. Based on the findings of this study, researchers assert that there may be a culturally inclined tendency in Ethiopian immigrant communities to present with somatic symptoms.

A much more dated study (Farooq et al., 1995) utilized the Bradford Somatic Inventory and the Hospital Anxiety and Depression Scale to investigate the comparative rates of somatic complaints between one hundred and ninety-five Asian and Caucasian patients in a primary care setting in England. Participants were adults between the ages of 16 and 65. The study found that Asian patients reported significantly more somatic and depressive symptoms than the Caucasian patients. At times this study does not make it clear that, in fact, the “Asian” patients in this study were actually individuals originating from India, Pakistan, and Bangladesh living in England. This could lead to possible misunderstandings. A strength is that the researchers insured that study participants were given the opportunity to self-complete the questionnaires in both English or Urdu. Patients who were illiterate were read questions aloud in their native tongue. Much like the contemporary Fenta (2010) study, this research shows empirical data supporting the claim that ethnicity is a significant variable in the experience of somatic preoccupation. This study, while not utilizing the term alexithymia (Smith & Johnsson, 1997), highlights the significant impact of language and coherence (especially in terms of immigrant experiences) as it relates to the presentation of somatic symptomology in primary care settings.

An empirical study that evokes similar themes expressed in the theoretical literature is a 2012 study by Danise et al., that focused on the specific symptomology of chronic fatigue syndrome (CFS) amongst adult sets of twins. CFS is a clinical condition characterized by “unexplained prolonged and disabling fatigue, musculoskeletal pain, sleep disturbances, impairments in mood, and neurocognitive difficulties” (p.250). This study investigated the co-

occurrence of CFS, post-traumatic stress disorder (PTSD) and trauma symptoms. Data were gathered utilizing a standardized questionnaire that included the Impact of Events Scale (IES). The researchers found that a lifetime diagnosis of CFS was associated strongly with both chronic PTSD and current traumatic symptoms.

This study supports already existing research on the comorbidity of CFS with PTSD. Researchers suggest that clinicians should carefully consider the “complex nature of CFS as it relates to other conditions . . . including stress related conditions” (p.255). This assertion supports the theoretical work of Uehara (2007) and Greco (1998) in its proposal that more clinical investigations into the precise nature of complex body symptomology should be explored.

As I stated previously, my project emerged out of a sense of frustration with the limitations of contemporary empirical research to address the etiology of somatic preoccupation in adults in a nuanced way. As a result, I turned to an in depth exploration of contemporary theoretical models to attempt to discover new ways of making meaning of somatic symptomology. My theoretical sources provide an overview of several conceptual frameworks for understanding and treating somatic symptomology in relationship to trauma. With the exception of the work of van der Kolk (1994), my theoretical sources (Bowlby 1969 & 1973; Breuer & Freud, 1893-95; Fongay, 2001; Greco, 1998; Herman, 1997; McDougall, 1989 & 1974, Somatic Disorders DSM 5 Workgroup, 2012; Taylor, 1987 & 2003; Uehara 2007) are admittedly limited in scope as they are focused on several contemporary psychoanalytically informed categories that explicate the etiology of somatic symptomology: attachment theory, somatic trauma theory, object relations, psychobiological research and narrative analysis of somatic symptomology. I do not, for instance, engage with theories that discuss treatment strategies nor

do I engage with contemporary theories such as cognitive behavioral theory as my project is rooted firmly in a psychoanalytic framework. Furthermore, due to the limits of this project, I will provide an overview of the above mentioned theoretical frameworks in this section and, in my subsequent theory chapters, I will explore two theoretical model's application to understanding somatic symptomology in depth.

Theoretical literature

Freud and hysteria

There is a normal, appropriate reaction to excitation caused by very vivid and irreconcilable ideas—namely, to communicate them by speech. We meet the same urge as one of the basic factors of a major historical institution—the Roman Catholic confessional. Telling things is a relief; it discharges tension even when the person to whom they are told is not a priest and even when no absolution follows. If the excitation is denied this outlet it is sometimes converted into a somatic phenomenon, just as is the excitation belonging to traumatic effects.” (Breuer & Freud, 1955)

Somatic symptomology cannot be explored without an acknowledgement of Freud's contributions on the concept of hysteria. Freud initially attributed hysteria to sexual trauma, but he later came to see the symptoms as an expression of unconscious fantasy that had originated in the oedipal sexual and aggressive fantasies of early childhood. And rather than the symptom being simply the translation of an instinctual charge into the body, it was now seen as a disguised expression, via conversion, of an unconscious fantasy (Taylor, 2003). When an intolerable fantasy arose in a patient, Freud argued, a conversion process occurred in which the unconscious was able to block libidinal and aggressive satisfactions. However, as a result of the buildup of these urges, somatic symptoms (symbolic evidence of these blocked up neurotic drives unfulfilled) in a patient, usually a woman, would manifest. Because in Freud's second theory, the fantasy was an incest fantasy, it was unacceptable to the conscious mind (Breuer & Freud, 1955). In addition to the topographical model of the mind, Freud further proposed that hysterical

conversion created manifest somatic symptoms. Thus inhibitions of bodily functioning such as constipation, impotence, frigidity, psychogenic sterility, anorexia, insomnia and so on, have come to be considered as closely allied to classical conversion symptoms and function as symbolic solutions to unconscious conflict (McDougall, 1974).

Psychobiological

These repressions of fantasy life are again addressed in a Graeme Taylor's (1987) contemporary psychobiological model of psychosomatic medicine. His model postulates that somatic symptomology might be explained as "concomitant psychological and physiological responses to separation and object loss, but these mental and bodily events are considered causally related and are presumed due to the emotional upheaval following disruption of an attachment bond" (p.280). Taylor focuses on the interaction between psychological and biological factors as an explanation for somatic symptomology (adult dysregulation) such as rheumatoid arthritis, bronchial asthma, peptic ulcer disease, and hypertension. The adult dysregulation resulting in psychosomatic diseases might be explained, Taylor explains, much like the dysregulation we witness in infants—in which a person in adulthood relies "excessively on another person to maintain their psychobiological equilibrium" (p.285). This contemporary argument involves a consideration of self-object issues:

dependent people have suffered deficiencies in their earliest object relationships; their inner worlds lack adequate representation of a well-functioning self-object unit that normally would substitute for the external mother and provide self-regulatory functions. To compensate for this, many of these people retain a symbiotic involvement with the mother or form a substitute symbiotic self-object relationship with a key figure. Because of the withdrawal of specific sensorimotor regulators hidden within the many complex interactions of the relationship, they are at greater risk for developing physical disease following separation and object loss. (p.285)

Contemporary Somatic Therapies

Bessel van der Kolk's (1994) seminal article "The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress on the impact of trauma on the body," explores the ways that trauma memories become implicit and manifest somatically in the body. He describes the mechanisms by which individuals with PTSD, unable to utilize declarative memory, often channel unprocessed emotions via the body. van der Kolk's research on trauma survivors is highly impacted by recent developments in neuroscience concerning how the brain is impacted and organized by traumatic experience. One recent research study of van der Kolk's (2000) found that subjects with both dissociative disorders and somatoform disorders utilize defensive responses that mimic those observed in animals under attack.

This fight or flight response has, in recent years, been linked to the impact of trauma on the body and led to the development of many body-focused treatment approaches that integrate a body-mind framework. Contemporary body psychotherapies (eg: Sensorimotor therapy, SomaCentric Dialoging, Hakomi, Somatic Experiencing, SHIP (Spontaneous Healing Intrasytemic Process), Internal Family Systems, Mindfulness-based body practices, Craniosacral therapy and EMDR) are influenced by the earlier work of Pierre Janet (1977) and Wilhelm Reich (1949) who took note of the body's response to psychological stress. Bessel van der Kolk (1994 & 2007) and Judith Herman (1997) are just two of many theorists who have followed in the footsteps of Janet and Reich in developing theories and treatments that acknowledge the non-integrated sensory experiences of trauma. The above-mentioned treatment modalities have gained traction in recent years, especially in light of the preponderance of empirical research on the study of effective treatments for war-related PTSD in the United States (Wolfe et al., 1999).

Attachment Theory and Alexithymia

John Bowlby's writing (1969 & 1973) on attachment behavior and its impact on infant emotional regulation maintains a strong bearing on contemporary thinking in regards to psychosomatic symptomology. Of the various attachment styles, insecure attachment, as a result of unpredictable responsiveness of an infant's caregiver, is often linked to adult psychopathological manifestations of somatic symptoms (Fonagy, 2011).

In these instances, insecurity of attachment may be associated with an arrest in affect development, or with a regression, so that emotions are connected only weakly with images and words and are experienced mainly as poorly differentiated somatic sensations and motoric excitations (Krystal, 1997). This may result in alexithymia and a proneness to somatization or other medical and psychiatric disorders associated with affective dysregulation. (Taylor et al., 1997, p. 31)

Contemporary attachment theorist, Peter Fonagy (2001) furthers the work of early attachment theorists by positing that psychoanalytic theory has much to learn from attachment theory methodologies. Fonagy's work has implications for contemporary understandings concerning the etiology of somatic symptomology. One of his primary contributions to this conversation includes his discussion of mentalization, or, reflective functioning. Fonagy argues that an infant's capacity for reflective functioning is impacted by the quality of attachment relationships (2001). Securely attached infants acquire reflective function, or "the tendency to incorporate mental state attributions into internal working models of self-other relationships," via the caregiver's appropriate observation of the child's mental state, the capacity of the caregiver to hold and contain the child's inner experience, the caregiver's ability to "reflect with understanding their child's inner experience" (p.166 & 167). Disruptions in the development of adequate reflective functioning (as seen in children and adults who reflect disorganized, avoidant or insecure attachment styles), can inhibit verbal thought, or the capacity for language to explicate internal emotional states as well as diminish affect regulation (2001). These observations are significant when it comes to somatic symptomology and, in essence, link

attachment theory, alexithymia, somatic preoccupation and psychoanalytic object relations theories.

Object Relations

The psychoanalytic perspective on psychosomatic illness has its own historical trajectory. However, for the purposes of this research project, I focus on contemporary object relations theories concerning the treatment of somatic preoccupations in the psychoanalytic context. One particularly salient work by Joyce McDougall (1989) presents an explanation as to why “severe psychosomatic afflictions, as well as the psychosomatic vulnerabilities that are part of everybody’s potential problems, are often regarded as dubious areas for psychoanalytic investigation” (p.9). McDougall observes that several issues contribute to this stance. She states that there is often an assumption that psychosomatic illness is viewed as an indication that “we [analysts] are dealing with an archaic form of mental functioning that does not use language” (p. 10). She adds that this position is not easily adopted by practicing psychoanalysts. Furthermore, McDougall argues that, from the perspective of countertransference, “the fact that psychosomatic phenomena often escape the analyst’s understanding constitutes a narcissistic affront and may lead certain analysts to feel that psychosomatic problems should be dealt with elsewhere” (p. 11). McDougall does offer an alternate view, cultivated after years of practice that argues:

when an adult unconsciously represents his/her body limits as ill defined or unseparated from others, emotional experiences with a significant other (or sometimes anybody who happens fortuitously to mobilize the body’s memory of early psychic trauma) may result in psychosomatic explosion, as though in these circumstances there existed only one body for two people. (p. 10)

McDougall’s work proposes a means of understanding the relationship of body, trauma and psychoanalytic object relations. It is one of the clearest conceptualizations of the etiology of somatic preoccupation and requires further research.

Contemporary DSM-V Formulation of Somatic Symptomology

The new DSM-5 manual is expected to be published in 2013 and proposes several significant changes to the cluster of somatic disorders. Most significantly, based on clinical feedback, the somatic disorders workgroup determined that DSM-IV somatoform diagnoses (Somatization Disorder, Somatoform Disorder NOS, Undifferentiated Somatoform Disorder, Hypochondriasis and the Pain Disorders) “are so flawed that complete restructuring of these diagnoses is required” (n.p.). The new DSM-5 suggests that, because of “the implicit mind-body dualism and the unreliability of assessments of “medically unexplained symptoms,” the focus of the new diagnosis of Somatic Symptom Disorders will de-emphasize these medically unexplained symptoms. These proposed changes indicate both the relevance and trajectory of my identified phenomenon.

Narrative/Foucault

Finally, two works by Uehara (2007) and Greco (1998) argue that it is precisely in the medical and psychiatric models’ inability to explain and treat psychosomatic “illness” that an opportunity for creative narrative analysis of somatic preoccupation narratives emerges.

Uehara (2007) examines the clinical literature alongside refugee pain engagement narratives to explore more effective and humane treatment approaches for refugees who have experienced severe and persistent trauma. Uehara’s work in challenging the clinical literature on trauma, the refugee experience and the experience of intractable pain is significant to my research in the sense that she calls into question the usefulness of current literature that argues that the “survivor’s attempt at social engagement is often swept under the rubric of help-seeking” (p.330). She goes on to implore clinicians to see that the refugee’s pain engagement narratives function as:

disturbing phenomenology catching us up in the experience of nearness to another's exquisite and incorrigible suffering; permitting a glimpse of the [survivor's] effort to engage and cutting us off from conventional and taken-for-granted forms of objectifying, theorizing and distance making. (p.353)

Another related theoretical work (Greco, 1998) employs Michel Foucault's archeological and genealogical methods to the study of the complexity of the concept of illness in contemporary medical models. She pays particular attention to discourses around the concept of psychosomatics and argues, in a similar fashion as Uehara, that psychosomatic symptomology and narratives provide an opportunity to problematize rigid notions of health/illness and mind/body dichotomies.

Both Uehara and Greco assert that clinicians must challenge the esteemed role of representation and the coherent truthful accounting of trauma in the clinical sphere. They call for clinicians to consider narrative therapeutic approaches that involve collaboration between clinician and client to make meaning of seemingly incoherent symptoms and memories. These theories attempt to demonstrate that before prescribing treatment, a more in depth, nuanced and creative understanding of the language of the traumatized person via the body must be achieved.

Case Material

As I outlined in the literature review, somatic symptomology is an area of clinical lack of understanding with a dearth in effective and attuned treatment modalities. In an attempt to address this clinical impasse, I have chosen one very specific lens through which I aim to more fully comprehend the ways in which somatic symptomology functions. Specifically, in response to my review of the literature, I identified a phenomenon I call the "alexithymia of the colonial predicament." This formulation is one framework for understanding the function of the body in pain in the context of intergenerational trauma transmission. I applied this framework to my case

material to discover the unknowable or unspeakable (i.e.: alexithymic) dissociated aspects of the experience of white South African women in a colonial and postcolonial context.

In this section I provide a brief overview of the cultural context of South Africa in order to situate my case material. Following this overview, I describe the two South African fictional and non-fictional literary works that constitute my case material. As I described in my methodology section, this project is an experiment in evaluating the clinically relevant phenomenon of the intergenerational transmission of trauma via the body by exploring its applicability to my identified case material.

Cultural Context

South Africa is a racially diverse country dominated by black African populations who have various cultural and linguistic traditions. South Africa has long history of colonial and apartheid oppression of African people by a white minority (Dutch, British, Afrikaners). 1994 marked the end of apartheid rule and the first democratic election in which Nelson Mandela became president. In 1996, a new constitution was adopted. The Bill of Rights had the intention to ensure that human rights were at the heart of all legislation and that human rights abuses would never again occur in South Africa. The “Rainbow Nation’s” constitution and subsequent legislation aimed at correcting a half century of deliberately discriminatory policies in education, housing, employment, politics, and welfare, [and] has resulted in one of the largest social welfare systems in the world, a population that still struggles to overcome the legacy of apartheid, and a country that struggles to integrate the previously oppressed black population into the economy (Potts, 2012).

One key event that I would like to highlight in my very abridged summary of South African history is the 1995 Promotion of National Unity and Reconciliation Act, which led to the

establishment of the Truth and Reconciliation Commission (TRC) and subsequent hearings. In brief, the commission provided a national forum in which apartheid-era perpetrators could publically speak truth to their crimes and offer apology to victims. The TRC's aims were lofty and the goals involved the collective reconciliation of past traumas via truth telling/testimony. The TRC's aims have, in many ways, been incorporated into the rhetoric of the New South Africa—a Rainbow Nation with a progressive constitution. Many of the underlying goals and outcomes of the TRC are challenged and wrestled with in the contemporary novel that I will discuss in the following section.

Case Material

The case material for my project consists of two works written by white South African writers impacted by a country with a legacy of colonial violence, racial segregation and oppression, gender violence, struggles over national identity and land rights. In their own ways and in their own historical moments (late 1880's and 1980/90's), Olive Schreiner and J.M. Coetzee attempt to describe the impact of these massive forces on their own internal landscape and the lives of their fellow citizens. Both Coetzee and Schreiner are recognized as two of the most prominent figures in the white South African literary tradition (Devarnne, 2009). Due to the limitations of this project, I am only able to engage in a small sampling of Schreiner and Coetzee's extensive bodies of work. It is my hope that I can form links across time between these bodies of work to demonstrate the means by which the intergenerational transmission of trauma (in the case of my project as explicated somatically) and the complex legacies of colonialism in South Africa come alive in the writings of Schreiner and Coetzee.

Olive Schreiner, born in 1855 in a Wesleyan mission house in rural South Africa, was the ninth child of Rebecca Lyndall and Gottlob Schreiner (Berkman, 1979). She was one of the

seven of their twelve children to survive childhood and especially mourned the loss of her two year old sister Ellie at age nine. Schreiner's father was a missionary in a stern Evangelical tradition. While in South Africa, her father was unsuccessful in living up to the standards of missionary life set forth by the London Missionary Society (he was forced to engage in private trading to support his family and balance out the poverty-stricken conditions his family was left in due to his meager missionary salary) (Berkman, 1979). As a result of economic hardship, Schreiner was sent (at age 11) to live away from her family and began work as a governess to Boer families at the age of 15. Her early childhood was marked by exacting moral standards and a rigorous physical environment of the rural Cape Colony. Schreiner, later in life, reported that nearly any infraction of hers was met with "corporal punishment or humiliating criticism" (p.6).

Schreiner did not receive a formal education, but rather was taught by her mother, a woman she described as possessing "a brilliant mind," but someone who was also "bigoted, cold and forbidding" (p.6). At an early age, Schreiner rejected the religious faith of her parents and possibly as a result of experiencing economic hardship, hunger and lack of adequate employment opportunities as a woman, espoused feminism somewhat independently. During her years as a traveling governess in rural South Africa, Schreiner wrote two books, *Undine* (1928) and *The Story of an African Farm*. She later published *African Farm* in 1883 under the pseudonym Ralph Iron and the novel was an instant commercial success in England (Bristow, 1991).

Of particular significance to my project is the well documented story of Olive Schreiner's struggles with both physical and mental illness. Throughout her adult life she is said to have suffered from "complex and agonizing personal insecurities, craving for intellectual and emotional intimacy. . . [and] periods of acute, even suicidal, depression" (p.9). Many biographers of Schreiner's have attributed the above mentioned psychic distress to her

development of chronic bronchial asthma, multiple miscarriages and an eventual heart condition. Biographers (including her husband Cronwright-Schreiner) have also been known to build “up a picture of her as a restless asthmatic whose respiratory debility was a symptom of unfulfilled or thwarted sexual passions” (Bristow, p. xxv). In subsequent chapters, I will refer to Schreiner’s personal letters that frequently reference her physical and emotional distress.

In the 1990’s scholars renewed their interest in the work of Olive Schreiner and focused particularly on three aspects of her identity: her thoughts on feminism and Marxism, her unconventional views on marriage and women’s sexuality (especially her relationship/correspondence with “venturesome figures” such as Havelock Ellis, Eleanor Marx, Edward Carpenter and Karl Pearson) and her anti-colonialist stance (p.9). Schreiner is often “lauded for seeing what was blindingly obvious to many outside a European elite: that capitalist development and colonial rule imposed appalling costs [for both black Africans and white women colonialists]” (Bradford, 2004, p.182). Critics of her work alternately praise her for her forward thinking socialist-feminist stance and her ability to “articulate the existential colonial angst” of her fellow African colonizers and equally challenge the apparent “insensitivity to native life and ethnic differences,” and a “transcendental justification for the ownership of the [black South African] land” (Gorak, 1992, p. 69; Bristow, 1991, p. xvii; Devarenne, 2009, p. 628).

Schreiner shows that colonization has imported into Africa its own conflicts, its own anxieties, its own inner darkness. To light up this darkness with a hand-made, hand-held torch: this, as she sees it, is the fearful but necessary task of the newly awakening postcolonial self. (Gorak, 1992, p. 71)

In spite of how one relates to these criticisms, Schreiner is undoubtedly a famous white South African writer and her novel, *The Story of an African Farm*, is often cited as the first “distinctly feminist fiction in English” (Bristow, p.viii). The novel is described by one noted

historian of South African Literature (Chapman, 1996) as “cluster[ed] around a web of emotions: loss and betrayal in love, woman’s alienation, guilt and the constriction of the ardent spirit in the arid physical and mental conditions of the colony” (p. 134). The “web” to which Chapman refers is an apt conceptualization of a difficult to summarize novel. It is a novel in which time and conventional narrative are challenged by Schreiner’s seeming interest in “showing the actions, thoughts and moods of these isolated people, rather than telling us exactly how they function” (Bristow, ix). *African Farm* is a novel centered in the ambiguous, rural and barren landscape of Dutch-Afrikaans colonial life and involves a “plot of comings and goings and the sudden juxtapositions of different planes of experience” (p.135). Intentionally disjointed, this novel follows the life of several central characters from childhood until their deaths in early adulthood.

The novel significantly emphasizes the inner life of Lyndall, described as a “cruel shepherdess” and Waldo, “a philosophical shepherd” (Gorak, p.54). The relentlessly seeking and free-spirited protagonists of the novel, Waldo and Lyndall, are concerned with hopes for a transcendent life, a means of circumventing the poverty and oppression of their existence on the Karoo. Lyndall, an exceptionally smart and self-educated orphan, seeks meaning in the form of challenging the conventions of womanhood and Waldo, essentially a white indentured servant, seeks his life’s meaning via spirituality. The relationship between these two characters, in the particular landscape in which Schreiner places them, is an opportunity for Schreiner to “explore, in a self-consciously transcendent way, the natural spaces that both restrict her characters and anthropomorphically express the expansiveness of their desires and aspirations” (Devarenne, p. 627).

Despite these expansive desires, Schreiner's protagonists, "the characters with the greatest moral strengths," are unable to achieve their transcendent dreams except in death (Bristow, xi). These morally exceptional characters, much like Schreiner herself (anti-imperialist, an early feminist), are "the ones who enjoy the least material gain" and are "inevitably compromised" (Bristow, xi, xviii). While my focus is on Schreiner's personal correspondences, the disjointed and irreconcilable narrative in *African Farm* reflects significant themes in Olive's inner life. The social structures within which the characters, like Schreiner herself, exist, does not reflect or reward these morally exceptional characteristics. Colonial life then, is explored and what is extrapolated is overwhelmingly dissatisfaction.

J.M. Coetzee, one of South Africa's most renowned and controversial contemporary white writers, describes Schreiner's *African Farm* as a "critique of colonial culture" in that it "distinguishes between the farm and nature" (Poyner, p. 6). Coetzee also situates himself within this anti-pastoral genre with his fictional writing working "not only to demythologize white South African's relationship to the land but [including] apartheid South Africa's other voices. . . voices of silence and subjugation" (p. 6). For the purposes of this project, I will explore this possible kinship between Schreiner and Coetzee via an investigation of one of Coetzee's most compelling characters, that of Lucy in his 1999 novel, *Disgrace*.

Similar to Schreiner, Coetzee is a famed and widely read author in contemporary times. He received the Nobel Prize in Literature in 2003 and is the author of many fiction and nonfiction books and is the first author to win the Booker Prize twice, once for *Life & Times of Michael K* (1983) and once for *Disgrace* (1999) (Poyner, 2009). Like Schreiner, Coetzee is alternately praised for being "acutely aware that he speaks from a position of beneficiary of the apartheid regime, palpable in the string of anxious intellectuals that populate his novels" and

criticized for his work being “illustrative of racism in the media” by the African National Congress (p.11 & 1).

Coetzee’s novel *Disgrace* (1999) tells the story of David Lurie, a white South African middle-aged modern languages professor at a university in Cape Town. The historical time period is recognizably that of post-apartheid South Africa, a time in which white South Africans like Lurie are forced to confront drastic political changes and a new enforced sense of conflicted identity. Lurie is particularly challenged by the fact that, in the new South Africa, he is forced to accept new boundaries, but “the boundary he finds it most difficult to accept is the one posited by others—mainly women and non-whites” (Azoulay, 2002, p. 33). After being rejected by a “colored” woman who he employs via an escort service, David Lurie approaches one of his young students, Melanie Isaacs, also a “colored” woman, and proposes that they engage in an affair.

She does not resist. All she does is avert herself: avert her lips, avert her eyes... Not rape, not quite that, but undesired nevertheless, undesired to the core. As though she had decided to go slack, die within herself for the duration, like a rabbit when the jaws of the fox close on its neck. So that everything done to her might be done, as it were, far away. (Coetzee, p.25)

While Lurie ponders Melanie’s reaction to his privileged assertion of his position of power as a white, older, man, Melanie files a complaint with the university and Lurie is summarily fired. Of significance is that David Lurie does not resist accusations of his scandalous disgraceful behavior. Instead he reports that all her claims are true. He rejects his colleagues’ pleas for him to behave more prudently. In this sense, Lurie demonstrates his challenge to the TRC-esque university committee. He “refuses to turn his own passions into part of a utilitarian discourse of conveying messages, regrets, prohibitions and so on” (Azoulay, p. 36). As a consequence, Lurie loses his job, his friends and his income, but interestingly, he sets

the terms. He outright refuses to elaborate on his story, stating simply, “I make no confession. I put forward a plea, as is my right. Guilty as charged. That is my plea. That is as far as I am prepared to go” (Coetzee, p. 51).

After accepting his punishment, he travels to his daughter, Lucy, who is living on a rural homestead farming land jointly owned by herself and an older black man named Petrus. Lurie, in remarking on his daughter’s current lifestyle, describes his lesbian daughter as “a throwback” and a “frontier farmer of the new breed,” thus evoking a connection to a previous time in which farming was an assumed way of life for white South Africans (Coetzee, 61). His daughter, in other words, is pursuing a dream life that is recognizable to Lurie, not because it is similar to his upbringing but rather because it is evocative of his ancestor’s idealized lifestyle. He ponders this after arriving at the farm, “perhaps it was not [her parents] who produced her: perhaps history had the larger share . . . Perhaps history had learned a lesson” (Coetzee, 61-2).

Lucy embraces this pastoral life of her white ancestors, but, somewhat like Olive Schreiner, she rejects the “mastering of the land that is the primal stuff of the Afrikaner plaasroman or ‘farm novel’ (Poyner, 157). For example, the land had, for a time, been farmed by a group of progressive minded communal-living South Africans, including Lucy’s ex-partner, a woman. Additionally, unlike her ancestors, she shares rights to land with Petrus, a black South African man.

While Lurie sorts through the emotional and financial wreckage of his life and is cared for by his daughter, the central violent event of the novel occurs. On a seemingly unremarkable and relaxed afternoon, as Lurie and his daughter are remarking upon the rescue dogs whom she rehabilitates, three young black boys/men arrive on the homestead and request to use the telephone. What follows is a depiction of a brutal siege in which Lurie is locked in the bathroom

and set on fire (he puts the fire out in the toilet bowl and sustains serious burns) while Lucy is raped by all three young men.

It was history speaking through them. . .A history of wrong. . It may have seemed personal, but it wasn't. It came down from the ancestors . . booty, war reparations; another incident in the great campaign of redistribution. (Coetzee, 156 &176)

Following this dramatic event, the second half of the novel is a depiction of the ways in which Lucy and Lurie, in very different ways, come to terms with the attack. Their collective understanding of the act as a result of the intergenerational transmission of trauma evokes what Ariella Azoulay aptly describes in her analysis of the novel as “redistribution—which is the organizing principle of the novel—is performed countless times from countless points of view” (p. 37). Lucy, who becomes pregnant as a result of the rapes (and chooses to keep the baby), justifies the violent act as a form of redistribution of power. She relates to her trauma as a form of deserved revenge. And Lurie must see his own invasive behavior with Melanie played out with his own daughter, Lucy, before he can experience the depth of his own complicity in legacies of violence.

In a statement that connects Olive Schreiner to the body of Lucy, Lucy asserts that her rape is “the price one has to pay for staying on. . .They see me as owing something. They see themselves as debt collectors, tax collectors” (Coetzee, p. 158). Lucy also situates this retribution not in the form of land, but also as punishment via her body. Her payment for being permitted access to land is her rape, her silence around her rape, it is “not her story to spread but theirs: they are its owners [;] how they put her in her place, how they showed her what a woman was for” (Coetzee, p. 115). So again, like Olive, even the very attempts to resist racist discourses requires something of her as a woman. For Lucy, rape signifies a leveler of racial injustice that

can be traced directly back to the land” (Poyner, 159). Towards the end of the novel, Lurie speaks to his daughter Lucy (who is pregnant and engaged to Petrus as a form of “historical reconciliation”) claiming, “you wish to humble yourself before history” (Poyner, 159 & Coetzee, p. 160).

Lurie in two instances, during his own “trial” for his “disgrace” and in positioning blacks as “raping” the land/his daughter, flips stereotypes on their heads suggesting the improbability of any easy and lasting redemption for anyone, given the legacies of history/colonialism. In some ways Coetzee implies that, while devastating, black South Africans do have the right, the entitlement to anger a need for retribution. What he may be suggesting though, in *Disgrace*, is that there is no authentically truthful or nonviolent means by which to atone for or be redeemed by history in South Africa. In other words, no act is sustainably reparative because what he and all the characters in *Disgrace* are contending with is too big and violent to be circumvented with words or actions. Coetzee then is possibly writing, as Chapman (1996) suggests, in Lacanian allegory, “read[ing] into the lies, silences and slippages of what has been repressed in histories that are assumed to be authoritative” (p389). His depiction of Lurie’s blindness, of his caustic and entitled sense of reparation as a white man, is Coetzee forcing the readers to undergo the very torment of wrestling with the endless nuanced questions surrounding the question of how one is to live with guilt, shame and legacies of violence. He seems to be attempting to assert the fact that collective trauma has and is occurring in South Africa. That bodies and souls are impacted, that no one escapes. Chapman goes on to warn however, that even this exploding open of possible unacknowledged, repressed or nuanced understandings of the legacy of imperialism is “an endless deferral of moral consequence which, in the agonized society, can merely provoke

the impatience of those for whom reality is less an elusive signifier, more a crack on the head by a police truncheon” (Chapman, p.389).

It leaves me to wonder, however, about whether or not Lucy must pay for Olive’s expansive views? Must someone be punished for the momentary bliss that Schreiner experienced via the South African landscape? Furthermore, in what specific ways does the body’s pain spell out the inheritance of shame and disgrace—the alexithymic aspects of the white South African female experience?

Theory one

In the next section, I will discuss feminist theory and its usefulness in exploring my phenomenon. Feminist theory has provided a lens through which I can consider an understanding of the emotional experience of the individual as valuable and intrinsically connected to the transformation of oppressive social structures. Nuanced explorations of gender, sexuality, desire, power and the body are essential to my analysis of Olive Schreiner and Coetzee’s Lucy. In order to connect the experiences of these women over time and to fully elaborate on the transformative power of their somatic experience, I engaged with a feminist theoretical framework. I hope to demonstrate, in the following chapters, the way in which feminist and relational theories have assisted me in elevating Schreiner and Lucy’s personal and seemingly singular somatic experiences to the level of powerful clinical expositions of my identified phenomenon.

CHAPTER FOUR

Feminist Theory

To outline the history of feminism in the West would exceed the bounds of this thesis project. Furthermore, to attempt a summary of all feminist theories that informed my project would produce an excessively expansive document. In this chapter I begin with a brief introduction of the relevance of feminist theory to my thesis project in order to explain why and how I chose to employ this multifaceted body of theory to explicate my identified phenomenon. I then examine the relevance of four feminist theorists to my specific project.

My discussion of feminism will be limited to theorists situated in Western feminist discourse. In so doing, I am aware that entire discourses around transnational feminism, “third world” feminism and others are notably missing. In order to maintain the common thread of psychodynamic psychoanalytic theory as the underlying theoretical structure of this project, I made the conscious choice to focus on Western theories that more explicitly engage with the legacy of psychoanalytic scholarship. This strategic move, however, limits my discussion substantially.

An engagement with transnational feminist psychology, with its explicit focus on the impact of legacies of colonialism, globalization, racism and other systems of regulatory dominance in the non-Western world, might have substantiated my intent to connect legacies of trauma, colonial violence and contemporary white South African psychic and somatic distress (Desai, 2007 & Grabe, S., & Else-Quest, N., 2012). In fact, transnational feminists argue

compellingly "theorizing can only be useful if it can provide criteria for change and modes of resistance that are not mere reflections of the situation and values of the theorizer" (Grabe, S., & Else-Quest, N., p.160). While I do not intend to impose oppressive and dominant Western values on a non-Western context such as South Africa, I am of the belief that transparency is important and I also believe that I cannot claim a positionality I do not inhabit. I am deeply influenced by the work of Western psychoanalysts and feminists, and I ascribe to a belief that some of this theory is relevant to an examination of the complexity of theorizing the impact of Western colonization of South Africa and the ensuing legacy of collective trauma and violence. I also hope that this project outlines the transnational implications of exploring somatic symptomology, collective trauma and the gendered body.

Western Feminism as a political movement took shape over the course of the 20th century as a means of addressing inequalities in the treatment of women in areas such as education, employment, government, political authority, financial independence and sexual pleasure. Feminists identified the complex ways in which patriarchal power structures impact the foundational organizing principles of nearly every aspect of society, including interpersonal relationships.

We had learned through the women's movement that our internal and external existence were entwined, that the outside world was inside us and that we needed to struggle on all fronts to produce social change. (Eichenbaum & Orbach, 1982, p.7)

Of particular relevance to my project are the historical roots of feminism's impact on psychotherapy and psychoanalysis. In their book, *Outside in..Inside Out* (1982), Eichenbaum and Orbach trace this impact and assert that it is precisely in discourses of the Women's Liberation Movement that feminist psychoanalysis came into a confrontation with the political

relevance of exploring the interpersonal and intrapersonal experiences of women. Given this frame, the authors argue that consciousness raising groups allowed several key insights: 1) through listening to an individual's experience a much more complex understanding of how society is structured became possible; 2) discussions of sexual politics "enlarged and challenged" previously held understandings of how social/economic/political forces were structured in ways to maintain the marginalization of oppressed groups such as women and 3) the complex emotional life of women was given a space for exploration and this led to discussions around sexuality, women's relationships to their bodies and exploration of previously taboo emotional content (p.12).

Individuals involved in both feminism and psychoanalysis began to elaborate on the parallel process of these two theoretical structures by highlighting the ways that both perspectives value the emotional experience of the individual as a means of transforming the quality of life of the individual in society. What remained was a concern on the part of many feminists about the relevance of psychoanalysis to the feminist movement. This tension exists today, but many contemporary psychoanalytic feminists have followed in the footsteps of early Freudian-influenced psychoanalytic feminists such as Karen Horney (1885-1952) and later Clara Thompson (1893-1958) who prioritized the social and cultural experiences of women while maintaining a relationship to traditional analytic frameworks (Shapiro, 2002). A more contemporary feminist psychoanalyst, Nancy J. Chodorow (1989), further asserts the value and relevance of feminist influenced psychoanalysis stating,

Supported by the feminist claim that the personal is political, I turned to psychoanalysis as a basis for feminist theory. I argued that the centrality of sex and gender in the categories of psychoanalysis, coupled with the tenacity, emotional centrality and sweeping power in our lives of our sense of gendered self, made psychoanalysis a particularly apposite source of feminist theorizing. In my current view,

feminist understanding requires a multiplex account. . .of the dynamics of gender, sexuality, sexual inequality and domination. (p.1-2 & 5)

My thesis project is strongly informed by Chodorow's formulation. In my project I utilize a feminist framework to explore the significance of women's subjectivity, voice, power and desire expressed via the body in the hopes of demonstrating why women's bodies/gender need to be asserted and valued in their complexity. I engage with contemporary feminist theorists Judith Butler and Esther Rashkin to achieve this goal. Additionally, I incorporate the work of two feminist theorists whose projects focus specifically on feminist understandings of the white South African woman's experience—Susan Horton and Georgina Horrell. These contemporary feminist frameworks provide a lens for my exploration of white South African female subjectivity in the work of Coetzee and Schreiner.

Judith Butler (Subjects, Gender and Resistance)

To problematize the matter of bodies may entail an initial loss of epistemological certainty. . . such a loss may well indicate a significant and promising shift in political thinking. This unsettling of 'matter' can be understood as initiating new possibilities, new ways for bodies to matter. (Butler, 1993; 30)

I chose to limit my discussion here to Judith Butler's 1993 book, *Bodies that matter: On the discursive limits of 'Sex'* because it encapsulates the complexity of the feminist body-- a body inscribed with and by cultural influences, a body that is not solely biologically determined, a body that can function as a site of resistance. In order to get to the resistance however, it is important to outline Butler's understanding of subjection and gender.

Judith Butler challenges some of the fundamental claims of first wave feminism. As opposed to feminists who believe that the category of woman is a biologically determined one, Butler argues (à la Michel Foucault, *History of sexuality: An introduction* ([1976] 1990)) that all

identities are informed by the “techniques and structures of subjectivity” often referred to as “the process of subjection” (Brady & Schirato, 2010, p. 6). In this sense, in order to be a subject, one must be able to be recognizable to the dominant cultural understandings of subjecthood in any given moment. The body therefore, takes on the content, the meanings, inscribed by these dominant cultural designations and narratives. This body, forced to comply with the process of subjection, “live[s] within the productive constraints of certain highly gendered schemas” (Butler, xi). This regulated body is also only knowable to the extent it is able to meet the criteria of any given normative culture. For instance, as a person categorized as a female, my options and desires are routed in particular directions.

However, what sets Butler apart from Foucault’s ideas around regulation, discipline and subjection (*History of sexuality: An introduction* ([1976] 1990)) is her consideration of the psyche. In her engagement with psychoanalytic concepts of attachment to the primary caregiver, the incest taboo and many others, Butler devises a means of exploring the dialectics of subjection in such a way that illuminates both the ways that subjection of bodies limits and disciplines as well as the ways that regulatory power and its limits operate to generate desire.

Much like Butler’s dialectical understanding of the concept of subjection, her approach to gender is complex. Butler’s challenge to conventional ideas of the importance of representation as a primary goal of feminism comes in the form of bringing the dialectics of subjection to bear on the construction of gender. In this way, the perceived coherence of gendered bodies is a socially constructed notion. What, then, does it mean, for feminists to fight for more representation of women in various areas of cultural life/production? In essence, what Butler and Chodorow (quoted earlier) assert is a need to burst open categories of male and female, straight and gay, and normative and non-normative in an effort to even begin to comprehend the

complex, historically influenced and socially constructed gendered body. And, as Eichenbaum & Orbach (1982) suggest, in this bursting open, what many feminists found, much like Butler, is that “the outside world was inside us” (p.7). Therefore, the ‘matter’ of gendered bodies then, is a matter of the constitutive parts of the ‘world’ outside the body. For Butler, the body is the product of both language and materiality: language and materiality are not opposed, for language both is and refers to that which is material, and what is material never fully escapes from the process by which it is signified (p. 68).

What better guidepost than Butler in an exploration of literary instances where the “weight of social expectations expresses itself symptomatically,” and where the body becomes “a site of battle expressing ambivalence towards heteronormative demands. . . on strike against [her] surroundings, unable to comply with what is expected of [her]?” (Lang, n.d., p. iii). It is precisely in my exploration of somatic preoccupation and distress in literature that I have been able to trace the “inexpressible protest against oppressive structures” such as colonialism/ apartheid, heterosexism, sexism and racism (Lang, p.iii). It is the linguistic portrayal of the distressed body that meets Butler in her “loss of epistemological certainty” (Butler, 30). Often the words themselves fail, but the literary portrayal, the reading of the words (and the ways that this reading is influenced by the readers' own positionality and fantasy life) draws out the potentiality of the not-quite-sick, the not-quite-well, the unsettled bodies of Lucy and Olive. These bodies are able to demonstrate, more powerfully than words, the violent, indigestible and unincorporable aspects of these women’s experiences.

One way to read their “sickness” through the lens of potentiality that Butler provides is to locate it as a body in resistance, a body whose subjectivity as a white woman in South Africa possesses diminished cultural and political agency. Therefore, the body resists. It illuminates the

subjectivity of a white South African woman who wrestles with rampant racism and sexism in her surroundings. Very little is permissible about this perspective. Coming directly from the mouths of these white women (both Lucy and Olive are unafraid to voice their subversive views), resistance lands flat, is diminished. However, when Lucy and Olive's bodies are engaged in protest, in revolt, notice is taken.

To take notice, as I have, is to engage in a reading of the corporeal textualities evoked in *Disgrace* and Olive's published letters. Two feminist theorists who have also taken notice are Susan R. Horton and Georgina Horrell, South African literary scholars. Horton, a scholar of Olive Schreiner and Horrell, who has published extensively on *Disgrace*, both share a commitment to a deep and thorough exploration of Olive's and Lucy's experiences as gendered white South Africans whose bodies are deeply impacted by historical legacies, their current regulatory cultural norms and their struggles to be recognized in all their complexity.

Susan R. Horton and Georgina Horrell

Susan Horton, an associate professor of English at the University of Massachusetts, is very clear about the ways in which her, *Difficult women, artful lives: Olive Schreiner and Isak Dinesen, In and Out of Africa* (1995), is a feminist intervention. In turning her attention to the subjectivity of two white South African women--Isak Dinesen, author of *Out of Africa* (1937) and Olive Schreiner-- Horton engages in biographical references, Schreiner's personal letters as well as content from her novels to critically engage around her topic of interest, a self-proclaimed "modest project of reification" (p. xxii). Horton "speculate[s] only on what two particular white women, got out of their particular encounters in Africa; to consider the part Africans played in each woman's psychic economy" (p. xxii). While perhaps "modest" and

more in line with conventional feminist writings, Horton manages to illuminate overlooked and deeply personal dimensions of Schreiner's psychic life.

In order to accomplish her task, Horton begins from a rather simple but profound starting point. She asserts that the experiences of white women who lived during colonial times in South Africa matter. Considering that her book was published only a year after the official end of apartheid, Horton's "modest" feminist project necessarily takes on the weight of political maneuver, much in the tradition of nearly all feminist writing and theorizing. Like a question I posed in my methodology section (why white South African women and what is significant about their subjective experiences?), Horton tackles this understandable query rather obliquely. In her conclusion she claims that after much internal exploration about her investment in the experiences of these women, her book was an attempt to study the "literary practices" of Schreiner and Dinesen. She clarifies:

A study of literary practices, then-- which I've construed here to include the way we comb our hair and position our bodies in the landscape as well as how we write our novels--can take us far toward identifying then tapping into the charge certain writings and writers have for us; far toward bringing those ideological contradictions into the foreground and our Western, white and/or female selves into the light we've feared. (p.242)

While never fully acknowledging the contemporary political circumstances in which she is writing, Horton remarks that her intervention (her almost obsessive focus on the details, the words, the traces, of the subjective experience of Dinesen and Schreiner) is ultimately meant to remind us as Western readers, not to forget. Instead of attempting, as a Western critic, to "posit real Africans to counter earlier misconstructions," Horton chooses then to ask of white folks who "produce those aberrant identities....How did the distortions come to be and what needs do they serve?" (p.245). Her answer, unsurprisingly, and similar to mine, is that colonialism and

imperialism, violence and racism in the European encounter with Africa, functioned to fulfill a lack, a desire, in the individual and collective psyches of white Europeans. In order to avert a repetition of the past we as white Europeans and European Americans must not make vows to never inflict violence again, but instead must return and remember the deficits, the legacies of trauma, which produced the very circumstances for the violence and redemptiveness of the colonial encounter.

That women's bodies are, in times of social conflict and disjuncture, sites of struggle or pages upon which the narrative of guilt may be written and the promise of reparation etched, should not be passed over without critical comment. (Horrell, 2008, p.30)

Another feminist theorist who, like Horton, is working intimately at the intersection of literature, gender studies, whiteness studies, psychology and philosophy is Georgina Horrell. A professor at Cambridge University and working primarily on notions of guilt and whiteness in South African postcolonial writing, Horrell has written extensively about Coetzee's novel *Disgrace* (1999). Her particular interests are in tandem with my own and her feminist writing about this novel focuses much attention on the figure of the white daughter of the central character in the novel, Lucy. Horrell's intervention in the extensive theoretical writing about *Disgrace* is evocative of Butler in that, her reading of the novel, and Lucy's body and subjectivity in particular, become the central focus, thus debunking the idea of a naturalized and blank white South African female subjectivity. The "violent inscription" of Lucy's body and its multifaceted meanings is interpreted through a lens influenced by Butler, Foucault and Nietzsche (Horrell, 2008, p.19). The relevance of feminist theory in Horrell's writing on *Disgrace* lies, much like the work of Horton, in the persistence of training the reader's gaze onto the broader social implications of the pain, experience and oppression of an individual woman.

In her article “Postcolonial *Disgrace*: (White) women and (White) guilt in the “New” South Africa (2008), published 14 years after the official end of apartheid, Horrell makes a compelling argument for reading the “marks and ciphers” of Lucy’s body as “indelibly etched textually with guilt” (p.18). Horrell positions a read of these “marks and ciphers” as significant and diagnostic in regards to the “effecting of reparation” in contemporary South Africa (p.18). Conveyed more forcefully, Horrell asserts, “it is on and through the body of Lurie’s daughter that the terms for white South Africa’s future ‘remembering’ are ultimately sketched” (p.19).

To support this assertion and her reading of *Disgrace* from the point of view of Lucy as opposed to her father, Horrell turns to Nietzsche (*On the genealogy of morals/Ecce Homo*, Vintage Books, 1969) and Foucault (*History of sexuality: An introduction* ([1976] 1990)) and their philosophical musings on pain and punishment. While not specifically referencing the subjected female body, Nietzsche argued “if something is to be remembered, it must be burnt in: only that which never ceases to hurt stays in the memory” (Nietzsche, 1969, p. 61). Through Nietzsche, Horrell engages in a reading of Lucy’s rape and its subsequent somatic implications as evidence of the dialectics of guilt and punishment in the contemporary South African psyche. Furthermore, Horrell surmises, “for what must not be forgotten a corporeal note shall be made, so that even in the case of seeming bankruptcy, the debt is still retrievable from the body of the debtor” (p.19). Lucy’s white female body then, violated by black men in a brutal gang rape resulting in a pregnancy, becomes the “corporeal note,” a reminder that even in harsh economic times for this farmer, a debt reflecting the violence of her white ancestors must be collected.

Much like Foucault, Nietzsche and Horrell argue that there is significance to the debtor-creditor formulation as it illuminates a social order built on legacies of trauma and a related requisite punishment. In contemporary South Africa and in *Disgrace*, these themes are

substantially evidenced, perhaps even more so than the lofty ethics of forgiveness and transcendence promoted by proponents of the Truth and Reconciliation Commission. Some authors (Lebdai, B., 2008) however, side with the loftier ethics, reading the Lucy character as a “paradigm of hope” potentially reflecting a body terribly punished but also one willing to confront and accept “serenely” a new historical reality (of blacks and whites sharing power) (p.35 &36). Lucy, after all, chooses to keep the baby after being impregnated by rape. Lebdai argues that this choice “enables the narrative to convey forgiveness and reconciliation” (p.37). In contrast, Horrell suggests a slightly different read, and one that does not reflect the contemporary narrative embodied by the TRC-inspired Rainbow Nation of the New South Africa.

Instead, Horrell insists on a discourse of remembering. She reads the rape as exploding open the depth of psyche wounding enacted by legacies of colonialism and apartheid rule, reminding the white body that moving forward with a serene and forgiving attitude cannot erase these legacies. If taken as a parable, *Disgrace*, via Horrell, becomes a tale of the wounded collective unconscious of black and white South Africa, a country in which violence abounds, debts are collected and history cannot be rewritten cleanly. To put it more clearly, *Disgrace* is, for Horrell “white postcolonial writing that is attempting to negotiate the existential terms for a humiliating present and a dark, disrupted future” (p.30).

Horrell’s investigation concerning Lucy’s body returns again and again to the way that the young, white, female body spells out the terms of reconciliation in the New South Africa. Lucy demonstrates an awareness and acceptance of the historical wounds that inform her current occupation of the plot of South African land she is farming and she understands that there is a “price to pay for staying on” (Coetzee, p. 158).

‘How humiliating,’ he says finally. ‘Such high hopes, and to end like this.’

Yes, I agree, it is humiliating. But perhaps that is a good point to start from again.

Perhaps that is what I must learn to accept. To start at ground level. With nothing. No cards, no weapons, no property, no rights, no dignity.’

‘Like a dog.’

‘Yes, like a dog.’ (Coetzee, p. 205)

Ultimately, there is the disgrace, and so much of it. To whom does it belong and who will take on the burden of responsibility? And what is the price that is paid when a white South African refuses to disavow the past? The humiliation of the legacies of violence enacted by her white ancestors, at the close of the novel, appears to rest solely on the willing corporeal being of Lucy. She keeps the baby, she consents to be Petrus’s (her co-farmer and a black South African) third wife in order to ensure his protection of her on the land and in so doing gives up all legal rights to the property. She accepts the humiliation as deserved, as what is required, to occupy space as a white person in the New South Africa. Coetzee’s novel, as evidenced in a final exchange between Lucy and her father (cited above), reminds us as readers just how terribly much of the body, mind and spirit must be compromised in order for a white female body to remain safe and unthreatened in rural South Africa. Lucy’s white gendered body, as Horrell argues, is ultimately a “reparational cipher” that must be engaged when repentant words uttered during and after the TRC have failed so painfully in their insufficiency to mediate the legacies of violence enacted by white invaders (p. 29).

Esther Rashkin

If there is a lesson in the broad shape of the circulation of cultures, it is surely that we are all
already contaminated by each other.

-Kwame Anthony Appiah, *In My Father's House*

Much like Horton and Horrell, Rashkin proposes a question with a complex answer---
What are the cryptic narratives that go unconsidered in contemporary cultural criticism?
Furthermore, what is the impact of repressed trauma on cultural production and/or the individual psyche? In their questioning, their reframing, Horton and Horrell were able to reframe the narrative of a white European encountering a black African and vice versa. They were able, through a lively and nuanced account of the experiences of Schreiner and Lucy, to speak to what these women might have needed from Africa and how they were impacted by these desires. Similarly, Rashkin poses questions about the mechanics of transmission of trauma and part of her answer resides in a reworking of the limiting discourses concerning trauma, suffering and repression. Rashkin's theorizing around the notion of intergenerational transmission of trauma, and in particular, the haunted psyche, is precisely what Horrell discusses in her exploration of the ways in which Lucy's body is necessarily inscribed with legacies of guilt and shame ("marks and ciphers") as a result of the violence enacted by her white imperialist ancestors (Horrell, p.18).

The "marks and ciphers" to which Horrell refers are evocative of the themes outlined in Esther Rashkin's 1999 essay published in the *Psychoanalytic Review*, "The haunted child: Social catastrophe, phantom transmissions and the aftermath of collective trauma" and her more recent book, *Unspeakable secrets and the psychoanalysis of culture* (2008). While briefly described in the Methods section of this thesis, in this section I aim to more fully explain the relevance of Rashkin's theories regarding the integration of psychoanalysis, feminism and cultural criticism to my own project. While not explicitly identified with a feminist project, I argue that the nature of Rashkin's engagement with psychoanalysis and cultural production reflects the ethics of contemporary psychoanalytic feminists, in particular a rigorous commitment to expose the

radical political potential revealed through an exploration of the depth of individual and collective psychic experience. Her staunch insistence on the relevance of what falls outside of a text (phantom narratives) to culture—what she terms “encrypted links”—is precisely what feminist theory is striving to identify (Rashkin, 2008, p. 17). The concealment of what does not serve the heteronormative, white, sexist cultural critic or analyst does not, as Rashkin argues, make this repressed content vanish. Traces of disavowal remain.

Too shameful to be put into words or integrated within the parent’s ego, yet too central to the parent’s experience to be expelled or foreclosed, the drama is buried alive, along with the shame attached to it, and transmitted in encrypted form into the child’s unconscious. (Rashkin, 1999, p. 443)

Rashkin is a theorist of the unspoken. She is an analyst and academic who works not only with the unconscious of her clients, but also with the unassimilated trauma of her client’s ancestors. Rashkin argues that this unspoken trauma, when disavowed or intolerable, is transmitted to the next generation via a mechanism of “transgenerational haunting” (Rashkin, 1999, p. 447). Inheritors of this trauma often experience psychic distress in the form of anxiety, depression, psychosomatic illness, isolative behaviors, fears of persecution and feelings of panic and impotence. The inheritors to which Rashkin refers, are frequently charged unconsciously with expressing the affect that a parent “attached to an event about which [he or she] was unable to speak” (p. 444). In many cases of these phantom transmissions, the unspeakable affect contained in the secret is in the realm of guilt or shame.

For Rashkin, much of her work is influenced by clinical encounters with children of Holocaust survivors. In this sense, the inheritors, within whom an “intrapsychic bequest capable of significant behavioral and affective disruption” is lodged, are plagued by the knowledge of having survived the collective trauma that their parents endured (p.444). The impact of being forced unconsciously to manage and make sense of symptoms related to the unassimilated

trauma of one's ancestors is substantial. As a result, Rashkin asserts that an analyst must engage with symptoms that "narrate in ciphered form" such as reading a child's anorexia as "something [that] was taken into the mouth that must never leave the mouth or be uttered; that the mouth must be kept closed about the shame the mother 'swallowed' and silenced" (p. 445). In the course of working with this type of symptom, Rashkin realized that, along with phantom recognition, the work of an analyst is also one of helping a client "rejoin with its absent narrative-complement or intertext, which lies silenced beyond the child" (p.445).

What are the narratives beyond perception or experience that influence the two inheritors with whom this project is concerned? In my own work with the characters of Lucy and Olive I have attempted, much like Rashkin's analyst, to make contact with the collective "ancestor who concealed the secret" (p.445). In other words, the collective ancestor, the white colonial and imperialist South Africans, must be "raised from the dead so that [his or her] secret can be safely brought out in the open" (p.445). In my reading of the narratives of Lucy and Olive I do not, much like Rashkin, identify the "secret" as something consciously hidden, but rather as a series of shameful violations and guilty complicities that were likely part of the unconscious of many of Lucy and Olive's ancestors, parents included.

Rashkin advocates for a form of analyzing the deceased and the resonance of this activity for my project regarding intergenerational transmission of trauma is substantial. In focusing my reading of the cryptic symptoms on the bodies of Lucy and Olive, I have attempted, influenced by Rashkin, to evaluate the possibility of "helping to rid the haunted subject of something that does not belong to her" (p. 445). In other words, it is possible that the somatic symptom, a "narrative in ciphered form," does not come about as a result of repression of psychic distress in an individual (p. 445). Rather, Rashkin's theorizing would indicate that the phantom narrative is

precisely the collectively disavowed shame and guilt of white colonial and apartheid-era South Africans. This disavowed narrative is embedded as an intrapsychic bequest in the bodies and spirits of Olive and Lucy, demanding attention and threatening to expose the collectively repressed violence and shame of generations of white South Africans.

Much like Olive and Lucy's ancestors, contemporary readers, scholars and clinicians cannot metabolize the potentially physically and psychically destabilizing content of certain events or dramas of the colonial encounter or apartheid rule. The result of this (often collective) unconscious disavowal is a resting of the "shameful, humiliating and thus potentially annihilating" content, "enveloped in silence" in the unconscious of an inheritor like Olive or Lucy (Rashkin, 2008, p. 15). Somatic distress, contained and often unexplainable or inexpressible pain (often deemed non-existent, unwarranted or hyperchondriacal), is one manifestation of the disorienting and profound impact of the transmission of unassimilatable trauma from one generation to the next. It is my hope that the various feminist theories I have explored make sense of how and why the particular bodies of white South African women such as Lucy and Olive are the repositories of this collective psychic pain and disavowal.

Conclusion

Misogynist thought has commonly found a convenient self-justification for women's secondary social positions by containing them within bodies that are represented, even constructed, as frail, imperfect, unruly, and unreliable, *subject to various intrusions* which are not under conscious control. (Grosz, 1994, p.13, emphasis mine)

In his well-regarded book (*Only an Anguish to Live Here: Olive Schreiner and the Anglo-Boer War, 1899-1902* (1992)), Karel Schoeman, often cited as the leading South African scholar on Olive Schreiner's life, frequently embodies the particular "misogynist" position Grosz

describes. In *Only an anguish*, Schoeman (1992) describes Olive Schreiner as; a “passionate, gifted and deeply committed woman living within constraints and in a climate of violence which she was unable to influence,” an “impetuous, emotional, over-excitabile and completely impractical” and a “hopeless invalid who suffered from a heart condition and crippling attacks of asthma (p. 7, 15 & 31). These descriptions are interspersed with narratives about the extent to which Schreiner was impacted by the landscape in South Africa--- something Schoeman ultimately attributes to a sort of psychological vulnerability and a possible indication of her receptivity to the intrusions of the unforgiving South African land. Schoeman’s portrait of Schreiner as a woman who sought out beautiful yet barren landscapes and who engaged impractically in anti-racist and anti-imperialist struggles marks Schreiner as nearly deserving of her somatic distress. In a particularly poignant passage, Schoeman details the events of surrounding Schreiner’s miscarriage:

In August 1899 Olive Schreiner, who was then living in Johannesburg with her husband Cron, had a miscarriage. At the same time, she began to suffer a severe attack of asthma, brought on by the weather, which in turn developed into bronchitis, and was so ill that her doctor insisted on her leaving the town. [At the time], Johannesburg was preparing for war. The Cronwright-Schreiner’s wished to be in the Transvaal, where their sympathies lay, but Olive’s rapidly deteriorating condition gave her little choice. (p.11)

Schoeman’s unchallenged misogyny underscores my commitment to engaging in feminist theory in this project as a means to experience Schreiner in a more nuanced light. He pays no mind to the impact of violence (racism, sexism, heterosexism, imperialism), the historical legacy of violence Schreiner inherited or the correlation between the miscarriage (her first pregnancy ended in the death of her newborn and three subsequent miscarriages before this final fourth) and Schreiner’s physical “deterioration.” In so doing he positions her as a woman incapable of subjection and his solution is to blame Schreiner’s physical and emotional distress

on her wild and non-normative identity--- a position that Schoeman very nearly believes merits the punishment of sickness for its excessiveness and willfulness when embodied by a woman. In his final analysis of Olive, Schoeman bluntly summarizes,

throughout her life she retreated consciously or unconsciously into physical incapacity in order to avoid responsibility and escape situations with which she could not cope. . . her apparent failure to realize her full potential would seem to be due to factors such as her odd, undisciplined childhood and beyond that to some fatal emotional flaw which doomed her to be always searching and striving, energetically but aimlessly, but with little tenacity. (p. 217)

For the purposes of this project, feminist theory has provided a multitude of lenses for understanding the somatic distress of Schreiner and Lucy (to be discussed in more detail in Chapter 6), all of which enable this distress to speak and have meaning beyond the dismissive quality of Schoeman's normative gaze. It is my hope that this project, especially given my discussion of Rashkin's transgenerational transmission of trauma/haunting and Butler's theoretical musings on subjection and gender, insubstantiates Schoeman's attribution of a willfully reckless and nearly hypochondriacal character to Schreiner. In the following chapter I engage in an exploration of Relational Theory and follow that with a discussion of my chosen theories' bearing on my case material—all of which provide a significant variation on Schoeman's misogynist depiction of somatic distress.

CHAPTER FIVE

Relational Theory

While one can argue that Relational and Intersubjective theories established themselves within the psychoanalytic community in the 1980's, this argument omits the significant contribution made by Sandor Ferenczi to the development of mutual analysis (Aron, 1998). Lewis Aron, one of the preeminent practitioners and scholars of contemporary psychoanalysis, asserts that it is likely as a result of Ferenczi's complex relationship with Sigmund Freud that Ferenczi's substantial contributions have been overlooked.

In exploring Freud and Ferenczi's relationship, one can get a sense of the conceptual distinctions that have come to define contemporary Relational theory. Freud and Ferenczi had a close relationship. Freud was analyst, mentor and hero to Ferenczi. Ferenczi was analyst, student and a significant provocateur. In reading published correspondences between Freud and Ferenczi, Aron puts forth an argument for the relevance of Ferenczi's provocations, especially in regards to Ferenczi's desires for "emotional honesty, accessibility, directness, openness, spontaneity and disclosure of the person of the analyst" to be considered as beneficial dimensions of an analytic relationship (Aron, p. 15). The fact that Ferenczi also longed for an apprehension of the relational 'truth' of his relationship with Freud, and Freud's ultimate rejection of these desires, is one of the reasons that Ferenczi's thoughts on mutual analysis are relegated. In other words, Freud characterized Ferenczi's "desire for openness" and an analysis based on affective involvement of both parties as "essentially feminine" and an indicator of

Ferenczi's "infantile sexuality, exhibitionism and voyeurism. . . and homosexual longing" (p. 12 & 17). While frustrated by Freud's personal rejection of Ferenczi's efforts to establish intimacy in their relationship, Ferenczi maintained that his "longings for engagement and mutual openness were no more neurotic or pathological than were Freud's needs for personal distance and authority" (p. 18).

Ferenczi's notions of bi-directionality and mutual influence have become the hallmarks of contemporary practices of Relationally-oriented psychoanalysis. Freud's critique of Ferenczi's ideas remains alive in contemporary critiques of relational or intersubjective theory as "naive, rooted in the [analyst's] own infantile neediness. . .and a denial of the power of universal themes of aggression" (p. 17). Despite these critiques, theorists such as Jessica Benjamin, Susie Orbach, Muriel Dimen, Lewis Aron and others continue to more fully develop nuanced theories regarding the practice of mutual analysis, thanks to the work and persistence of Ferenczi.

Relational theory began to significantly impact psychoanalytic practice and thinking in the 1980's as a critique of existing psychoanalytic clinical theories. Influenced by a focus on dialectics and a challenge to binaries, relational theory sought to blend existing theories with specific attention to our interaction with others. Pioneers in this re-shaping of psychodynamic theory include Lewis Aron, Stephen Mitchell, Jessica Benjamin, Jay R. Greenberg and Sandor Ferenczi (in the 1930's). These theorists, in varying capacities, attempted to incorporate feminist theory, gender studies, contemporary cognitive science and neuroscience, infancy and attachment research, cultural theory and dialectical philosophy into a clinical approach that takes as its starting point the assumption that it is not drives, but rather relationship with others that influence our unconscious (Hadley, 2008).

In clinical practice, relational theory emphasizes the self, other and space between them and as such, issues of countertransference and transference are expanded beyond the traditional psychoanalytic binary. Of particular significance about the "relational turn" is the articulation of, what Jody Messler Davies (1996) calls the "relational unconscious" (Hadley, 208 & Davis, p.562). The transition from a theory of mind based on repression to an understanding of the unconscious using a dissociation-based model, a "multiply organized, associationally linked network of meaning attribution and understanding" (562). This theory might suit Esther Rashkin, who, as I previously mentioned, also favored a theory of mind that allowed for a more nuanced understanding of the unconscious in regards to trauma, especially its impact and transmission. Relational theory allows for multiple self-states, given this dissociation-based model, and therefore an issue such as somatic preoccupation becomes, "instead of a contradiction to be resolved.... perhaps the mind-body problem is a paradox to be explored" (Dimen, 2000, p.37). In this sense, the hypochondriachal or somatically preoccupied body in the relationally oriented clinical encounter, becomes instead, bod(ies) in relationship with affective content shared between two unconsciouses. In other words, the body of one is co-constructed in the clinical encounter and the body is, as Susie Orbach (2006) puts it, "affectively organized, rather than disorganized" (p. 6).

The relational turn is a helpful theoretical lens for exploring my relationship as a reader to the texts in which I have chosen to engage. This relational turn implies an assertion of the significance of the dyad and a move away from the discovery of the "truth" of intrapsychic experience that is a hallmark of traditional psychoanalysis. My project, which is aimed at exploring the intergenerational process of trauma transmission, requires that attention be paid to the dialectical process of witnessing. As I have already stated, trauma is transmitted via the body

in moments of affective misattunement, failures in recognition of the complex narratives embedded in somatic symptomology and the disavowal of unformulated and unbearable experience. Relational theory begins to address these “failures” by emphasizing both the mutual influence of the clinical encounter and also the “bi-directional dance between patient and analyst that each person registers differently—a co-created dance governed by [what Jessica Benjamin calls] the third” (Benjamin, 2009, p. 441). In acknowledging and embodying mutual influence, there seems to be a strong possibility of intercepting (or at the very least acknowledging) the intergenerational transmission of trauma in a reparative un-dissociated relationally based analysis.

In this section I have chosen to focus on the work of contemporary relational theorists Lewis Aron, Jessica Benjamin and Susie Orbach, to examine how the intersubjective field illuminates issues related to the person to person transmission of trauma and the body. I chose each of these theorists precisely because they each, in nuanced and specific ways, elaborate on the power of relational analysis to transform failures of witnessing that lead to shame, somatic distress and trauma transmission.

Lewis Aron

Lewis Aron is the director of New York University’s Postdoctoral Program in Psychotherapy and Psychoanalysis, the recognized home base for the development of Relational theory. In addition, Aron is the founding president of the International Association for Relational Psychoanalysis and Psychotherapy (IARPP), a scholar of psychoanalytic history and an active figure in contemporary psychoanalysis and psychoanalytic education (Aron, 2011). Of particular relevance to this project is Aron’s editing, along with Frances Sommer Anderson, of a 1998 volume entitled *Relational perspectives on the body*. This text represents a significant

intervention in contemporary psychoanalytic theorizing as its explicit aim is to “renew attention to the place of the body and somatic experience within a relational paradigm” (Aron & Anderson, 1998, p. xxvii).

Unable to move freely back and forth among different aspects of self, unable to utilize their bodily sensations and their skin membrane to mediate between their subjective and objective awareness, traumatized patients are unable to reflect on their traumatic experiences, self-reflexive functioning fails and the body is left to keep the score. (Aron & Anderson, 1998, p. 25)

As a scholar of psychoanalytic history, Lewis Aron, in his substantive contribution to *Relational perspectives on the body*, elaborates a deep understanding of the challenges facing clinicians when it comes to maintaining a focus on the physical body in treatment. He draws on recent and historical explanations regarding this challenge while he integrates a relational understanding of somatic symptomology.

Aron is aware of the trend in psychoanalytic training away from drive-centered understandings of pathology to a focus on relational theory (p. xxvii). He argues that perhaps one impact of the demedicalization of psychoanalytic training, the move away from the body and the emphasis on strength based approaches, is that the body can't be legitimized as being in pain and distress. Analysts who favor drive-theory must listen to the body, or at the very least the “bodily” expressions of sexuality. On the contrary, interpersonally oriented analysts “have tended to neglect the body” and this leads to a “solvable” solution for the non-medical clinician to situate a body in pain as metaphor (p. xxvii). This turning away led Aron and his colleagues to organize their theoretical intervention around a redirection of attention to the body.

Lewis Aron also suggests that of all the contemporary means of understanding somatic symptomology, a relationally focused theorist such as himself, is strongly drawn to attachment based explanations that recognize the significance of self-reflexivity and mentalization in an

individual's development. Aron understands self-reflexivity to be defined as: "the mental capacity to move back and forth, and to maintain the tension, between a view of the self as subject and a view of the self as object" (p. 5). He believes this capacity to be diminished by "conflict, deficit and trauma" (p. 5). Impairments in this capacity are thought to diminish a person's capacity to participate in psychoanalytic treatment. As I outlined in my Literature Review, Joyce McDougall (1989) argues that analysts are fearful of working with clients who are considered alexithymic, or unable to process feelings in language. This inability "can activate somatic problems" and it is likely a result of this bind that many somatically preoccupied individuals do not receive substantive treatment (p.12).

Aron links up this perceived bind with another theorist Henry Krystal, who, like Fongay, articulates the significance of mentalization when it comes to an individual developing the capacity to verbally articulate "body states" (p. 12). Aron understands mentalization as an intersubjective phenomena, and, like Krystal, believes that it is ultimately "a failure in the intersubjective processing of emotions" that psychosomatic disorders and alexithymic personality traits come about (p. 13). Of significance here is the framing of this argument in explicit intersubjective framework. Another way of putting this is, and as a result of mentalization, "our self is first and foremost a bodily self" and therefore, as we see with infant-child interactions, "our relational experiences are first and foremost bodily experiences as well" (p.24). When an adult exhibits significant impairment in the intersubjective processing of emotions, Aron and Krystal argue that, at crucial points in that individual's development, he/she must have felt they "had no right to usurp the mother's prerogative in exercising caring and soothing functions" (p. 13).

At moments when patients are unable to use reflexive awareness, the analyst must carry much of the analytic work, psychosomatically processing the patient's

communications and employ his or her own transcendent function to bring together conscious with unconscious, body with affect, unformulated experience with words and symbols, self-as-subject with self-as-object. (p. 26)

In drawing on the work of McDougall, Krystal, Fongay and others, Aron presents a relationally oriented take on psychosomatics, especially in regards to understanding the etiology and function of somatic symptomology in the clinical encounter. Instead of siding with some analysts who perceive alexithymia as a deterrent to psychoanalytic treatment, Aron *prescribes* intersubjective psychoanalytic treatment for somatic symptomology. He emphasizes that a failure in self-reflexive processes is what ultimately leads to somatic manifestations and that the resumption of self-reflexive functioning is the key to restoration of an integrated and non-alexithymic self. He proposes that this reparation is possible particularly in intersubjective analysis, a space that enhances the capacity to “use potential space, to symbolize, to play ” and furthermore ideally improves “capacity for internal division and dialogue, healthy dissociation, standing in the spaces between realities and dialectical function of mind” (p.17 & 18). These are, in fact, the very qualities that allow individuals to “maintain various aspects of themselves” and defines not only the benefit of analysis but the very core definition of self-observation in multiplicity (p.17).

Lewis Aron, in striving to re-engage other intersubjectively oriented analysts with the body, or, as he calls it, “the conjoint analytic skin-ego,” provided the groundwork for other seminal intersubjective theorists to further develop relational theories and practice (p. 26). I will now explore some of the significant contributions of one of those theorists, Jessica Benjamin.

Jessica Benjamin

Jessica Benjamin is a widely published analyst and theorist based in New York City. She has published several books including *The bonds of love: Like subjects, love objects* (Yale

University Press: 1995) and *Shadow of the other: Intersubjectivity and gender in psychoanalysis* (Routledge: 1998). Benjamin is a founding member of the Stephen A. Mitchell Center for Relational Studies and is a faculty member at the NYU Postdoctoral Psychology Program in Psychotherapy and Psychoanalysis. She is known for her theories on mutual recognition and the incorporation of gender, sexuality and politics of power to psychoanalytic theory and practice, amongst others. Due to her wide-ranging influence both in the field of feminist theory, psychoanalytic and philosophical theorizing and relational/intersubjective analytic practice, it will be necessary to limit my discussion of Benjamin's significant contribution to Intersubjective and Relational theory to an exploration of her theory on mutual recognition as the core of intersubjectivity. This contribution allows for nuanced insights regarding the challenge of witnessing and recognition when working with collective and interpersonal trauma. In both the therapeutic relationship and in interpersonal relationships, Benjamin notes that there is a necessity to "navigate the ebb and flow of dissociation and attunement" or what she calls "breakdowns in shared thirdness" (Benjamin, 2009, p. 443). These "breakdowns" or failures in witnessing or mutual recognition present an opportunity for trauma transmission as well as activation of shame amongst other affects and defenses. In this section I will elaborate on the significance of Benjamin's theorizing on this process and I will apply these theories to my case material both here and in the following Discussion chapter.

Jessica Benjamin believes, as do many relational theorists, that "the old one-person philosophy or psychology of subject and object—is precisely the problem" that intersubjectivity theories might solve (Benjamin, 2010, p. 248). The solution, to Benjamin's mind, involves: an embrace of dialectics, complex and multiple self- parts of analyst and patient at play, a sharing of critical knowledge's of both parties, and an acknowledgement that being understood is an

intersubjective vulnerability and might require dependency on the other. These elements are involved in the cultivation of a “shared third” which she defines as, “a dyad [that] moves at its own pace towards authentically contacting each other’s minds and creating shared understanding and shared procedural knowledge of one another” (Benjamin, 2004). The shared third allows for mutual recognition, a process of “breakdown and restoration of intersubjective space” (Benjamin, 2009, 441). In other words, it is precisely in this expanded perspective, this perspective that allows for failures and repair, for “different dyadic pairings within the same relationship,” that might offer space for dissociated aspects of experience (especially old wounds that evoke feelings of shame and guilt) to emerge (p. 441).

It is at this juncture of the dissociated aspects of experience that simultaneously urgently want to be known and can’t tolerate the potential shame of exposure that I am positioning the body and its somatic manifestations of distress. If the analyst is able to occupy the space of “believable witness, specific to the multiple parts of the patient,” and if the shared third can tolerate the inevitability of failures and enactments, then “symbolic repetition of old wounds we have struggled to avoid” might be met with less disregulation and therefore the dyad can “make use of what has been revealed” (p.444). It is precisely in the acknowledgement of the “felt experience of having recreated the original injury” that the analyst in this dyad does indeed “invite the abandoned, shamed and wounded part to become more vocal” (p.444). The analyst’s own level of comfort with failure, with occupying the position of the doer, the oppressor, the narcissistic parent, facilitates the incorporation of previously unformulated and dissociated experience. More to the point, this process allows for the “shameful self that was afraid to be found yet clamoring to be heard” to be freed up when the analyst is not assumed as superior

authority (p.445). One aspect of the self “clamoring to be heard” might be the story embedded in a body in pain.

I would like to emphasize that expecting the patient to contain or survive some knowledge of our failures is neither asking him to hold the hot potato, be our container, or absorb all the badness in the relationship. It should serve to reveal how the analyst takes on the responsibility for forgiving herself and thus being able to transcend the shame of her difficulties enough to talk about and analyze them. . . This would help create a shared third, take account of what each one has been hearing, how each has been listening to what is happening. It is an action that develops faith in the moral third because it affirms the lawful ethic of responsibility and counteracts past experiences of denial. (p. 449-50)

Benjamin’s work, as does much of Relational theory, challenges me, as a white woman, to be willing to see in myself aspects of my case subjects (Olive and Lucy). Shame and guilt, oppressor and oppressed. I am complicit, I encounter my texts, my “subjects,” with horror and empathy, both. The extent to which I see, recognize and keep alive the notion of a moral third (in this encounter) is contingent on the extent to which I can tolerate my own guilt and shame, the aspects of my experience that speak to oppression and enacting oppression. There have been moments when I have felt as if my project, a project aimed at, on some level, empathizing with white South Africans’ experience of physical and psychic pain, might be perceived as politically incorrect, or an active disavowal or non-recognition of the immensity and ongoing violence that black South Africans have and continue to experience in colonial and postcolonial moments. Much like Benjamin, in her reflections on the challenge of “seeing both the victim and perpetrator sides of ourselves” while working with Israelis and Palestinians from Occupied Territory, I questioned my own entanglement with the stories of Lucy and Olive (Benjamin, 2012, p. 210). To empathize, to recognize, the suffering of white South African women, I run the risk of “abandoning those who feel guilty” in order to maintain my own goodness (p. 210).

The challenge then, of working with and amidst unacknowledged trauma (collective

and/or individual) is that it requires the witness to “maintain the simultaneity of positions” in the form of “attesting to wrongdoings as well as suffering--“ always related and linked states (p. 210). To think of white South African women as always already victim and victimizer is to, as a witness, keep alive the moral third. We must, Benjamin argues (whether working with individual or collective trauma), “allow ourselves to realize how each person brings multiple self parts to the engagement with suffering . . . we must necessarily struggle to recognize these painful and frightening parts in ourselves if we are to be witnesses” (p.213). In this challenge, the complexity of the lives and experiences of Olive and Lucy come into fuller view, their experience rehumanized by my assertion that “horror and suffering [all of it] really matters” (p.213). Not only does this stance potentially allow for embodied treatment/understanding to come about, thus intervening in the intergenerational transmission of trauma via the body, but it also demands an “understanding of the fears and anxieties that drive people to commit crimes [or participate actively or passively in the violence of colonialism etc.]” (p.213).

The dialectics of witnessing applies to me too and, for this reason, I have been deeply moved and inspired by the work of Susie Orbach, whose embodied practice of relational analysis, conveys a model for enlivening treatment with mutual recognition. In the following section I will focus on a discussion of Orbach’s reflections on her analytic work with somatic symptomology and intergenerational transmission of trauma.

Susie Orbach

Lewis Aron and Jessica Benjamin provide an excellent overview of the significant contributions of relational theorists to contemporary clinical practice. However, in the process of challenging the “fundamental place of the drives in psychoanalysis,” relational theorists have been critiqued for “giving up too much and [losing] sight of the body” (Aron, 1998 p. xxv).

Theorizing the treatment of a person whose body has been demonstratively neglected of metallization experiences is important, but, in large part, this project aims to provide insight into not only the problems facing the treatment of the body in clinical work but also aims to provide solutions. For a clear strategy utilizing a relational lens, I will now reflect on the work of Susie Orbach.

A contemporary of Jessica Benjamin, Susie Orbach has worked for many years to integrate feminist critical theory with the practice of psychoanalysis. To this end, in 1976 she and Luise Eichenbaum founded the Women's Therapy Centre Institute in London and due to the popularity of this effort, established a similar center in New York in 1981. These centers provided a space in which the study and practice of feminism, psychoanalysis and social/cultural institutions were explored. Currently, the centers offer a post-doc program utilizing a cultural-relational psychoanalytic framework as well as public programs with a recent emphasis on eating disorders.

Like the psyches we are bequeathed...so the bodies we are bequeathed and create, and with which we all live, have everything to do with the cultural and psychological disposition of the bodies of those who first gave us our bodies as well as, of course, our internalization of their experience of their bodies. (p. 93)

Susie Orbach has written and reflected on the role of the body in the analytical encounter for many years. In her 2009 book, *Bodies*, Orbach extends the themes identified by Esther Rashkin (transgenerational transmission of trauma) and applies them, as I have similarly attempted to do, to the body. One particularly poignant theme that Orbach discusses is what she calls the "transgenerational transmission of anxious embodiment" (p. 12). Unlike Rashkin, who conceptualizes phantom transmissions as a long-occurring phenomenon, in her clinical work, Orbach claims that, a "new and troubling" theme of "distressed parental bodies" operating "inside the body experience of adults" has become more notable in her contemporary practice (p.

12). Despite these distinctions, both Orbach and Rashkin are practicing analysts who actively engage in an analysis of popular cultural production to illuminate these themes. My project is strongly influenced by this interdisciplinary method.

One of Orbach's most compelling publications is a 2006 article published in the journal *Studies in Gender and Sexuality* entitled, "How can we have a body?: Desires and corporeality." This article puts forth an argument regarding transmission of trauma via the body that Orbach arrived at over the course of her years of clinical practice. In her article, Orbach argues that contemporary psychoanalysis continues to theorize bodily symptoms in a limited and singularly mentalist framework, thus failing to fully address the body and therefore, "missing crucial dimensions of the patient's experience" (Orbach, 2006, p. 89). The strength of Orbach's critique is embedded in her case examples offered in this article and in the relational methodological framework she demonstrates via these analytic cases.

Orbach's understanding of the origins of her patients' experience of their own troubled bodies emerges from an attachment perspective. She begins her discussion of working intersubjectively with these troubled (and somatically preoccupied) bodies by situating empathic misattunements and failures of mentalization as an explanation for the "fixed structure" of a body marked by "instability" (p. 92). This instability, Orbach argues, is akin to identity diffusion, to a state of being lost and without security. As a result, a person who experienced instability in regards to his/her body and attachment will make "many attempts to engage his [or her] physical sense" (p. 92). Orbach traces these frantic attempts at engagement via her case material, clinical work that reveals the mutuality of corporeal exploration and healing. These attempts are muddled by the fact of intergenerational transmission:

If we think about it, it becomes obvious that the bodies we occupy are the embodiment of our parental bodies and our sibling bodies, their wishes for our bodies,

their projections onto our bodies and our making what we can of *their bodies in our body*. (p. 95, emphasis mine)

It is as a result of the fact of this transmission of wishes, projections and, in many cases “one false body to another,” that Orbach is able to make a strong argument for the reality that the body is a relational body, a predicament she calls “corporeal intersubjectivity” (p. 100, 96 & 97). This simple but profound argument presents challenges to the clinician in treatment, especially when a clinician, like Orbach, is faced with a somatically troubled and neglected body such as that of Colette.

The case of Colette, as described in Orbach’s article, is the story of the somatically informed treatment of a “capable, nimble spiritually inclined 38-year-old mother of four” who was the daughter of a British colonial doctor and a French Egyptian mother (p. 98). Colette reported struggling with bulimia since adolescence with almost daily bingeing and purging. Over the course of their analysis, Orbach describes a growing awareness of her own “disagreeable and disgruntled body,” a body that, “just a session earlier felt physically settled” (p.99). What Orbach realized she was experiencing in relation Colette was her client's necessarily constructed “false body: a body that had adapted. . . a body whose existence was so fragile that it came alive only in response to the recovery from impingement” (p. 99). When considered in the context of Winnicott’s (1965) explanations on the development of the false self, we can see that Colette may very well have been required to develop a sense of self that would affirm her own mother’s mothering capabilities, thus reassuring her mother and endlessly “adapting and shaping” herself to what her mother was capable of receiving (Orbach, p. 99).

The challenge of treatment, given this setup, Orbach claims, is to simultaneously hold that, while patients deserve “desiring bodies that are pleasurable and generative to them,” they must “have bodies in the first place” (p. 98). The goal in Orbach’s treatment was to assist

Colette in: “accepting the hated body,” “understanding the origins of body hatred,” incorporating the therapists’ body and the therapist’s desire for the client to have a body, accessing an integrated body and establishing a means by which this body could be “affectively organized” rather than a series of “sensations craving management” (p. 100, 101 & 106). Throughout the course of the case study we as readers are made aware of the sheer difficulty of this project. But why is it so difficult for Colette to have a body?

Much like the defense of projective identification, it was via an unconscious and visceral conveyance that Colette alerted Orbach to a trauma central to her body-less state. After a session with Colette, Orbach describes experiencing “intense burning across my skin” (p. 103). Orbach was reminded of the content of their session in which Colette told the story of the accidental death of her older brother (before she was born he fell onto the stove and burned to death while in the care of his paternal grandparents). It was through this “burning sensation” that Colette “encod[ed] a sense of grief, horror, agony, shame, fear and hesitation that may have lain inside her mother’s body and that her mother brought to her physical mothering of Colette” (p. 103). The “inert body terror,” Orbach notes, was “not amenable to dispersement; it could only be passed on” (p. 103).

This intergenerational transmission of trauma, much like Rashkin’s arguments regarding phantom transmissions, so often occurs via the body and leads to a predicament in which the “raw material” of the receiver of the transmission’s body “is saturated with the damaged bodies of their internal body relationships” (p. 107). Given this process and its devastating implications, a treatment goal of assisting in the establishment of corporeal coherence must be established. Based on her own experience of Colette and other similar cases, Orbach warns that, given our own body unhappiness, it is possible that we as clinicians “can miss the severity of [our client’s]

disease” (p. 107). In fact, she also warns, we may find ourselves applauding or envying their flight to “health and self-regulation” (p. 107). But again, Orbach reminds her reader, these bodies are co-constructed, and if a patient is to achieve a coherent and stable sense of corporeality, so must we as clinicians.

Our body is not veiled and impenetrable, even if we sit at the side of or behind the patient. Without conscious awareness we have sent out a visual acknowledgement of the impact of their corporeality on our own. And with our various physical registerings...we invite possibility, take on a range of transference-countertransference positions and entwinements that will provide part of the corporeal force field for our engagement. (Orbach, 2006, p. 96-7)

Initially, I came to implicate myself in this project around the concept of locating myself socially in order to circumvent potential bias and address the obvious questions regarding the specificity of my choice of subject (i.e. the white female-bodied South African colonial and post-colonial predicament). Due to the structure and demands of intersubjective theory, as explained by Jessica Benjamin, it is essential for the clinician or, in this case, the reader, to position the self in relation to the client, or in this case, the text(s). To avoid bias, I experienced the necessity of positioning myself as one reader, one self, in regards to the textual analysis. As social workers we are taught that in locating our biopsychosocial identity, we might enact transparency in regards to potential bias as it may impact our differently situated client(s) (Hays, 2007). In this project, I am a biased (a European American female-identified middle class academic and clinician in training at a prestigious graduate school in New England) reader of the identified texts, one reader among many other differently situated people. As I stated in Chapter two, my project aims to investigate the unconscious subjective experiences of white South African women and their bodies in order to complicate discourses about trauma, illness, violence, race and forgiveness in both academic and clinical discourses in the western world. In situating myself biopsychosocially in relation to this explicit aim, do I let myself “off the hook” so to

speak? In other words, I have begun to wonder if this knee-jerk acknowledgement of social identity serves another purpose altogether, one that functions to erase the embodied being of the clinician, the reader, and by extension, the patient, the subject.

We cannot give our patients the opportunity to find bodies for themselves because our anxieties about our bodies can be so severe that sitting with two anxious or self-hating or bodyless bodies is too difficult. If we are interested in making it possible for others to be in their [our client's] lives and to feel them as generative and animated, then a far more demanding engagement is required of us in relation to our own bodies and personal proclivities, discontents and longings. (Orbach, 2006, p. 108)

As I have stated, Relational theory and especially the clinical case work described by Orbach, provide an opportunity to consider the implications of a relationally constituted body. This body is both determined by intergenerational transmissions of trauma and aspiration as well as attachment styles and genetic material. So, it follows that my body, the body of this writer, would also be a relational body. As a clinician, I am most strongly aware of this fact via countertransferences with clients. However, the concept of body based countertransference, as outlined by Susie Orbach, had not begun to permeate my being until I engaged in this project.

Conclusion

Relational theory has provided me a language and encouragement to situate my body and multiple aspects of self as constitutive of this research project. Over the course of this project I have become ever more aware of the ease with which I, like Olive Schreiner, consciously attempt to lose my body, to disappear it from my daily experience. In part, this is because I, like Olive and Lucy, occupy and am impacted by a body that is “troubled.” This body has experienced misrecognition, not being know-able, ineffective functioning and continues to “enunciate” itself in certain instances of “extreme distress” much to my dismay (Orbach, 2006, p. 96). Most significantly, this body is also a relational body, and deeply so. I know what it is to

wonder what other forces and energies reside in this being and as a result, am drawn to Rashkin's phantom transmission explanations. To know these things, to untangle them, has meant that, as a clinician, I have been able to challenge myself to listen with and through my body.

Consequently, there are moments in my clinical work when my own false body meets my client's false body in a salute of recognition. At other times, and particularly when working with clients struggling with severe eating disorders, the depth of distress and betrayal I have experienced in relationship to my own corporeality allows for a deeper understanding of the horror with which my client sits in his/her physical being.

In the course of a psychoanalytic journey, patient and analyst come to share a psychoanalytic skin-ego or psychoanalytic breathing ego... Gradually, patient and analyst mutually regulate each other's behaviors, enactments and states of consciousness such that each gets under the other's skin, each reaches into the other's guts, each is breathed in and absorbed by the other. (Aron, p. 26)

Relational theory has assisted me in my quest to more deeply understand the mechanism by which trauma is transmitted via the body. Of particular significance in this regard was Lewis Aron's framing of alexithymia and a failure of self-reflexive functioning (that often manifest in somatic symptomology) as an intersubjective rupture. In other words, a caregiver (or I would argue... `a la collective unconscious), society's or clinician's incapacity to provide metallization experiences for an individual ("reflections of our bodies [are] conveyed in turn by the bodily actions of our caretakers"), then self-reflection cannot be regulated and unhealthy dissociation in the form of psychosomatic distress results (Aron, p. 25). Furthermore, Jessica Benjamin elucidates an engaging set of questions concerning the relational challenge of mutual recognition and Susie Orbach, in a brilliant article (2006) outlines a compelling narrative of an embodied and relationally oriented, clinical treatment. In the next chapter, I will use a corporeal textual analysis to discuss the relevance of Relational and Feminist theories to more fully apprehending

the psychic lives of Olive and Lucy.

CHAPTER SIX

Discussion

In a 2006 *New York Times Book Review* of Alexandra Fuller's memoir recounting her childhood growing up "in a country (Rhodesia/Zimbabwe) where white men still ruled" (*Scribbling the cat: Travels with an African soldier*, Penguin Books, 2005), Stephen Clingman writes of his admiration of Fuller's narrative voice stating, "as much as the Fullers are pushed by external circumstances, it is also personal tragedy that drives them. One of the achievements of the book is somehow to make it clear that their private anguish mirrors the larger lunacies in which they are involved" (Clingman, 2006, p. 26). Similarly, in my case material, the bodies of Olive Schreiner and Lucy, when attended to via feminist and relationally oriented theoretical lenses, evoke the destabilizing impact of living as a white woman in colonial and postcolonial South Africa. Like the Fullers, Olive and Lucy are inheritors of the ghosts of white colonial desire and violence. Unlike the Fullers however, Olive and Lucy oppose the racial tyranny of colonial imperialism in South Africa and are nonetheless deeply and somatically impacted by their circumstances.

In the following chapter I apply feminist and relational theories to my case material. Specifically I am integrating these theories with the aforementioned: the published letters of Olive Schreiner and the novel *Disgrace*. As previously stated, my specific focus in exploring both of these texts is situated in a corporeal reading of the characters of Olive (real/historical) and Lucy (imagined). I trace the intergenerational transmission of traumas via the bodies of

these two white South African women. I explore the somatic distress in the lives of Olive and Lucy, and develop a more nuanced understanding of the legacy of colonial violence.

Furthermore, with reference to feminist and relational theoretical approaches, I suggest a clinical intervention in the transmission of trauma via the bodies of Olive and Lucy by attending to the unformulated aspects of their psychic experience as expressed in somatic symptomology.

Review of Relevant Theories

Alexithymia is an explanation for a seeming incapacity or challenge in utilizing language to adequately describe emotions, an inability to distinguish between feelings and the bodily sensations of emotional arousal, a deficit in drive-fulfilled fantasies, and a constricted imaginal process (Taylor, Bagby, Parker, 1999). This formulation can and does explain any number of body based symptomology, such as anorexia nervosa, irritable bowel syndrome, certain personality disorders, fibromyalgia and substance abuse. While handy as a catch-all for somatic manifestations of psychic distress, I utilized this concept to specifically describe the dissociative element of the white colonial experience that is transferred to “post” colonial subjects. The dissociation, expressed as a seeming inability hold in conscious awareness the horrors of colonialism for both oppressors and oppressed individuals and communities often manifest, like other collective traumas (such as the Holocaust in Europe) in subsequent generations (Laub, 2005). I use the framework of the alexithymia of the colonial predicament (and all the disavowal it implies) to attend to the ways in which Olive Schreiner’s internal concepts of will/power/erotics of power/desire/gender/land/identity/pain/suffering are elucidated, in part, via her body (and more precisely through chronic somatic pain and preoccupation). Alongside the voice of Olive, I place Coetzee’s character of Lucy, a possible inheritor of Olive’s disavowed trauma. Their words and psychic experience constitute the case material for this project.

In the past two chapters I have discussed feminist and relational theories' relevance to my topic of intergenerational transmission of trauma via white South African women's bodies. In particular I am interested in how these two theoretical lenses might illuminate the challenge of understanding and treating somatic symptomology in a clinical encounter. As Muriel Dimen notes, relational and feminist theories are not at cross-purposes:

The psychoanalytic efforts to deconstruct the dominance of an objectively knowing subject in favor of a personal subjectivity parallel recent feminist efforts to disrupt the conventional oppositions and their encoding in gender hierarchies. The question of how we envision dissolving the ever-recurring complementarities, especially the idealizations intrinsic to binary hierarchies, is common to each. (Dimen, M., & Harris, A., 2001, p. 45).

In their mutual commitment to the significance of personal subjectivity and a challenge to purely intrapsychic explanations of pathology, feminist and relational theories serve to compliment what I have identified as a deficit in current empirical and theoretical literature addressing clinical treatment and understanding of somatic preoccupations.

Significant contemporary research (Sansone et al., 2009; van der Kolk, 1994, 2000) on the neurobiological and somatic implications of trauma has informed the cultivation of body-informed psychotherapies (eg: Sensorimotor therapy, SomaCentric Dialoging, Hakomi, Somatic Experiencing, SHIP (Spontaneous Healing Intrasytemic Process), Internal Family Systems, Mindfulness-based body practices, Craniosacrial therapy and EMDR). These therapeutic developments are important as a means of integrating, for individuals who have experienced significant trauma and/or individuals whose early childhood was marked by a severe lack of adequate experiences of mentalization, split off emotional experiences. Somatic distress then, in this context, becomes coherent and an affirmation of the fact that "emotion is essentially psychosomatic" (McDougall, 1989, p. 95).

What distinguishes my project, and its engagement with relational and feminist theories, from a simple endorsement of body-based therapies, is that I demonstrate the importance of attending to the interpsychic dimension of somatic preoccupation. In other words, by focusing on the process of intergenerational transmission of trauma via the body (and utilizing the alexithymia of the colonial predicament as an example) I use relational and feminist theories to strategically propose that current somatic therapies may fall short in sustainable trauma repair if the following factors are not considered: an exploration of possible ancestral haunting of the body/psyche of a patient; the impact of institutions of power and social context in relation to bodily distress; and the clinician's own relationship to bodily distress and phantom haunting.

Case Material

In the following section I will explore the resonances of three broad themes as they emerge in the letters of Olive Schreiner, the character of Lucy and the dyadic pairing of the two women. Themes include: trauma transmission via the white female body, especially due to unknowable traumas from past and inadequate means for self-expression; guilt, shame and unacknowledged desire as a legacy of the violence of colonialism as expressed by white South African women; and disavowal and dissociation as defenses in the face of the disappointments, violence and desires implicated in the colonial and postcolonial predicament.

Olive

Many of the letters analyzed in this section were acquired via the online website "Olive Schreiner Letters Online" (<http://www.oliveschreiner.org/>). The vast majority of Schreiner's personal correspondences are available in published form as well. Several letters included here are published in a volume (*Olive Schreiner Letters: Volume 1: 1871-1899*) edited by Richard Rive (1987). The online project organized some 4800 Schreiner letters, located in sixteen

archives on three continents. The primary editor of the letters is Liz Stanley, a professor at The University of Edinburgh, and a Schreiner scholar. The totality of the archive, Olive's life and history, and all that it entails could and does get addressed in many published scholarly books and articles (e.g.: *Only an Anguish to Live Here: Olive Schreiner and the Anglo-Boer War, 1899-1902* (1992), *Not Without Honour: The Life and Writings of Olive Schreiner*, by Vera Buchanan-Gould (Hutchinson, 1948) *Memories of Olive Schreiner*, by Lyndall Gregg [Dot Schreiner], (Chambers, 1957), *Olive Schreiner Her Friends and Times*, by D. L. Hobman, (Watts & Co, 1955), *A Track to the Water's Edge, The Olive Schreiner Reader* by Howard Thurman (Harper & Row, 1973), *Rereading the imperial romance: British Imperialism and South African Resistance in Haggard, Schreiner, and Plaatje* and by Laura Chrisman (Oxford University Press, 2000) and *Imperialism, Labour and the New Woman: Olive Schreiner's Social theory* by Liz Stanley (Routledge, 2002)).

Due to the enormity of interest in Schreiner as well as the massiveness of the archive, I kept my aim quite narrow. Surprisingly, the online archive is not, in any way, oriented around, nor does it specifically reference, Schreiner's well-documented history of somatic instability. Instead, the focus of the online archive of her letters highlights her thoughts on: socialism, feminism, marriage, colonialism, South African politics, capitalism and imperialism. Utilizing specific search words that indicated Olive's various physical traumas ("pregnancy," "asthma," "fainting"), I was able to access letters that included Olive's musings on her own somatic experience.

I set out to make sense of Olive's letters. I wanted to open up the complexity of her somatic distress in ways that validated the implications of her experience and the ways that her body was not simply sexually repressed, but actually deeply impacted by the legacies of her

colonial ancestors and her contemporary (and deeply conflict-ridden) social environment. I aimed to describe and analyze the ways that Olive's psychic and physical distress are important indicators of larger societal dysfunction.

What I discovered within myself, perhaps understandably, was a significant ease in approaching a contemporary character such as Lucy from *Disgrace*. It was much more difficult to stay with and bear witness to Olive's somatic annunciations. I found myself distracted, trying frequently to sublimate this discomfort and uncertainty by focusing on Lucy's experience. Olive's letters as corporeal text are jarring, speaking to fragmentation within her thoughts and identity. So many contradictions (national identity, gender and sexual identity, relationship to race/racism, political beliefs) are simply held within Olive, ping-ponging as she expresses longing and despair, excitement and confidence, fear and pleasure, groundedness and unhoming. As I explored in the Phenomenology chapter, Olive Schreiner's personal childhood was unpleasant and marked by what she simultaneously sees as injustice (economic strife, being forced to leave and work outside the home at an early age, frequent hunger, lack of affection) and personally deserved abuse.

I remember when I was a little child being whipped till I could hardly stand by a big brother twelve years older than myself whom I worshipped, because I didn't open a door quickly. I hadn't the least feeling of resentment or injustice. I only crept away and felt as if my heart was broken. When I remember what a wild indomitable child I was and how fiercely I resented injustice, it stands out to me as a most remarkable case of instinct over-riding everything. I remember distinctly that I did not feel the least trace of unlove, only for weeks when I looked at his hands I used to quiver. I couldn't bear to think it was they that hurt me. This feeling I believe is lay dormant in woman, it always exists when she loves a man. . . now because women are not free, because that sweet and happily given service with the pleasure element being delight in bearing pain for him cannot be there if the man is not the one a woman chooses, but simply the one who offers her the best means of livelihood. It is woman's irony that she has to sell herself, whether into the bitter loveless childless deformed untender state of prostitution or into loveless marriage. I often wish I were a man just that I might be tender to women. It must be so glorious to have the same unlimited power and use it magnanimously. (*Olive Schreiner to E. Ray Lankester*, lines 75-90, 32-51 and 123-25)

Confronting her letters reminded me of how I began this project—with a strong critique of the psychiatric establishment’s seeming discomfort with and avoidance of (especially) women’s frank descriptions and display of somatic symptomology in mental health settings. Although Freud himself (Freud, 1886) complicated his initial thoughts on hysteria in women, my clinical work has brought me into contact with many mental health practitioners who continue to endorse the notion that somatic distress is a manifestation of purely intrapsychic conflict with little to no consideration of the relational and collective context within which a “hysteric” suffers.

In my attempts to elevate the character of Olive from sexually repressed colonialist to that of a coherent and complex woman in whom the violence of her ancestors was written on her body, I felt stuck. I experienced within myself an alignment with these so-called “establishment” mental health professionals who avert their eyes, can’t access curiosity, simply want to fix the symptom, tired of the litany of symptoms and ensuing despair. I knew that her symptoms, her physical and emotional distress were important, but struggled to articulate why. I also desired a more physically and psychically comfortable life for Olive. So too did many doctors in her time. She was offered various drug treatments and surgeries (including: sniffing quinine, cold sponging, taking iron, Chlorodyne, various narcotics, directives to stop writing, drier weather (South African climate), cooler/more damp weather (climate typical of England)) for her ailments (including: asthma, pain in the shoulder, angina, twisted womb, anxiety, severe depression, trouble eating (esp. socially), measles, amenorrhea, preoccupation with dying and multiple miscarriages) (Rive, R. ed, 1988). It is to be noted that various doctors and healers were employed to assist Olive in explaining and combatting her symptoms. However, she often

received differing opinions, often tinged with medical doctors' disbelief at the reliability of her ailments ("They all say they have never seen a case just like it [Olive's supposed debilitating asthma]" (Rive, R., ed., p.44)).

In her letters there is a stark resignation ("My asthma is bad, I fight for breath, but it doesn't matter.") that comes from Olive that is almost suffocating to bear (*Olive Schreiner to Havelock Ellis*, lines 6&7). There are moments when her physical health issues so consume her existence that she expresses suicidal ideation, increasingly melancholic longings for whatever continent she is not currently inhabiting (Europe vs. Africa) and despairs at the prospect of improvement in her own condition and possibility of an end to violence in South Africa.

I am getting worse and worse. I can't get better. . . The thought of you is all that helps me in this agony and loneliness. Where shall I go? What shall I do? Such agony comes over me to think of becoming a real invalid and having no where to go. (p.55)

Throughout her life, Olive remains deeply confused about belonging, citing a desire to find a home, a home where she can be well, far too frequently to reference extensively here. She regularly debates the qualities of the place in which she is currently not living, often despairing about how much better she would feel if only she were in England when in South Africa and South Africa when in England,

It is true about that self losing. As soon as my body gets weak, so that the old original nature comes up, the strong individuality, then my whole soul cries out, not 'from infinite', not 'from God to God'. I don't want to die. I don't want anything I love to die, nothing must lose its individuality. I woke up last night shouting and crying. It isn't only that I'm weak. I always get into this state when I live utterly alone in England and see only the sea roaring out my window. (p. 57)

Even in periods of improvement in her health, Olive interestingly continues to describe her strong emotional experiences via physical terms, indicating that, above all else, for her entire life, her body and mind remained intimately connected.

Have you ever had internal hemorrhage, and they give you ice and the flow stops at once, and you always feel a curious kind of gratitude to the ice? You always seemed to me like a lump of ice put on a wound from which one was bleeding to death and freezing it up. (Rive, R., ed., p.179)

Olive's despair, her expression of a stance of victimization, might be reflective of a determination to find a way to make sense of her past ("the agony of my childhood"), contain her tragic and traumatized origins, in order to maintain her sense of power (p. 212).

You remember long ago I told you how, nearly 20 years ago, when I was at Dordech, I had such a horror of eating before people, I couldn't, and how I used to have to eat alone, and how it kept on all the time my periods stayed away, and I told you what unkind, untrue things they said about it. Well, there came some people here ten days ago, from the Cape, I think, or they knew people there, and they have been talking to all the people at the Hotel about it. They have heaps of money. They sit and jeer at me at the table. I'm hunted to death. If I stayed here a little time longer, I must die. I am going to Florence. My cough is bad too and I feel so weak that it has taken me all day to think clearly enough to write this. Harry, the world isn't fair, I haven't sinned so much more than other people to be hunted down so. If it goes on a little more I will kill myself. Oh, I've been so desolate all my life Harry. I've never had a home, I've never had anyone to take care of me like other girl did have. I was thrown out onto the world when I was eleven, and even before that I hadn't a real home. Oh, you who've never been turned out of a house, don't know what it is. (Rive, R.,ed. P.151)

But the relentlessness of Olive's condition, her suffering, is hard to bear, knowing that she was writing and experiencing this stance at a time (1889) when her fellow British countryman, Cecil Rhodes and his South Africa Company were actively colonizing South Africa and profiting immensely from dominating natural resources there. As Georgina Horrell (2004) points out, we can potentially read the external signs, Schreiner's somatic preoccupation, her "fragility, her physical lack" as a way to remove herself from "the harsh complicity of white militarized society, detached from quotidian existence" under colonial rule (p.771). While critical of the policies of British colonial rule and the thrust of capitalism fueling this imperialism, Olive was remarkably consumed by her own sense of persecution (as a woman, a poor white, a sick woman, an increasingly well-known socialist and feminist and a popular

female writer) that she frequently lost perspective, possibly sublimating her own outrage at the social and political turmoil and oppressive violence into what Freud may have deemed hysteria (Freud, 1986).

Did I ever tell you how my chest first got bad? I was four days quite without food, and travelling all the time; I had nothing but a little cold water all that time. I had no money to buy food. When I ate the first mouthful at the end of the time I got this horrible agony in my chest, and had to rush out, and for weeks I never lay down, night or day. I suffocated if I even leaned back. Ever since that, if I get to a place that is close, and damp and hot, it comes back. I have been to so many doctors, some say it is an affection of the heart, some say it is asthma of a very peculiar kind... Somehow one can't go back into the past without blaming those that are dearest to one, and it is better to let the past bury its dead eh? I have not been able to go on any walks.... (Rive, R., ed., p. 44)

It was only in revisiting Esther Rashkin's notion of phantom haunting and cryptology, that I was able to get a handle on Olive's letters. In her psychoanalytic character analysis of fictional narrative, Rashkin's interpretations apprehend the phantoms lodged in the bodies of characters as reflected in their narratives. As a reminder, these phantoms are not explicitly repressed memories in the character, but rather reflections of the intergenerational transmission of disavowed affective experiences related to trauma(s) experienced by a character's ancestor(s). Engaging in this manner, with the idea of Olive's body as a crypt, a ghostly container, a receptacle of intergenerational trauma, an important signal, reminded me that Olive's distress is connected to a larger context of social and cultural imperatives to disavow the violent and aggressive desires of colonialism in Africa. While so focused on her own somatic preoccupations, the larger weight of what Olive was carrying went unrecognized, unexposed to light. Olive herself clearly stated that she did not see much usefulness in dwelling on the pain of the past, though I imagine she very much longed for repair of past traumas. What Rashkin offers me in terms of perspective on the complexity of Olive Schreiner, is an assertion that, what an individual experiences as haunting, as a lingering and persistent pain, likely indeed *is* ghostly

residue. In other words, the pervasiveness of Olive's distress, emotional/physical and psychic, indicates more than the weak constitution of a woman determined to possess more freedoms than her cultural moment could provide. Her 'darkness' is, according to Rashkin, the unacknowledged 'darkness' of her ancestors. In the context of a country like South Africa, in which black Africans are in the majority, on another level, I wonder what Olive's ancestors' relationship to 'darkness' might mean?

I am much better though not quite strong after the miscarriage I had the last week at Johannesburg. I knew I should never go my time in all that sorrow and darkness. . . You see the better half of the English nation is moving for us now, but I fear me it is too late. (*Olive Schreiner to Isie Smuts nee Krige*, lines 10-17)

But I've had another miscarriage—all my own fault riding a rough horse and I had to ride on for two hours in that state till we got to farm house. I feel so depressed mentally. It's so easy to forgive other people but so hard to forgive yourself for doing a foolish thing. (*Olive Schreiner to Betty Molteno*, lines 38-44)

I am pregnant again but only in the very early stage. If I don't have a miscarriage I shall be ill in January or February. I am going to try and take great care of myself that all may go well. The worst is I'm so stupid and lazy. I'm quite well, but so disinclined to work. I'd like to be a cow and lie in a big meadow and chew the cud all day! (*Olive Schreiner to Betty Molteno*, lines 10-15)

Reflecting on the work of Jessica Benjamin I am reminded not to disavow the "oppressor," to remember that the discomfort I might have been experiencing all along in regards to Olive was my own identification with her all-consuming distress and subsequent paralyzing shame. As I mentioned in the Relational theory chapter, I too understand what it is to be betrayed by a body that works inadequately, a body whose distress and dysfunction expose vulnerability. In the face of this vulnerability, to feel unsupported, to have internalized a sense of aloneness in the world at an early age, it is clear that for Olive, this vulnerability was too much to bear. Shame is the understandable end result of this unbearable exposure. The shame Olive experienced as a result of her physical incapacity, her ongoing emotional turbulence and

her seeming inability to be recognized (due to her status as woman) within the full range of her potential, devastated Olive's life. The shame of her physical and emotional condition might also signal her own alexithymia of the colonial predicament—an inability to fully hold/access/bear active witness to the devastation enacted on native black South African individuals and communities during colonial times. Regardless, it was a constant, nagging, and relentless emotional experience of shame that persisted despite significant periods of physical improvement.

In all my physical agony the thought sometimes comes to me, as the only consolation, that after my death some use might be made of my body, knowing what it had been. You will find it in my heart. That long asthma may have affected my lungs, and has now, but that isn't the root. It has always been a funny thing to me why opium and iron and prussic acid have been the only things that ever, though in quite different ways, really touched my diseases, and it was only last night, reading the book you sent, that I know why. They all three strengthen the heart's muscles. (*Olive Schreiner to Havelock Ellis*, lines 9-17)

What is wrong with Olive's "heart"? A modern day clinician might see her somatization, her tendency towards turbulent intimate relationships, her complex and diffuse sense of self, her proclivity towards self-harm as outlet for anger, her chronic feelings of emptiness and fear of abandonment by loved ones as a reflection of Borderline Personality Disorder (American Psychological Association, 2000) symptomatology. It is a characterological issue, a modern-day clinician might argue, perhaps as a result of early trauma, disrupted attachments and unstable internal object relations.

The only life I would ever punish anyone by taking [written during World War I], is my own; I have always since I was a little child.... Thought the punishment one would have a right to inflict on those who had injured one too much was to go and stand before them and stab or shoot oneself and say 'my blood be upon you.' (Cronwright-Schreiner, ed., p. 316)

I also see Schreiner's symptom picture as reflecting a borderline intrapsychic organization. And, to stop there, to name Olive's diagnostic predicament, lets her ancestors off

the hook. In other words, the collective impact of colonialism and the lead-up to British colonial rule, matters in considering Olive Schreiner's somatic distress. For the purposes of my project, I will explore these collective ancestral disavowals (including Olive's) in dialogue with a modern day version of Olive: Lucy, a character in J.M. Coetzee's contemporary novel, *Disgrace*.

Lucy

She becomes his second salvation, the bride of his youth reborn. Poor Lucy! Poor daughters!

What a destiny, what a burden to bear!

- J.M. Coetzee, *Disgrace* (p.86-7)

He cannot expect help from Lucy. Patiently, silently, Lucy must work her own way back from the darkness into light.

-*Disgrace* (p.107)

If we are so influenced by our ancestors, their bodies, actions, hopes and disavowals, it follows that a narrative such as *Disgrace* would prove compelling for my exploration. In this story we witness the ways in which Lucy's father's body misbehaves and abuses women, especially 'colored' women in South Africa. The complex impact of his actions, his embodiment, is then traced on her own body, a body that rejects men as sexual partners. But it is also a body that enacts the same identity markers that we as readers might imagine her ancestors (white European colonial settlers) would valorize. Lucy is a farmer, a homesteader, with modest dreams to successfully maintain a piece of land in the African "bush." As a result of what she has made for herself, within the legacy of her colonial forefathers, her father, early on in the novel remarks, "Good! If this [life as a "sturdy young settler"] is what he leaves behind—this daughter, this woman—then he does not have to be ashamed" (p.61 & 62).

Shame is introduced much earlier in the novel, before we meet Lucy, the possible source of David Lurie's salvation. While deeply conflicted as to how white South Africans ought to remember "the implications of culpability and the consequences of violent colonization," the novel follows Lurie's various attempts to temper, indulge and allay his guilt (Horrell, 2002, p.25). In the end, after a violent encounter (his daughter is gang raped by three black African men during this traumatic event) with the latent aggression of apartheid's victims, Lurie, feeling "the after-effect of the invasion," his "pleasure in living snuffed out," decides to atone for his transgressions with Melanie (the 'coloured' woman he assaulted while a professor and she a student) and then subsequently works day in, day out, at a rural animal hospital, humanely putting down (and disposing of) unwanted/maltreated dogs (Coetzee, p. 107).

Lucy, of a younger generation, processes her rape differently. The remainder of the novel is dedicated to this distinction and signals Coetzee's hope, I believe, in the possibility of a brave(r), less disavowed accountability of white South Africans in the ongoing unfolding of reconciliation. Lucy is also, and importantly, a woman, and this has great bearing on what she experienced during the homestead attack and how she comes to terms with the attack afterwards. In this, Lucy is both victim and victimizer, doer-and-done-to (Benjamin, J., 2004). She is a woman, who, as a result of that gendered embodiment and what it socially and culturally means, is victimized, made to "pay with her body, through its violation, the debts of white colonists/settlers" (Horrell, 2002, p.30). In the face of this violence however, Lucy, demonstrates a "harrowing, fledgling acceptance of the terms" laid out by her victimizers (p30). She "acknowledges her debts and, rejecting the safety of white hegemony, will attempt to pay the price" (p. 30).

Her father, David Lurie, cannot comprehend his daughter's silence, her refusal to go to the authorities. He is outraged and shamed that he was unable to protect her. He assumes the worst, that the crime was gang rape, although Lucy remains silent on this matter. He pleads with her saying, "There is no shame in being the object of a crime. You did not choose to be the object. You are an innocent party" (Coetzee, p. 111). This sentiment reflects Lurie's hope that he, like his fellow white South Africans, might be spared the haunting of his white colonial ancestors and his own complicity in the violence of apartheid. In many ways, Lurie never does fully see, can never bear witness to the horrors he and his fellow white South Africans enacted. So, what is disavowed wrests on Lucy.

One gets used to things getting harder; one ceases to be surprised that what used to be as hard as hard can be grows harder yet. (Coetzee, p. 219)

After recovering from the rape, Lucy, now pregnant with a child belonging to one of her assailants, transfers her land to Petrus, the elder black man with whom she was previously sharing rights to the land, itself an extraordinarily new post-colonial arrangement. In the end of the novel, Lucy becomes one of his wives, in exchange for his protection and his assurance that she be able to raise her child peaceably on what is now his land. The consequence of her father and his forefather's actions is indelibly inscribed on her body. At the end of the novel, Lurie remarks on this intergenerational transmission while also noting the way that his daughter, despite what she has abdicated, has also grown more solid in her willingness to bear witness to the complexity that is race relations in post-apartheid South Africa:

So: once she was only a little tadpole in her mother's body, and now here she is, solid in her existence, more solid than he has ever been. With luck she will last a long time, long beyond him. So it will go on, a line of existences in which his share, his gift, will grow I inexorably less and less, till it may as well be forgotten. (Coetzee, p.217)

Side by Side

Earlier in this paper, I asked whether or not Lucy must pay for Olive's expansive settler/colonialist views. In other words, as I noticed traces of Olive in Lucy and vice versa, I became curious about the way that Olive's disavowals of guilt and shame led to such a stark "corporeal negotiation" for Lucy in her post-apartheid moment (Horrell, 2008, p.29). In this section, inspired primarily by the work of Jessica Benjamin (2004, 2009, 2010, 2012), I will explore the complex interplay between the two subjectivities and bodies of Lucy and Olive. More specifically, I ask, can a hypothetical dialogue between the bodies/subjectivities of Lucy and Olive constitute a third space (Benjamin, 1997)? Reflecting the feminist and relational imperative to value subjectivity and mutuality, thus "destabilizing the active-passive dichotomy" which is so central to the dyadic formulations of analyst/analysand, masculine/feminine, settler/colonial subject (p.xvi).

It was history speaking through them," he offers at last. "A history of wrong. Think of it that way, if it helps. It may have seemed personal, but it wasn't. It came down from the ancestors. . . That doesn't make it easier. The shock simply doesn't go away. The shock of being hated I mean. In the act." (Coetzee, p.156)

In the passage above, in which Lucy's father attempts to soothe her after her rape, Coetzee is perhaps proposing that, the true impact of the legacies of white South African's ancestors cannot simply be experienced in an abstract and collective identity-as-guilt-manner. Instead, via the body of Lucy, we as readers experience the ways in which the personal and somatic impact of the violence of colonialism is inscribed, painfully felt, and must be lived with. In activating the third space of dialogue between Lucy and Olive, I am struck by the fact that it is likely that the intensity with which Lucy is punished and inscribed is commensurate with the incapacity of Olive's white colonial social sphere to hold her pain.

I am reminded here of my reaction to Olive's persistent and unrelenting accounts of her somatic distress in her personal correspondences. I felt overwhelmed, perhaps, as Uehara et. al. (2001) so eloquently describe in their work with survivors of the Cambodian killing fields,

Provided with no summation, evaluation or other narrative niceties, the reader/listener sense that these pains and sicknesses go on indeterminately, without containment or boundary. (p. 46)

In the chaos narrative, Frank (1995) suggests, "troubles go all the way down to the bottomless depths. What can be told only begins to suggest all that is wrong (p.99).

It is almost as if Olive's unremitting somatic pain and unarticulated shame and outrage at the violence being enacted around her, bled over, past and through the generations and landed with Lucy. Consequently, Lucy's embodied pain more fully elaborates the fullness, the unspeakable "bottomless depths" of one aspect of what was "wrong" with Olive all along.

Guilt, masked in complex and constantly diverse, malleable manner, forms a discursive threat through white colonial and postcolonial texts. Masquerade, the necessary performance of guiltless, innocent, self-effacing and self-sacrificing white femininity is, I would like to suggest, an 'obsession' or 'narcissistic insurance' which remains implicit in the writing of white women: women who, like Schreiner in colonial pre-apartheid southern Africa are compelled to ask, 'What must I be and do—or rather, perhaps—what must my protagonist be and do, to live in South Africa at this time?' [This reflects] a thread of guilt woven into a tissue of concealment. (Horrell, 2004, p. 769)

Perhaps the "tissue of concealment" to which Horrell refers, is my notion of corporeal text—the somatic reading of colonial and postcolonial texts with the intention of splaying this protective boundary of colonial and postcolonial disavowal, forcing it open, to allow what is concealed to come forth. In this corporeal textual attending what emerges is a set of themes common to the experience of Lucy and Olive: both women demonstrate a willingness to withstand physical discomfort to remain connected to South African land (and the ensuing power that this position confers); both women experience very little consolation or sense of solace

within themselves or their social interactions beyond their deep connection to the South African landscape; both women are sexually non-normative (Lucy as a lesbian and Olive is deeply engaged with feminism and notions of sexual liberation for women); both women channel their own shame and guilt via attempts to disavow needs/desires and fear being a burden to others (they are both staunchly proud of their self-sufficiency) and both women consequently reveal very little of their emotional experience to others, for fear of exposing unforgivable or shameful parts of themselves.

Despite many similarities revealed explicitly and implicitly in the body of Lucy as intrapsychic crypt reflecting Olive's disavowals, I also note a significant and stark difference—a contemporary adaptation. Olive's health issues were one way for her to, via somatic preoccupation, evade complicity in the intolerable violence occurring around her.

Unconsciously splitting off and channeling unbearable traumatic experiences constitutes the alexithymia of her colonial predicament, leading to the necessity of transmission of these disavowed traumas from generation to generation. While Olive's somatic preoccupations constituted an unconscious but shameful withdrawal, they also perhaps signaled a rejection of a regime or occupation she did expressly oppose but greatly benefited from. It might have been her best adaptation, her way of navigating how to exist as a white person in colonial South Africa, to perform a weakened self, a debased and ever-disempowered self.

Alternately, Lucy knows, on some level, that she cannot evade complicity via withdrawal. Lucy's determination to stay her course on her land (in spite of the tremendous physical and psychological cost), is depicted explicitly as indicative of a nearly aggressive throwback to colonial times—a violent assertion of her right as a white person to own land like an other African. However, understood in dialectical tension, one can also understand Lucy's

refusal to withdraw as an unwillingness to evade her own complicity in the legacies of the violence of apartheid and colonialism. She will remain, and bear the brunt, endure the shame and the guilt, for her ancestors, in the hopes that her child will benefit from her intervention.

Unbearable

Ultimately, my project is an attempt to articulate where to position oneself, as a clinician, in relationship to somatic distress. How does a clinician bear witness to a potential client like Lucy without a willingness to feel and understand the un-met psychic needs of Olive? And is it possible for a clinician to hold the complexity of Lucy's psychic life without examining his/her own relationship to "the acceptance of loss, of failure to repair, of hurtfulness" [Jessica Benjamin's "key to moving from complementarity into thirdness"]" (Benjamin, 2002, p.475)? While still confounded by somatic symptomology, as a clinician I defer to Benjamin's assertion when it comes to the challenge of working with intergenerational trauma as expressed via the body:

having already argued that we have to find some productive and positive way to own our destructive past, I am addressing the matter of how to break down the we-them. In contemporary psychoanalysis How refers less to technique than to the internal, subjective processes that the analyst undergoes when attempting, for instance, to bear the intolerable. . . It is only possible to simultaneously accept the truth in the other's view while maintaining one's own by entering the space of the third. (Benjamin, 2002, p. 478-479)

I came to psychoanalysis as a scholar, much like Benjamin, to "illuminate social contradictions and collectively experienced tendencies," especially in regards to more fully understanding the pervasiveness of collective trauma that I experienced while living in South Africa (p. 473). Relational and feminist theories and specifically those that address the intergenerational transmission of haunting/trauma offer to the tremendously complex and violent legacy of colonialism and apartheid in South Africa a respite from the rigidity of the limiting

dichotomies of victim/victimizer/doer-done-to. By extension, the limiting clinical discourses regarding the etiology and treatment of somatic preoccupations might very well become more expansive when considering intergenerational transmission of trauma and the importance of mutual recognition. With this in mind, clinicians must acknowledge the wish to deny what is unbearable and overwhelming and choose, and when possible, remember the damaging function of these disavowals. Benjamin (2012) writes, "I am not sure whether it is possible to simultaneously acknowledge trauma and confront someone with the way in which their trauma has led them to hurt someone else (p.211).

Limitations

Two of the most salient limitations of my project are: it is solely theoretical in nature and utilizes non-conventional case material. The focus of my clinical findings and theoretical interest lies primarily in the practice and theorizing of psychoanalysis and psychodynamic psychotherapy. As a result, my findings, while potentially clinically applicable and theoretically relevant, contain no specific behavioral or treatment plans per se. In this sense, my "findings" cannot be easily implemented in clinical training or practice because of a lack of evidence-based empirical research supporting my observations.

Furthermore, in utilizing non-conventional case material, it is possible that I inevitably will alienate potential readers who are not skilled or interested in expanding clinically relevant inquiries to literary material. This positioning might emphasize the disconnect between the psychoanalytic community (that regularly engages in cultural analysis) and the social work community. I acknowledge the potential for this thesis to be accessible and relevant to a small readership.

For the purposes of this project I was limited to applying two theories to my case material. These two theories, while useful, limit the potentiality of my analysis. I address possible avenues for further theoretical research in a subsequent section.

Finally, this project emphasizes the experiences of white South African women in colonial and post-apartheid contexts. The specificity of my focus necessarily challenges the possibility of expanding my findings to other populations. As I mentioned when introducing my case material, the choice to focus on the specific experiences of white South African women inevitably excludes the psychic experiences of the vast majority of South Africans.

Benefits

And the words still help
Sort of, or it sometimes seems
That way in the moment.....
It's hard
To separate a body from
The words it lets fall.
And then the difference
Between what's written
And what seems, outside
Of writing, almost just to be.
-Ariana Reines, *Coeur De Lion*

The relevance of pairing relational theory (in particular) and literature allows for an engagement in the multiple aspects of self, some of which cannot speak directly, some of which we only understand in interacting with other's self-states (Bromberg, 1996). Similarly, a conversation between Lucy and Olive illuminates the unspoken and unsayable components of each woman's experience. In this sense, drawing out clinical implications requires stretching our common understandings of "clinical" applicability. This project extends the evaluation of the implications of colonialism, trauma and violence, expressed in somatic symptomology, to literature, an often-overlooked realm of clinical inquiry.

Further, this relational pairing demonstrates the possible ways in which we as individuals are constituted by relationships, collective traumas and violence. These resonances can manifest as “unexplainable” somatic distress, as dissociated behaviors, or as a feeling of ghostly haunting in one’s own psychic experience. It is in relationship, in these multiple pairings (whether it be mother and child/Olive and Lucy/analyst and analysand), that unformulated or unconscious experience can take shape and come into coherence. Olive and Lucy offer this to each other.

My thesis is about integrating perspectives from the fields of psychological research, literature and literary criticism with psychoanalytic theorizing and ultimately the clinical encounter. As a clinician and scholar, I find that the integration of these perspectives, especially from interdisciplinary sources, can provide helpful perspectives on clinical impasses common to trauma work and the challenge of work with the somatically preoccupied body/psyche of a client.

Implications for Clinical Social Work Practice and Research

The limitations of my project as they relate to the theoretical structure, unconventional methodology and analysis of critical literary and psychoanalytic theory also simultaneously signal a benefit, a strength. In order to achieve somatic listening, to demonstrate the importance of attending to somatic preoccupations and distress, I was compelled to shift away from the established avenues of contemporary clinical treatment and formulating. It is my hope that the clinical implications of this non-conventional research might extend to additional research, theorizing and empirical study on the topic of intergenerational transmission of trauma. Furthermore, I intend to provoke clinicians to consider more critically the ways in which their own subjective relationship to their bodies impacts their capacity for adequate witnessing when working with body-oriented distress and trauma.

Ideas for future research

Somatic Listening

It is Cornell West's ragged edge of necessity—the experience of hurt and betrayal, the insanity of cultural stories contradicting physical experience—that empower the destruction of an epistemology, a social system, or a psyche. (Fleckenstein, 1999, p.290)

In a similarly positioned critically engaged interdisciplinary project, K.S. Fleckenstein (“Writing bodies: somatic mind in composition studies,” 1999), challenges her chosen disciplinary audience (Composition, Rhetoric and English Literature educators/academics) to incorporate the quality of what she terms the “somatic mind” into its engagement with students (p. 286). Her proposition of somatic mind orientation is: “a fusing of materiality and discourse. . . a reclaiming of corporeality,” an insistence, much like relational theory, that “both organism and place can only be identified by their immanence within each other” (p. 286). Additionally, somatic mind (being-in-a-material-place), that emphasizes immanence and dialectics, embraces the notion that “corporeal texts are the means by which we carry our bodies in our minds” (p. 287). To further elaborate, Fleckenstein goes on to explain that, somatic mind “validates the contradictory corporeal certainty of both the ugly details and the glorious experience of life without defining itself exclusively by either” (p.290). Essentially somatic mind, in its embrace of the corporeality and intertextual meanings embedded in literature and writing, in truly allowing space for the dialectics of experience of beings, “somatic mind is paradoxically bound, unbound, and rebound in spiraling transactions among flesh, ecology and culture” (p.291).

Fleckenstein proposes writing and living somatically. Based on my research, I began to wonder what it would mean to listen somatically. As clinicians, how might we listen with the somatic mind? If, as Fleckenstein asserts, “we all live and write in the gaps. . . between body

and text” (p. 301). If we do ourselves a disservice, “reduc[ing] ourselves to mouths without voices,” without attending to our shifting and corporeal identities (p.301). If, like Rashkin argues, we are always responding to “invisible intertextual messages,” then how can we as clinicians hold these realities in mind, embodied (p. 301)? How can we exist as somatic minds, somatic listeners, open to the corporeal experiences of ourselves in relation to others? Must we, as Orbach manages to do, encounter the fire of the flame of a client’s trauma in moments of exquisite attunement, words left unspoken? The physical space of the clinical encounter denies the somatic mind, betrays somatic listening, when it is dominated by abstraction, by the clinician’s disembodied knowing.

Intergenerational Transmission

The source of turbulence is an ancestral world.

-Maurice Apprey

The impact of trauma is so often determined by what comes after the event itself.

-S. Gerson

At a recent 2013 conference (“The wounds of history: Trans-Generational transmission of trauma”), Jill Salberg proposed a “transgenerational turn” in contemporary psychoanalytic theorizing and practice (2013). The conference proceedings galvanized my initial interest in this thesis project. Much like other contemporary analysts today (Louis Aron (1998), Muriel Dimen (2001), Sam Gerson (2013), Dori Laub (2005), and Maurice Apprey (2013)), I am compelled to research the process and implications of intergenerational transmission of trauma in the clinical encounter. In varying capacities, the conference papers paralleled my own interest in examining the contours of trauma transmission as well as the possibility of witnessing and repairing the “unbidden emergence” of phantom legacies of trauma (Gerson, S., 2013).

To accomplish a reorientation around intergenerational transmission via what Maurice Apprey (2013) calls “transgenerational praxis,” conference participants widely argued for a model of mind that is relational and contextual. In other words, the “transgenerational turn” is a call to revise psychoanalysis to include a model of mind that acknowledges that it is relational, that we as individuals are constituted by each other. This signals a departure both from Freud’s model of mind as predominately intrapsychic in favor of an emphasis of interpersonal factors, specifically the impact of disrupted attachment across generations as a result of trauma transmission. The texture of trauma, Salberg argues, encompasses dysregulated affect, disidentified experiences and dissociative attunement passed from generation to generation manifesting as “blocked mourning” and other unexplainable symptomology (2013).

In order to accomplish repair via the clinical dyad, the clinician, many conference participants argue compellingly, must be alive and embodied as an empathically attuned witness for a client haunted by disavowed affect and trauma experienced by his/her ancestors. Interestingly, throughout the conference, the body was rarely named as a site for these transmissions. The notion of the body as crypt, as Abraham and Tortok (1994) so astutely named as the space of intrinsic ghostly holding, was remarkably absent. And so, future relational engagements with trauma transmission will benefit from a dyadic engagement with disavowed trauma held in the body as this project proposes. Still, the somatic implications of trauma transmission, especially in regards to the framework of alexithymia, were validated by theorizing about the importance of harnessing the transmitted legacies of our ancestors in order for individuals to heal. Maurice Apprey (2013), in his unpublished conference paper argues this brilliantly when describing transgenerational praxis:

The subject embodies the phantom that seeks to return, gives intentionality to the errand (Apprey describes an “errand” as a opportunity to fulfill an ancestral

mandate) and returns to oneself in the new public space of analysis. This new space is a reconfiguration that fosters healing and acknowledges the source of the internal turbulence as ancestral (n.p.)

As a result of my encounter with the conference, I not only experienced camaraderie. I also came to believe that important research, both empirical and theoretical, must continue in regards to intergenerational transmission of trauma, both in regards to mechanisms of transmission, but also in relationship to clinical means of assessing and bearing witness to this complex and often-elusive process. This research and subsequent clinical applications will require engaged and embodied witnessing in order for ghostly resonances of disavowed trauma to be known, held and repaired within an individual recipient of unbearable trauma transmission. It is my hope that the ongoing theorizing of such luminaries as Maurice Apprey, Sam Gerson, Dori Laub, Jill Salberg, Melanie Suchet and others will be recognized and integrated into empirical research and praxis within the psychoanalytic realm.

CHAPTER SEVEN

Returning

Hysteria

In 2001, Muriel Dimen, Adrienne Harris and other relational theorists set about to reflect on the evolving notion of Freud's hysteria in the clinical realm. The result of this reflection was the edited volume, *Storms in her head: Freud and the construction of hysteria* (New York: Other Press). In the introduction, Dimen discusses the fact that the "patriarchal core" of Freud's mode of domination in the clinical realm (especially as he related to hysteria) is reflected in his "enactment of the unilateral paternalistic authority of the physician" (p.6). Hysteria was understood by Freud as an indicator of (at best) rudimentary skills in symbolization (of the hysteric female client) that made the "talking cure," with its emphasis on transference issues, challenging (p.10). This is one reason, for so long, Joyce McDougall argues (1989), psychoanalysts refused to allow individuals with psychosomatic illness and/or alexithymia to engage in analysis. Freud himself related to his analytic work with hysterics as decoding the body. In other words, the "body was icon and text to be read as if by some anatomical dictionary that psychoanalysis was producing" (Dimen & Harris, p. 10).

My particular intervention in this reworking of Freud's notions of hysteria revolves around the question, posed by Maya Lang (2007) in her brilliant dissertation on depictions of hypochondria in literature,: If a body somaticizes its grievances, how do questions pertaining to the crisis of one body relate to the collective social body? Furthermore, can we as clinicians

tolerate this question within ourselves to the extent that we can hold, for a somatically distressed client, the complexity of their experience?

If the body is a relational construction, then perhaps its distress can also only be understood via relationship. Is it possible that, on occasion, there is no single repressed trauma that causes an individual to demonstrate medically unexplainable symptoms? Rather, if considered in a collective context, can one read the white female South African body as an almost inevitably traumatized and grief stricken body? When considered in relationship to other somatically distressed bodies, what meaning emerges? And where does the “blame” lie? Perhaps what is so compelling about somatic symptomology, as Lang asserts, is that it has a displacing quality and simultaneously demands interpretation and then refuses it. Freud’s client’s hysterical bodies spoke “in place of language and insight” and yet, placed in a relational context, this hysteric’s body evades diagnostic certainty and speaks to both the personal and collective past in the present materiality of the body (Lang, p.4).

Title

In the introduction to her book, *Bodies that matter: On the discursive limits of ‘Sex’* (1993), Butler admits to a sense of thematic failure, much as I have experienced throughout this project when she concedes, “I began writing this book by trying to consider the materiality of the body, only to find that the thought of materiality invariably moved me into other domains” (p.ix). She recalls the ways she tried to “discipline [herself] to stay on subject” but could not, to the point at which her colleagues would taunt her stating, “What about the materiality of the body Judy?” (p.ix). Much like Butler, I too tried to stay with the materiality of the body, only to find myself, like many clinicians, moving away from the discomfort of somatic manifestations. Butler navigated this tension by returning and reminding herself of her subject, of the body and

similarly, I have done the same. Over the course of writing this project, in my clinical work, I too have found myself trying to remember the body, mine and my client's. This project has highlighted the ways in which staying with the body, even the shared third space of the collective body, requires a confrontation with so much disavowal. It has begun to occur to me that it is a choice, a conscious strategy, to engage the materiality of one's body in the service of transformative and reparative clinical work.

The title of this thesis project, "What happens when the body matters?: An exploration of corporeal textualities in the life and work of two white South African authors and its implications for clinical social work practice" is a signal of a direct engagement with Judith Butler's theoretical work, in particular *Bodies that matter*. Butler's feminist and queer theorizing (greatly influenced by and engaged with psychoanalytic theories) on desire and gender, sexual identity and gender performance, violence and postcolonialism, and deeply complex questions concerning the complexity of bodies and identity, is likely one of the most influential since the late 80's in western cultural criticism.

Butler's theorizing is powerful and aims not only to deconstruct, but also in her questions, her challenging, she cultivates empowered frameworks for historically marginalized subjectivities to come more fully into being. In referencing Butler in my title, I hoped to align myself with her mission. Aside from elaborating a critical analysis of the role of the body in the intergenerational transmission of trauma, I am left wondering: where is the agency, the power, in my analysis? How can I connect to the ways that regulated bodies (especially female gendered bodies) have power in my last analysis? Given my project, I am wary of idealizing or symbolizing the gendered body, specifically the bodies of Lucy and Olive. In the place of these seeming sleight of hand poststructuralist theories of body and embodiment, one encounters the

materiality of the body, and in this case, the white South African female body in distress. It has not been my intention to wring hope out of a sick, hurting and demoralized body, nor has it been my intention to pathologize somatically preoccupied bodies as hypochondriacal, anxious and weak.

Lucy's response to her role as a white woman with a body in postcolonial South Africa is a complex one. In some ways she attempts, via her body, to complicate and reroute, much as does Butler, what agency in the new South Africa might mean in regards to reconciliation and transformation. Lucy's agency is located within her body and identity. She understands this and thus, she engages in somatic performativity, opening up the complexity and capacity of a white female South African body to possess power:

Performativity describes this relation of being implicated in that which one opposes, this turning of power against itself to produce alternative modalities of power, to establish a kind of political contestation that is not a 'pure' opposition, a 'transcendence' of contemporary relations of power, but *a difficult labor* of forging a future from resources inevitably impure. (Butler, 1993, p. 241, emphasis mine)

Conclusion

In *Bodies that matter*, Butler's first description of the necessary reformulation of the materiality of bodies is: "the recasting of the matter of bodies as the effect of a dynamic of power, such that the matter of bodies will be indissociable from regulatory norms that govern their materialization and the significance of those material effects" (Butler, 1993, p.2). What she and I argue is that, in essence, a somatically preoccupied body in distress is not simply representative, but IS the effect of the regulatory norms that govern its materialization. The colonial and postcolonial bodies of Olive and Lucy speak to the untenable, violent and troubled nature of the regulations of their contemporary South Africans.

In this project I have allowed the bodies of Lucy and Olive to matter, to “emerge as critical matters of concern,” mostly to rescue them from the normative and regulatory powers that tend towards disavowal when it comes to somatic distress (Butler, 1993, p4.). Sadly, as is evidenced in my professional clinical work as well as in my literature review, the pervasiveness of this disavowal implicates many practicing and training mental health professionals. While useful and inspiring, many discourses within psychoanalysis also serve a regulatory function in terms of formulating somatic phenomena.

When a clinician fails to see/look for the coherence, the story as it is behind the somatic symptomatology or distress, it indicates to the client the level of the clinician’s own dissociation, his/her own reluctance to see and have to hold, embody, legacies of atrocity, the far reaching impact of collective horrors (e.g.: Apartheid, the Holocaust). To demonstrate empathy then, to not disavow Lucy’s suffering after her rape, is to conjure up Olive. Olive’s symptoms, at the very least, beyond psychic trauma, indicate a desire for recognition. If somatic distress in white South African women remains a “wordless enactment,” without coherence, it is evident to me that history will repeat itself (Dimen, M. & Harris, A., 2001, p.9). In other words, the repressed guilt and shame, the violent desires, all that makes up the white female unconscious in colonial and postcolonial moments, left unattended, might re-emerge in more covert and aggressive ways with the repressed collective trauma, the alexithymia of the colonial predicament, leading to ongoing relational violence. The disavowed in all of us, left unacknowledged and unheard, will return.

It is in attending then, as Jessica Benjamin (2004) encourages, to the psychic wounds of the doer, the done-to and those parts in each of us, that can interrupt the ongoing violent resonances of the Holocaust or Apartheid. Curiosity about somatic distress is one avenue for this

attending. Relational and feminist theories assert that bodies/identities do not exist outside of a relational context. Therefore, a distressed body can indicate, as Stephen Clingman wrote in his review of Alexandra Fuller's memoir, the "madness" of the larger social context (2006). The charge I pose to mental health professionals therefore, is to find ways to be willing to explore these aggressive and violent disavowals articulated in somatic distress, lest we witness and contribute to the repetition of the horrors of colonialism and apartheid.

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