

**Therapeutic Theatre:
Trauma and Bodily Articulation in Post-War European Drama**

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Table of Contents

Abstract.....	i
Résumé.....	iii
Acknowledgements.....	vi
Introduction: Trauma, Therapy, and the Theatre.....	1
Chapter 1: Samuel Beckett and the Tinnitus of Silence.....	44
Chapter 2: Antonin Artaud: The Body as Trauma Archive.....	112
Chapter 3: The Traumatized Body as <i>Verfremdungseffekt</i> and <i>Theatre Event</i> : Bertolt Brecht and Edward Bond.....	148
Chapter 4: When the Body Screams Back: Sarah Kane's <i>Blasted</i>	184
Conclusion: Towards an Ethics of Authentic, Performative Empathy: The Trauma Body as Costume.....	217
Bibliography.....	231

Abstract

Post-war European dramatists, such as Samuel Beckett, Antonin Artaud, Bertolt Brecht, Edward Bond, and Sarah Kane generate bleak social landscapes that are haunted by individual and communal traumas. Their plays are grounded in the physicality of the body and convey the therapeutic value inherent in performance. It is often the small bodily sounds, such as a war veteran's noise-induced tinnitus, screams, epileptic fits, stuttering, or the simple sound of human breath that evoke, perpetuate, and arguably also counteract and release trauma. I explore how the characters in the plays and the actors on stage speak back to traumatic experiences through their own traumatized bodies. Examining the idea of performance as a therapeutic art form, this dissertation suggests that the body on stage literally and metaphorically "screams back" to trauma by emitting a countermelody of agency and resistance that is shared with the audience. Trauma cannot be fully healed, but it can be articulated and communicated through the body. Even posttraumatic reverberations or murmurs of the body—moments when trauma is perpetuated and repeated rather than counteracted—manage to articulate pain through an auditory gesture of memorialization.

The body on the post-war European stage suffers from various posttraumatic symptoms, but healing and processing happen through the body, as well. The performance stage becomes a platform for somatic intervention and resistance, and, as a marker of presence and survival, the body acts as an anchor and resource in trauma healing. Exploring Beckett's, Artaud's, Brecht's, Bond's, and Kane's plays as both literary texts and performance works through close readings, reviews, audio and video recordings, I study how trauma interpenetrates multiple levels and travels from the page, to the stage, and then finally to the audience.

Given that these playwrights explore the link between trauma and bodily articulation and deconstruct the line between deliberate acts of agency and accidental bodily responses, they suggest that the psychological and physical effects of trauma are closely interconnected. These bodily countermelodies and “object voices” —manifestations of Lacanian *objets a*—both reenact and release trauma. The processing or transference of trauma occurs through a form of self-healing by listening to the body’s countermelodies and through a visceral trauma transference with the spectator, who feels the trauma physically in his own body. Trauma, at a psychological level, always happens at a distance from the body, and the representation and release must occur through equal amounts of closeness and distance, too. Since traumatized individuals are always “actors” and the bodies they inhabit are alienating “costumes” they feel obliged to wear, the act of reclaiming the body often happens through play-acting or an exchange with the spectator so the traumatic experience’s temporal momentum can be slowed down and processed. Intervention and resistance often only occur when the audience itself is traumatized by the performance and ends up “speaking back” to the trauma by coughing, screaming, laughing, or walking out of the theatre during the show.

Moving away from the realm of talk therapy, my dissertation highlights the significance of reclaiming the body and listening to its countermelodies. Beckett, Artaud, Brecht, Bond, and Kane explore the same issues and ideas with regard to the processing, representation, and healing of trauma as psychologists and therapists who specialize in the recently more common body-centered approaches to posttraumatic stress disorder. Thus, my project participates in a recent, interdisciplinary ontological shift. It is grounded in various traditional psychological approaches

to trauma (Freud, Lacan, Caruth), but it also reflects the current interdisciplinary emphasis on the body in new experimental, body-oriented treatments for posttraumatic stress disorder.

Résumé

Les dramaturges européens de l'après-guerre, tels que Samuel Beckett, Antonin Artaud, Bertolt Brecht, Edward Bond et Sarah Kane, façonnent des paysages sociaux particulièrement mornes où les traumatismes tant sociaux que collectifs prédominent. Leurs pièces sont ancrées dans la réalité physique du corps et mettent l'accent sur la valeur thérapeutique inhérente à la représentation théâtrale. Ce sont souvent les sons émis par le corps – comme l'acouphène d'un vétéran de guerre, les cris, les crises d'épilepsie, le bégaiement ou, tout simplement, le bruit de la respiration – qui évoquent et perpétuent les traumatismes, voire les neutralisent ou permettent de les évacuer. Cette thèse examine la manière dont le corps traumatisé des personnages de théâtre et des comédiens sur scène réagit aux expériences traumatiques qu'il a vécues. Explorant l'idée de la représentation théâtrale comme un type d'art thérapeutique, je suggère que, sur scène, le corps « répond » littéralement et métaphoriquement au traumatisme en produisant et en partageant avec l'auditoire un contre-chant qui est la manifestation d'une volonté propre ainsi qu'une forme de résistance. S'il est impossible de se remettre complètement d'un traumatisme, le corps permet toutefois de l'exprimer et de le communiquer. Même les « échos » post-traumatiques – les moments où un traumatisme se perpétue et se répète au lieu d'être neutralisé – permettent d'exprimer la douleur au moyen d'un acte de mise en mémoire sonore.

Dans le théâtre européen de l'après-guerre, le corps souffre de divers symptômes post-traumatiques, mais il est également le centre du processus de guérison et de gestation. La scène devient un endroit qui favorise l'intervention et la résistance somatiques, tandis que le corps, en

tant qu'indice de présence et de survie, sert à cibler et à faciliter la guérison. Prenant en considération, à partir d'analyses de textes, de comptes-rendus critiques, d'enregistrements audio et vidéo, les pièces de Beckett, d'Artaud, de Brecht, de Bond et de Kane en tant qu'œuvres littéraires et scéniques, j'étudie comment le traumatisme se manifeste à des niveaux variés et navigue de la page à l'auditoire en passant par la scène.

Ces dramaturges, en réfléchissant au lien entre le traumatisme et son expression corporelle et en mettant à mal la frontière entre acte délibéré et réaction accidentelle, suggèrent qu'il existe une forte corrélation entre les effets physiques et psychologiques du traumatisme. Ces contre-chants corporels et ces « voix-objets » – manifestations de l'objet a lacanien – reproduisent le traumatisme tout en permettant de l'évacuer. La gestation et le transfert du traumatisme sont rendus possibles par une forme d'autoguérison basée sur l'écoute des contre-chants du corps et par un transfert viscéral vers les spectateurs, qui font à leur tour l'expérience du traumatisme dans leur propre corps. Sur le plan psychologique, le traumatisme se produit toujours à distance du corps. Or cette mise à distance est également nécessaire à sa représentation et à son évacuation. Puisque les individus traumatisés sont toujours des « comédiens » et que les corps qu'ils habitent ne sont que des « costumes » aliénants qu'ils se sentent contraints de porter, la réappropriation du corps passe souvent par l'expression théâtrale ou un échange avec l'auditoire afin de freiner le surgissement de l'expérience traumatique et d'appréhender celle-ci. Bien souvent, ce n'est qu'à partir du moment où ils sont eux-mêmes traumatisés par la représentation que les spectateurs interviennent et résistent : en « réponse » à cette expérience, ils finissent par tousser, par laisser échapper des cris ou des rires, ou encore par quitter le théâtre au milieu de la pièce.

S'éloignant du domaine de la thérapie par la parole, ma thèse met l'accent sur la réappropriation du corps et l'écoute de ses contre-chants, ce qui constitue une approche nouvelle du traumatisme dans les études littéraires et théâtrales. À l'égard de la gestation, de la représentation et de la guérison du traumatisme, Beckett, Artaud, Brecht, Bond et Kane soulèvent les mêmes problèmes et développent les mêmes idées que les psychologues et les thérapeutes qui ont recours à des approches récentes, centrées sur le corps, pour traiter le trouble de stress post-traumatique. Ainsi, quoiqu'il trouve son origine dans diverses conceptions psychologiques du traumatisme (Freud, Lacan, Caruth), mon projet participe également à un changement paradigmatique pluridisciplinaire.

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Introduction:

Trauma, Therapy, and the Theatre

One central question motivates my dissertation: How do post-war European playwrights respond to trauma, trauma that cannot be articulated in words? They use the body as a voice with which to speak back to trauma. Through the linguistic failures and silences on stage, we “hear” the post-traumatic echoes and countermelodies of the body. Post-war dramatists such as Samuel Beckett, Antonin Artaud, Edward Bond, Bertolt Brecht, and Sarah Kane frequently generate bleak social landscapes that are haunted by traumas. Cathy Caruth argues that trauma “HAS NO PLACE, neither in the past, in which it was not fully experienced, nor in the present, in which its precise images and reenactments are not fully understood” (153). Indeed, the five playwrights mainly stage the condition of trauma rather than the specific traumatic events. In many instances, small bodily articulations and re-enactments, such as a war veteran’s noise-induced tinnitus, hyperaware, racing heartbeats, broken laughter, epileptic fits, physical tics, stuttering, stammering, silent screams, or the simple sound of human breath both evoke and release psychological or physical trauma. I will demonstrate how the characters rework and speak back to traumatic experience through their own traumatized bodies. The body on stage both literally and figuratively “screams back” and “says no” to trauma by emitting an engaged countermelody of agency and resistance that is shared with the audience. The body stares at the audience in much the same way a trauma therapist stares back at their patient in silence. Depending on the performance, the spectator experiences the performance as therapeutic or ends up traumatized and contaminated himself. In both cases; resolving or releasing the trauma is attempted through the traumatized body itself on the theatrical stage.

Each of my chapters will explore what happens to trauma as it transitions from writing, to performance, and to audience. Considering the dramatic texts and some of the various performances of the plays, my dissertation examines theatre reviews, audience responses, and recordings of various performances to answer the question as to how the body speaks back to trauma on the stage. Depending on the availability and accessibility of the various recordings of the performances, some of the chapters rely heavily on video and audio recordings while others focus primarily on performance reviews and performance theories in addition to the dramatic texts. Having consulted and examined audio and tape recordings of the plays at the British Library Sound Archive, The Beckett Archive in Reading, and the Royal Court Archive in London, the Beckett, Bond, and Kane chapters draw on these recordings and theatre reviews of the performances. Some of the other sections and chapters; however, such as the section on Brecht and the Artaud chapter, in particular, focus primarily on performance theory rather than various accounts of actual performances.

By examining the link between trauma and bodily articulation, my dissertation stresses the interconnectedness between mind and body in relation to the workings of trauma. I argue that while the trauma cannot be expunged, it can be reworked, mediated, and redirected if language is no longer used as a means of representation. In their representations of trauma, these playwrights seem to suggest new ways of reconnecting with the traumatized body, a traumatized “other” body that no longer belongs to the self but also does “not not” belong to the self. At the heart of the theoretical framework that I am constructing in my dissertation lies the idea that the experience of trauma—and I mean both on or offstage—is essentially a journey away from one’s body. Trauma is too overwhelming to integrate into one’s concept of the self, and it follows then that the act of transcending or working through the trauma must also then be a journey back into

that body as well. I would like to explore how Beckett, Artaud, Bond, Brecht, and Kane press us to re-think the status of the body with regard to dramatizations of trauma on the post-war stage. Indeed, for these playwrights, the psychological and physical effects of trauma are closely interconnected in two ways: for example, while a war veteran's physical disability causes psychological symptoms of post-traumatic stress disorder, traumas of a predominantly psychological nature also cause somatic symptoms. It is striking that this bodily hyperawareness and these symptoms not only reenact and intensify the trauma but also sometimes suggest processing, healing, release, and resistance.

I am interested in what happens when the body says no to trauma because the dramatization of bodily sounds seems to suggest the possibility of “drowning out” the primary trauma through the body's own *countermelody*. In other words, the body does not simply perform audible symptoms; in fact, the melody it emits exerts a kind of resistance. Throughout my dissertation, I will distinguish between bodily reverberating echoes and bodily countermelodies, while focusing on the latter term. Reverberations or echoes are murmurs that signify the repetition of trauma while countermelodies are therapeutic sounds with agency that suggest healing and processing. The Oxford Companion to Music Online defines a countermelody as “a melodic line...which is subordinate to, and combines contrapuntally with, a principal line.” It is a secondary melody that is often played simultaneously with the primary melody. It speaks back to it and answers to it. In my dissertation, bodily countermelodies scream back to the original traumatic voice, releasing, redirecting, and modifying the original traumatic experience. I focus on a musical term and musical connotations in this project, because sound seems to be the preferred modality for intervention on the postwar European stage. However, by sound, I mean organized sound—a structured sequence of sounds rather than chaotic,

overpowering noise. Trauma is, by definition, a somewhat overwhelming and chaotic experience—it needs to be structured and contained, and I argue that the body stage contains and structures it musically. The voice of trauma echoes and resounds; it articulates and communicates with the audience. The bodily counter melodies I examine are counter voices of agency—agency in my argument means trauma processing, resistance, and defiance. I employ the term often within the context of my discussions of the relationship between distance from and closeness to traumatic experience. Releasing a counter melody of agency often involves achieving the right amount of distance from the traumatic experience in order to process it in a way that is not overpowering, chaotic, or overwhelming. Agency, thus, frequently refers to the ability to modify or redirect the narrative of the trauma through a secondary bodily voice of resistance and refusal—a voice that screams back to the trauma. My project participates in a recent ontological shift. It is inspired by traditional psychological approaches to trauma (Freud, Lacan, Caruth, Laub, Vickroy), but ultimately takes a step away from the talking cure by considering new research on body-oriented therapies. Researchers and clinicians, who specialize in post-traumatic stress disorder, such as Bessel van der Kolk, Pat Ogden, Kekuni Minton, and Clare Pain, emphasize direct somatic interventions, mindfulness, or even physical walking exercises on a treadmill as treatment approaches in trauma studies.

In my dissertation, I draw on different disciplines, such as Lacanian psychoanalysis, trauma theory in literary studies, contemporary psychiatric trauma research, and experimental approaches to posttraumatic stress disorder therapy. I also draw on performance studies, reception and affect theory, literary critical approaches, poststructuralism and deconstruction, and theatre studies and theatre history. I see my project making its most significant contribution to interdisciplinary fields in the humanities and the social sciences, such as drama therapy and

the intersection between psychology and drama studies. My work also attempts to draw special attention to the significance of trauma theory specifically with regard to Beckett, Artaud, Bond, Brecht, and Kane Studies.

While some theatre projects deal with concrete war traumas, such as the war trauma project on ancient Greek theatre¹, my work draws on both concrete and abstract conceptions of the term “trauma.” I examine concrete primary traumas, such as abuse or rape, and more abstract, evasive traumas of the real, such as the trauma of birth (Beckett) or the trauma of existing within the symbolic realm (Artaud). My dissertation, in fact, deals with a diverse series of representations of trauma. It employs the Lacanian real rather than the term trauma whenever the characters in the plays seem to suffer from a double trauma, such as an abstract or existential sense of alienation. However, they also experience very specific traumatic incidents. Beckett examines trauma in more abstract terms as it can often no longer be remembered by the characters or is located offstage. The *condition* of trauma; however, manifests itself through posttraumatic physical and psychological symptoms of pain. In Brecht’s and Bond’s plays, the term trauma seems more fitting than the Lacanian real, because of my emphasis on specific war trauma events. Overall, I would like to stress that my project complicates the notion of the term “posttraumatic”—I examine and stress representations of the *condition* of trauma rather than specific primary traumatic events. My work analyzes primarily the various posttraumatic bodily symptoms, which I read as manifestations of exposure to *several* different traumatic events—both concrete and abstract.

While my project looks at the talking cure critically, it does recognize its value to a certain extent. I agree that trauma needs to be communicated, voiced, and shared, but the

¹ <http://www.outsidethewirellc.com/projects/theater-of-war/overview>

“talking” that the talking cure on the performance stage needs is a talking beyond words. I focus on the sound or “voice” of trauma rather than its image or “gaze” because trauma needs to be communicated and voiced, like the talking cure suggests. However, it is often not voiced through the realm of language. Moreover, the reason why my project prioritizes sound or voice over image, visuals, and gestures of the body is because the experience of trauma is not linear, static, tangible, or fixed. Mladen Dolar agrees that “the voice is elusive, always changing, becoming, elapsing, with unclear contours, as opposed to the relative permanence, solidity, durability of the seen” (*A Voice* 79). Indeed, trauma is not a solid event or entity; it is often inaccessible, porous, and in a constant process of becoming. Dolar further explains:

The scission of the eye and the gaze, as the section dealing with the gaze is called in Seminar XI, means precisely that the gaze is the point where the distance crumbles, where the gaze is itself inscribed into the picture, as the point where the image ‘regards’ us, looks back at us... The illusion of distance has to be unmasked as an illusion, while with the voice the problem tends to be the opposite ‘how to establish a distance at all, to draw the dividing line between ‘the interior’ and the external world. Where does the voice come from? Where do we hear it? How do we tell the external voice from the voice in the head? (80)

The voice or sound of trauma— rather than the gaze—more closely depicts the temporal and physical workings of trauma. Trauma is always inherently a problem of distance—its boundaries between the realms of the interior and the external world are unclear and hazy. If approached too closely through the gaze, trauma appears too overwhelming to be grasped. Moreover, in Beckett’s, Artaud’s, Brecht’s, Bond’s, and Kane’s work, trauma often inhabits the realm of the unseen—the realm of offstage—and all that is accessible is the echo or reverberation of a

ghostly, strange, and abject voice that is almost artificially attached to a body. This is made very clear in the two radio plays by Beckett and Artaud, which I will analyze in chapters one and two. The body in a radio play is literally invisible and absent. Beckett's, Artaud's, Bond's, Brecht's, and Kane's traumatized bodies are never silent; they engage the spectator in an act of transference. The spectator speaks back to the traumatic representations through his own words beyond words—for example, through bodily sounds, such as laughter and coughing. When I refer to the sound of silence in the theatre, I refer to whatever sounds the audience makes during those silences. A theatre space is never completely silent as the spectator in the audience always fills it through coughing, clearing one's throat, or even simply through sighing and breathing loudly. And these sounds speak back to the characters' traumas. A non-verbal conversation is created between the spectator and the actor/character and a trauma transference occurs.

Beckett, Artaud, Brecht, Bond, and Kane depict the body on stage in situations of suffering and coercion and also as subject to trauma and violence. They are united by their stylistic similarities and are all acknowledged as highly formalist playwrights with fraught, antagonistic relationships to language itself; their work is grounded in the physicality of the body. While Beckett, Artaud, and Kane are the representative European playwrights of "embodied experience" in the second half of the twentieth century, Bond's and Brecht's theatre is primarily a theatre of the mind. Despite Bond's and Brecht's focus on the significance of "reason" in the theatre, like Beckett, Artaud, and Kane, they end up affecting their spectators' senses in visceral ways. Bond's and Brecht's plays expose a gap in signification that needs to be filled by the spectator and, more specifically, by the spectator's bodily responses and contributions to the performance, such as laughing, screaming, coughing, or the simple fact of walking out of the theatre during the show. Laurens de Vos argues that "Beckett's influence

looms large in Kane's work" (55) while also pointing out the "Artaudian" (11) images in her plays. Bond was heavily influenced by Brecht, and, as De Vos argues, Bond also influenced Kane: "Kane's admiration for Bond's work was profound...[*Saved*] shares many uncanny similarities with *Blasted*" (24). Moreover, Graham Saunders and Elizabeth Barry establish clear links between Beckett and Kane, and John Brannigan compares Kane to Artaud. He states: "Kane's play does not just depict trauma, but seeks to induce trauma in the audience...Kane's method borrows from Artaud" (155). They conceive of the representations of trauma as having the potential to affect and possibly "contaminate" the audience on a visceral level. Beckett describes his intention to "work on the nerves of the audience, not its intellect" (Hutchings 87), and Artaud believes that theatre needs to "wake us up: nerves and heart" (TD 84). Like Bond, Kane emphasizes that, for her, theatre is visceral. Above all, I believe that all five playwrights demonstrate a profound interest in depicting the impact of trauma on the body on the post-war stage while also inducing a traumatic experience in the bodies of the spectators.

My dissertation attempts to complicate the binary between deliberate acts of agency and accidental or involuntary bodily responses. Since trauma theorists like Cathy Caruth, as well as contemporary psychologists and researchers who study post-traumatic stress disorder and its body-centered approaches, stress that one cannot separate the mind from the body, the line between conscious actions willed by the mind and involuntary or unconscious actions expressed through the body becomes blurred. Trauma researcher Van der Kolk argues that

the current discoveries in the neurosciences about the automatic activation of hormonal secretions, emotional states, and physical reactions in response to sensory input have once again confronted psychology with a reality that was first emphatically articulated by Freud: that most human actions and motivations are

based on processes that are not under conscious control. The implications of these discoveries are particularly relevant for understanding and treating traumatized individuals. Realizing that they are prone to activate automatic trauma-related hormonal secretions and physical action patterns clarifies why they would tend to respond to certain triggers with irrational...responses that are irrelevant and even harmful in the context of present demands. They may blow up in response to minor provocations, freeze when frustrated, and become helpless in the face of trivial challenges. (*Trauma and the Body* XX)

The various forms of bodily response in Beckett's, Artaud's, Bond's, Brecht's, and Kane's plays appear to bridge the gap between the mind and the body, and it is important to deconstruct the two forms of bodily articulations of trauma that these playwrights dramatize: deliberate and accidental voices of the body. Examples of deliberate voices of resistance, release, and refusal include a character's screams and cries for help or the uncomfortable sound of silence following a character's refusal to laugh at his own trauma. On the other hand, tinnitus, epileptic fits, and hiccups can be categorized as "accidental" voices. I would like to demonstrate that the unconscious and conscious realms work together with regard to the workings of trauma. Thus, to answer Dolar's question as to whether "hiccups [can] be a philosophical statement" (*A Voice* 25), I respond that, in the case of Beckett's, Artaud's, Bond's, Brecht's, and Kane's work, they are philosophical and psychological statements, and perhaps expressions of subjective agency and trauma releases that reclaim the body on stage.

While I do not wish to argue that traumatic processing and healing can *only* or *exclusively* occur on an unconscious, visceral level through the affective qualities of the traumatized body, I would like to underline that, in their representations of trauma, Beckett, Artaud, Brecht, Bond,

and Kane seem to recognize the crucial role of reclaiming the body as a form of anchor to hold onto. When it comes to representing traumatic experience, transcending it, and drawing attention to the importance of its “ethical” remembrance, the body must not be neglected. The visceral representation of the traumatized body on stage has the capacity to move the audience in a way that a purely linguistic representation, which solely targets the audience’s mind, cannot. Trauma is released through the body on stage, which instigates an affective exchange between spectator and character. As Jennifer L. Griffiths aptly points out, “one should perhaps not speak of traumatic events, but rather of traumatic affects” (4). While Erin Hurley argues that “theatre’s emotional labour also performs social work” (10), I would like to add that the traumatized body on stage performs ethical work², a form of ethical work that, like affect, is “unruly [and] happen[s] against our will” (Hurley 14). The traumatized body is indeed, what Hurley calls, a “feeling body” (16). It generates affect and it does so through unconscious processes. As Hurley points out: “affect happens to us...and yet happens through us (it is the body regulating itself via the activation of certain organs, processes or responses, or when we shiver in the cold)” (22). Affect and the body are inherently linked in that “feelings are bodily responses” (Hurley 23). Babette Rothschild asserts, “that emotions are connected in some way to the body should come as no surprise...we feel anger in the shoulders...sadness in wet eyes...a lump in [the] throat” (57). She argues along the same lines:

a gut feeling is a summation of the internal sense. It is the internal sense that helps to identify and name our emotions. Each basic emotion—fear, anger, shame, sadness, interest, frustration, or happiness—has an accompanying set of discrete

² By “ethical work,” I mean primarily the work of memorialization and remembrance. The body exerts a kind of resistance to traumatic events.

body sensations, stimulated by patterned activity in the brain. This biology of emotion in the body and brain is called affect. (42)

It thus follows that trauma, too, is a bodily expression of emotion and needs to be approached as such on the stage.

As mentioned, I will distinguish between two post-traumatic voices of the body: murmurs (echoes or reverberations) and therapeutic counter melodies. While only the counter melodies allow for the possibility of healing and releasing some of the problems associated with trauma, both instigate a “conversation” with the audience because they manage to articulate and represent the trauma. They signify the first stage of processing because trauma is no longer silenced and the representation occurs outside of the symbolic realm of language. For example, sounds with agency that suggest healing are dramatized in Samuel Beckett’s *Not I* (1972). While one can see Mouth’s constant sound of tinnitus—her ringing in the ears—as a form of disturbing torture signifying her victimization and her body’s breakdown, I suggest a different reading.³ Her tinnitus reinforces this confrontation with mortality because the continuous noise of her body’s inner fluids reminds her of her mortality, but it also distracts from the traumatic encounter and drowns it out. In fact, the tinnitus sound of her trauma becomes a marker of life, presence, and of being alive—a reminder that she has survived trauma. It seems that Mouth is even afraid of pure silence, of “no sound of any kind” (410), since silence here represents death. She does not want “the buzzing...the constant buzzing” (411) to stop, because her tinnitus represents life after trauma. She thinks of the sound as superior at communicating the traumatic story and states that her tinnitus “[is] begging the mouth to stop” (410) its failed attempts at narrating the trauma

³ Her ringing in the ears may be a symptom of acoustic trauma possibly related to hearing damage on the battlefield. Critics have also read it as a psychologically induced post-traumatic stress response due to a possible rape that may have happened off-stage. Rather than trying to find a concrete source for Mouth’s trauma, I would like to stress that the play dramatizes the ongoing experience of the self-as-trauma through constant confrontations with mortality.

through the realm of language. Trying to transcend trauma and refusing to be silenced, Mouth “composes” a potentially healing counter melody through her body—the ringing in the ears. Similarly, while one could read Cate’s epileptic fits in Sarah Kane’s *Blasted* (1995) as a form of bodily collapse, a physical shut-down, which instigates another form of trauma that repeats and intensifies her primary trauma—vaguely related to verbal and physical abuse—they also generate a parallel narrative space that allows one to engage with the trauma from a distance. Moreover, Cate herself does not experience the epileptic fits as traumatizing. While Ian is troubled by these near-death experiences, she is not. For her, the fainting spells represent a temporary suspension or interruption from the traumatic events.

So what happens to this visceral processing and healing of trauma then as it transitions from the page to the stage? I suggest that the stage itself plays a particularly important role in this emphasis on the body conveyed by these representations of trauma. Starting from Artaud’s notion of theatre as a curative apparatus of absolute presence, it seems that all the playwrights mentioned above recognize the therapeutic potential inherent in performance. The traumatized body engages and stares back at the audience in the same way in which the trauma therapist stares back at the patient in silence.⁴ The spectator in the audience engages with the traumatic representations through an act of transference. Dolar states that “the analyst is hidden...outside

⁴ For example, see Bruce Fink. *Fundamentals of Psychoanalytic Technique: A Lacanian Approach for Practitioners*. New York: W.W. Norton, 2007. 1-24. Print. Moreover, see also Dolar, who argues that “the silence of the drives is closely connected to the silence of the analyst...The function of the analyst’s silence is to interrupt...to introduce a break...to cut short the endless poetry of the unconscious...the moment the analysand hears his or her own voice against the backdrop of that silence, there is a structural effect which we could call the *dispossession of the voice*...the analyst is placed in the realm of the Other supposedly holding the knowledge which will offer a guarantee to help the analysand out of his or her troubles...the voice comes back to us through the loop of the Other...The subject always gets his own message back in an introverted form: the message that one gets back in response is the voice...The void produces something out of nothing, albeit in the form of an inaudible echo. We expect a response from the Other, we address it in the hope of a response, but all we get is the voice” (Dolar 157-160).

the field's vision" (*A Voice* 161).

Although the body on stage does not always speak back to trauma verbally, it affects the audience viscerally and encourages the spectators' bodies to speak back to the silenced trauma. As I have stated above, while the body remembers the trauma through various symptoms common to post-traumatic stress-disorder, it also releases it. The release is depicted in the dramatic texts themselves, but it is even more prominent in performance as the audience is implicated as well. In Brecht's and Bond's work, in particular, the audience is necessary for the release, but, to a certain extent, all five playwrights recognize the importance of implicating the audience in this traumatic "exchange." While in the dramatic text the body tries to contain traumatic experience, it expels it on stage. The body can purge the trauma on the stage so that the "fullness" and affective intensity of the traumatic experience reaches out to the spectator. In the theatre, the release happens through equal amounts of closeness and distance with regard to the representation and processing of traumatic experience. More specifically, this happens in a twofold way 1) through communication and reception or, in other words, through communicating and contaminating the spectator, who becomes a witness to the trauma 2) through a visceral, real, and unmediated Artaudian presence of the traumatized body in pain, a traumatic pain experienced by, as Martha Graham would call it, a body that unlike language "does not lie" (qtd. in Lugering, *The Expressive Actor* 49). In other words, the liminality of this area constitutes a distance from which to process traumatic experience. The doubled space acts as a safe window from which to observe traumatic events. Thus, I argue that the experience of a spectator watching a play in the theatre is not unlike the relationship of a traumatized person to their own body. The body of a traumatized person is an alienated, foreign, abject body. Caroline Garland recalls Freud's thoughts on hysteria, which describe a similar experience of a foreign,

alienated body:

Hysterics, he said in 1893, repress the memory of certain very intense or painful experiences, as well as cutting off the feeling associated with those experiences, preserving it in a “strangled” state (i.e. bottling it up). The feeling then makes itself visible via “hysterical symptoms” (i.e. symptoms for which there is no detectable organic cause), which also manage to be symbolic of the repressed memory. The conclusion he reached is that catharsis cures: once the original events are brought into consciousness, most importantly along with all the original intense feeling that accompanied it, the symptoms will disappear. Until that point, “the psychical trauma”—or more precisely the memory of the trauma—acts like a foreign body, which long after its entry must continue to be regarded as an agent which is still at work. (13)

In addition to practicing talk therapy, Freud believed in accessing and re-enacting the original traumatic memory through both free association and physical touch, more specifically by touching the patient’s head.⁵ While Freud believed in the healing powers of physical touch and recognized that hysteria manifests itself primarily through physical symptoms, he believed that the talking cure and honest, authentic verbal expression would ultimately be the main source of healing, which current body-centered trauma therapy no longer values to the same extent. My project participates in that shift in that it takes a somewhat critical stance towards talk therapy. More specifically, the talking cure loses its validity within the realm of performance, because “authentic” verbal expression is rendered secondary and no longer holds primary importance. I claim that traumatized subjects—on and offstage—are “actors” and the bodies they inhabit are

⁵ See Sigmund Freud, and J. Breuer. *Studies on Hysteria*. Vol. 2. Trans. James Strachey. London: Vintage and the Hogarth P, 1895. 268–272.

alienating “costumes” they feel obliged to wear. I argue that the act of working through, processing, healing, intervening, and resisting requires taking off that costume while wearing it at the same time. In fact, it is, perhaps exactly the lack of “authenticity” and the “dishonesty” of theatrical performance, which provides the necessary distance to talk about trauma in a way that does not overwhelm the spectator. The plays *create* distance on the part of the character so the trauma narrative can be grasped, slowed down, managed, and processed, but they also *negate* the distance between character, actor, and spectator through an act of transference or therapeutic bodily sound exchange with the audience that breaks the fourth wall.

Since, within the realm of the stage, the original primary trauma can never be uncovered due to the fact that it is always already a copied “performance” of original trauma, the idea of uncovering the original source of the trauma—in the sense of it being a fixed entity that is firmly located within a past moment in time—is rendered irrelevant. It exists and remains within a realm of otherness, which provides more hope for healing through that otherness and distance. With regard to the body on stage then, it can be said that the “other” traumatized acting body oscillates within the doubled space of the stage; it belongs to the self but cannot be recognized as such. It is “not I,” but also “not not I” that is traumatized. Similarly, a spectator watching a play may experience a sense of distance, awkwardness, and a refusal to suspend disbelief. While the trauma reenacted on stage seems sometimes unreal, inauthentic, and foreign, the traumatized body “does not lie” and affects the spectator in a real, visceral way. Moreover, since the stage is a space of mimesis, the trauma that is reenacted through performance occurs by definition within a safe mental space. However, the traumatic reenactments are perceived as “not not real,” because of the “real” affect conveyed by the performance.

Definitions of Trauma

Since I draw on both traditional approaches to trauma in literary studies, such as Freud, Lacan, Caruth, Laub, and Vickroy, as well as new contemporary body-oriented therapeutic approaches and research related to posttraumatic stress disorder that are less commonly considered with regard to representations of trauma in literary and theatre studies, I will provide a more detailed account of varying definitions of trauma. I believe that combining all these theories will give the most accurate and up-to-date account of how trauma is defined. While trauma theorists Laub, LaCapra, Vickroy, and Caruth focus mostly on representations of major historical traumas, such as the Holocaust, others, such as Judith Herman, focus on questions of recovery. Within the literary or theatre community, questions of representation are more commonly dealt with than possible avenues for recovery. This dissertation will explore both with an emphasis on recovery, release, and “bodily countermelodies” to traumatic experience.

So what exactly is trauma? The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V) states that “posttraumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more traumatic events” (274). It involves “recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)...[a] persistent avoidance of stimuli associated with the traumatic events [and]...negative alterations in cognitions and mood” (271). The traumatized individual also shows “[m]arked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)” (271). Furthermore, the DSM explains that the

intense psychological distress...or physiological reactivity...often occurs when the individual is exposed to triggering events that resemble or symbolize an aspect of the traumatic event (e.g., windy days after a hurricane; seeing someone who

resembles one's perpetrator). The triggering cue could be a physical sensation (e.g., dizziness for survivors of head trauma; rapid heartbeat for a previously traumatized child), particularly for individuals with highly somatic presentations (Friedman et al. 2011)...some individuals also experience persistent dissociative symptoms of detachment from their bodies (depersonalization) or the world around them (derealization); this is reflected in the "with dissociative symptoms" specifier. (275-276)

Caroline Garland further points out that

it is because it is overwhelming and incapacitating, and cannot be managed psychically, that an event can be defined as traumatic. Flexible and creative thought is replaced by nightmares, flashbacks and at times unconsciously driven re-enactments of the event...The experience cannot, in the usual way, be contained in the mind through thought. (64)

Trauma theory argues that traumatic events cannot be contained as they contaminate and affect the listener through secondary exposure. Dori Laub examines "the imperative to tell" (60), suggesting that "the survivors did not only need to survive so that they could tell their stories, they also needed to tell their stories in order to survive" (61), while at the same time pointing out "the impossibility of telling" (61). Jennifer L. Griffiths believes that this telling, therefore, occurs through the body. She explains the need for a witness and what she calls a "testimonial encounter" (2) that happens on a bodily level:

The event becomes known through the process of telling the story to a listener, 'who is...the blank screen on which the event comes to be inscribed for the first time.' Testimony, therefore, depends on a relationship and a process between the

survivor and the witness, as memory emerges and reunites a body and a voice severed in trauma. These fractured pieces of the survivor's self come together in the reflection of the listener, and memory comes into meaning through this bodily transaction, rather than simply by creating a narrative in language. (2)

Likewise, Laurie Vickroy argues that trauma narratives “position their readers in ethical dilemmas analogous to those of trauma survivors” (1). If one reacts to the story with silence and neutrality, one would become an accomplice.

Contemporary trauma theory frequently draws on Freud, but it no longer links every traumatic event back to childhood traumas. Griffiths suggests that

if contemporary trauma theory marks a departure from Freud by including a possible deconstruction of the classical psychoanalytic model, trauma studies can answer Hortense Spiller's call for a ‘psychoanalytic cultural criticism, or psychoanalytics’ that ‘would establish the name of inquiry itself as the goal of an interior intersubjectivity...as the locus at which self-interrogation takes place.’ (4)

However, contemporary research on post-traumatic stress disorder still draws on certain traditional psychoanalytical ideas. Trauma is, according to Freud, “an experience which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with” (*Introductory Lectures* 275). Caroline Garland points out that

although ‘Mourning and Melancholia’ (1915b) is not in fact about trauma, this paper, together with ‘Beyond the Pleasure Principle’ (1920), and the revised view of the nature of anxiety, provide the basis for all later psychoanalytic developments in the fields of trauma. (18)

Although Freud's work tends to focus on events that are not necessarily deemed "traumatic" today, contemporary trauma therapy also includes psychodynamic therapy and body-oriented cognitive-behavioral therapy. As Garland further points out, trauma, according to Freud, is a kind of wound:

[w]hen we call an event traumatic, we are borrowing the word from the Greek where it refers to a piercing of the skin, a breaking of the bodily envelope. Freud (1920) used the word metaphorically to emphasize how the mind too can be pierced and wounded by events, giving graphic force to his description of the way in which the mind can be thought of as being enveloped by a kind of skin, or protective shield. (9)

Freud's conception of trauma as a "breaking of the bodily envelope" is significant for this dissertation. Rather than framing it as a feeling that is primarily emotional in its manifestations, Freud thought of it in bodily terms similar to current body-oriented approaches to the treatment of post-traumatic stress disorder.

Lacan's concept of the real and *objet a* are equally important for they demonstrate the somewhat abstract, illusive, always out-of-reach quality of traumatic experience. Trauma is not an event that can be fully understood, and the Lacanian trauma of the real conveys this incomprehensibility. The real is unrepresentable and unthinkable and as such cannot be accurately represented. Also, as Dylan Evans points out, "the real...has connotations of matter...of an objective, external reality, a material substrate that exists in itself, independently of any observer" (160). It is primarily that which resists symbolization and that which cannot be expressed. Nevertheless, it is the traumatic core of the human subject. This paradox engenders the human compulsion to repeat. It is "that which always returns to the same place" (*The Four*

49). Žižek's reading of Lacan links the real to repetition compulsion; he explains that "when it erupts for the first time it is experienced as a contingent trauma, as an intrusion of a certain non-symbolized real; only through repetition is this event recognized in its symbolic necessity" (*The Sublime* 61). The real's traumatic quality also stems from the fact that an encounter with it must always remain a missed one. Hal Foster aptly points out that

as missed, the real cannot be represented; it can only be repeated, indeed it must be repeated. 'Wiederholen,' Lacan writes in etymological reference to Freud on repetition, 'is not Reproduzieren,' repetition is not reproduction. (132)

Žižek further argues that trauma cannot be expressed through the realm of language—that "it can only be shown, in a negative gesture, as the inherent failure of symbolization" (*Plague of Fantasies* 215). It is not a one-time event of the "hidden depth of the past, but [a continuous process] constructed retroactively" (Žižek, *The Sublime* 56). The traumatized subject's language often becomes alienating and foreign and trauma cannot be understood through the realm of language.

Lacan's concept of *objet a* is equally important, as I read the bodily murmurs and countermelodies as manifestations of *objet a*. Often referred to as "object-cause of desire" (Žižek, *Sublime* 53), *objet a* is described as a leftover or placeholder, which also carries elements of wholeness. Žižek argues that it is "objectively nothing, though, viewed from a certain perspective, it assumes the shape of something" (*Looking Awry* 12). Lacan argues that "*objet a* is something from which the subject, in order to constitute itself, has separated itself off as organ" (*Four* 103). More specifically, he relates *objet a* to the drives, such as "the anal level (the faeces)" (*Four* 103-104), and the invocatory drive (the ears and the voice). Due to its chameleon-like characteristics, it always remains somewhat distant and inaccessible. Despite its

elusiveness, it is the avatar of trauma, which is exactly why it appears so disturbing. It represents a confrontation with trauma, and the limits of its own representation. Most of all, *objet a* reveals the gap in the Symbolic order, and, interestingly enough, Lacan locates these gaps in the openings of the body, such as the mouth from which the object voice originates. In Beckett's *Not I*, for example, the image of a mouth as *objet a* becomes not only central but also the only character in the play. Mouth relates her trauma through the openings of her body, reaching and contaminating the ears—another body opening—of her listeners. Mouth is a fragment, an image of brokenness and physical evidence of trauma, but it is also the only image which emits a countermelody to the original trauma. It is an image of sonic survival.

Cathy Caruth draws on psychoanalysis and provides a summary of the workings of trauma. In *Unclaimed Experience*, Caruth argues that

trauma theory often divides itself into two basic trends: the focus on trauma as the “shattering” of a previously whole self and the focus on the survival function of trauma as allowing one to get through an overwhelming experience by numbing oneself to it. (131)

However, few examinations of trauma in literary and performance studies focus on the latter. For Caruth, trauma is a “voice that cries out, a voice that is paradoxically released through the wound“ (2). She thus immediately conceives of it in bodily terms. Caruth further describes that trauma “resists simple comprehension” (6). It is not an event that occurs only once. It is a condition that is created and recreated through narration and repetition, and, more specifically, through reenactments of the event, which attempt to become a narrative memory that cannot be integrated into a completed story of the past. Caruth states, “for those who undergo trauma, it is not only the moment of the event, but also the passing out of it that is traumatic; Even survival

itself can be traumatic (*Trauma* 9). It is important to understand that trauma in its horror cannot be fully placed into the individual's understanding of his or her own history. It remains incomprehensible and inaccessible. Caruth explains that "the historical power of the trauma is not just that the experience is repeated after its forgetting but that it is only in and through its inherent forgetting that it is first experienced at all" (*Trauma* 8). Trauma can never be fully grasped; the traumatized individual simultaneously gets close to and tries to escape from his trauma. Victims of trauma try to both remember and forget, thereby becoming the detached observer figures of their own trauma. Trauma is thus not inherently attached to the traumatized, but it continually attaches itself to the individual. The trauma becomes a utopia, a no-place place. It can never be fully inhabited or possessed.

As mentioned above, Caruth describes trauma as necessarily entailing a temporal delay, suggesting that "the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it" (4). If trauma is a belated experience, its manifestations and re-enactments are belated symptoms of a "belated" or "future" body as well, and I will explore the significance of this temporal "doubling" in my chapters. Moreover, since Caruth sees trauma as a condition rather than an event, I would like to complicate the concept of "primary" or original trauma. Although the concrete source of the primary trauma—such as war trauma, rape, or abuse—is sometimes only located off-stage and thus not always accessible—it haunts the characters from a distance, through avatars of the Lacanian trauma of the real, which speak through the body. Beckett's, Artaud's, Bond's, Brecht's, and Kane's physically and psychologically handicapped characters often suffer from symptoms related to shellshock or post-traumatic stress disorder and have evidently been traumatized by past events. However, the plays stage the condition of trauma, as Caruth puts it, rather than the trauma itself. For example,

in Bond's *Saved* (1965), trauma is related to war and in Kane's *Blasted* to physical or psychological abuse, but the specific details of the traumatic memories remain unknown. In all cases, however, trauma represents a confrontation with mortality, which inscribes itself onto the body through post-traumatic symptoms and a general heightened awareness of the body's functions, noises, and illnesses. Some of the characters perceive this heightened bodily awareness as a countermelody suggesting release, recovery, presence and survival rather than illness and death, which is why the physical confrontation with mortality can, paradoxically, contribute to the healing of trauma.

Trauma's impact on the body has not received enough critical attention within the context of literary, theatre, and performance studies. Jennifer L. Griffiths' *Traumatic Possessions: The Body and Memory in African American Women's Writing and Performance* is the only work on trauma and the theatre that deals extensively with the body in relationship to trauma. In this book, she studies the "interactions between the black female body as a site of inscription for cultural values and the body as a source of the memories in the production of testimony" (5). Despite this lack of critical attention within the literary community, the body, as trauma theory in psychology now emphasizes, cannot be ignored. Research indicates that there are "surprising similarities between a human body's response to physical trauma and its response to psychological trauma" (Kristen Brown-Golden and Bettina Bergo 4). Idit Dobbs-Weinstein argues that "given that the afterlife of trauma...appears in 'bodily' symptoms, the therapeutic dimension of psychoanalysis cannot disengage body and psyche, for the afterlife of trauma is always manifest as bodily symptoms" (99-114). As Charles E. Scott suggests, trauma

can be presented to us...often without words or images. It might be presented in pictures or in a twisted smile on the palsied face of a child who was thrown by his

mother against a wall when he was two months old—presented in a paralyzed face that shows while smiling a trauma that is past, certainly, and also strangely present. (115)

Moreover, the body plays a crucial role when it comes to producing a witness to traumatic experience. Garland, for example, argues that “traumatic experience complicates the possibility of witness even further by involving a past wound that continues, on a bodily level, to distress the survivor in the present“ (8). She further explains: “[s]ince trauma evades conscious understanding, memory becomes encoded on a bodily level... A kind of break between body and language occurs that, as Laub suggests, only a connection to another body can bridge” (2).

It is striking that Beckett’s, Artaud’s, Bond’s, Brecht’s, and Kane’s approaches to trauma seem to be similar to recent body-centered treatment approaches to trauma that are only now being debated among trauma specialists, psychologists, and Neuroscientists. These visceral representations of trauma in both the dramatic texts and the performances are, in fact, quite similar to recent findings and treatment approaches to post-traumatic stress disorder, which explore the impact of trauma on the body and suggest new ways to reconnect with the alienated, “other,” traumatized body. It seems that Artaud, Beckett, Bond, and Kane have drawn attention to what is only now being recognized as an understudied approach to trauma: the body as both a canvas for and cure to traumatic experience.

Trauma researchers, such as Judith Herman, Bessel van der Kolk, and Babette Rothschild argue that trauma is body based, and it is through the traumatic symptoms and body-based techniques themselves that processing and healing seems to occur. The “disease” turns into the cure, so to speak. The mind and the body are closely related when it comes to the workings of trauma. Rothschild argues that “PTSD can be incited by external as well as internal reminders of

a traumatic event, cautioning us that somatic symptom, alone, can trigger a PTSD reaction” (7).

The result is that the traumatized

become fearful, not only of the trauma itself, but also of their own reactions to the trauma. Body signals that once provided essential information become dangerous. For example, heart rate acceleration that might indicate overexertion can become a danger signal in itself because it is a reminder of the accelerated heart rate of the trauma response, and is therefore associated with trauma. (14)

The mind and the body are thus closely interconnected when it comes to the traumatic reenactments; together they create and recreate a cycle of traumatic repetition. Van der Kolk, in a foreword to *Trauma and the Body*, points out that

[f]or traumatized individuals, the debilitating repetitive cycle of interaction between mind and body keeps past trauma ‘alive,’ disrupting the sense of self and maintaining trauma-related disorders. Many people are left with a fragmented memory of their traumatic experiences, a host of easily reactivated neurobiological responses, and baffling, intense, nonverbal memories—sensorimotor reactions and symptoms that ‘tell the story’ without words, as though the body knows what they do not know cognitively. They are often unaware that these reaction-intrusive body sensations, images, smells, physical pain and constriction, numbing, and the inability to modulate arousal—are, in fact, remnants of past trauma. (3)

Contemporary body-centered trauma therapy conceives of the body as an “anchor,” which the patient can hold onto and regain a sense of stability. For example, a very recent and on-going experimental type of post-traumatic stress disorder therapy involves the physical act of walking

towards one's trauma. These walking exercises, which are primarily reserved for traumatized soldiers employed with the Canadian forces physically walk towards representations of their traumas on a treadmill.⁶ Body-centered treatment approaches to post-traumatic stress disorder are on the rise, indeed. Van der Kolk aptly points out in a foreword to *Trauma and the Body*, in which she and the editors express “a need for a somatic approach to trauma therapy” (XXX): “the body, for a host of reasons, has been left out of the ‘talking cure’” (XXVII). Likewise, Pat Ogden, Kekuni Minton, and Clare Pain argue that

[i]n a psychotherapeutic setting, focusing primarily on word-based thinking and narratives can keep therapy at a surface level and trauma may remain unresolved. An overemphasis on logical, linguistic, linear, and literal thinking may tilt the balance of our minds away from the important sensorimotor, holistic, autobiographical, stress-reducing, image-based self-regulatory functions of our non-verbal neural modes of processing. (XIV)

Rothschild further suggests that an “awareness of current body sensations can anchor one in the present, here, and now, facilitation separation of past from present” (107). She argues that “many clients report that during trauma therapy it is a relief for them to shift focus to current sensations” (108). Traumatized people do not live in the present moment but in the past, thus, such an approach can be useful. Since performance happens only once, I suggest that theatre acts as a similar therapeutic tool to regain a sense of the present moment, which may interrupt the constant traumatic cycle.

Traumatic experience is often perceived and re-enacted as various manifestations of chronic bodily pain, which we see especially in Beckett's plays. Rothschild points out that “a

⁶ See <http://www.cbc.ca/news/politics/experimental-ptsd-therapy-gets-traumatized-soldiers-walking-toward-relief-1.3100782>. Last access: July 7, 2015. See also: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3836542/pdf/jer-9-4-413-5.pdf>. Last access: July 7, 2015.

major category in the symptom list of posttraumatic stress disorder (PTSD) is ‘persistent symptoms of increased arousal’ in the autonomic nervous system” (5). According to her, “somatic disturbance is at the core of PTSD...frightening body symptoms...accelerated heart rate, cold, sweating, rapid breathing, heart palpitations, hypervigilance, and hyperstartle response (jumpiness)” (7). Rothschild further argues that trauma therapy must “utilize tools for identifying, understanding, and treating trauma’s effects on both mind and body” (XII). She points out that the “body react[s] as if he was being, or about to be, attacked again” (4) and asserts that

memories of traumatic events can be encoded just like other memories...Typically, however, individuals with PTS and PTSD are missing the explicit information necessary to make sense of their distressing somatic symptoms—body sensations—many of which are implicit memories of trauma. ...One of the goals of trauma therapy is to help those individuals to understand their bodily sensations. They must first feel and identify them on a body level.
(45)

She argues that

at the core of our traumatized and neglected patients’ disorganization is the problem that they cannot analyze what is going on when they re-experience the physical sensations of past trauma, but that these sensations just produce intense emotions without being able to modulate them, then our therapy needs to consist of helping people to stay in their bodies and to understand these bodily sensations.
(3)

“[D]irect somatic interventions” (5) are one possible treatment approach. Another one is to focus on positive sonic thoughts about past events. Since the “body also remembers positive feelings....not only...traumatic memories but also...forgotten resources” (118), the body can reconnect with these resources. I would like to argue that these resources become visible on stage when the traumatized body reconnects with its performative existence, which locates it firmly in the present moment while also reaching out to the audience. If the body acts as a performative canvas on the stage, its traumatic history can be written and rewritten.

One of the symptoms trauma therapists focus on, in particular, is the “freezing response to traumatic threat...tonic immobility—like a mouse going dead when caught by a cat, or stiff” (Rothschild 9). We find these bodily shutdowns in several of the plays discussed in this dissertation, and, ironically, these bodily shutdowns occur frequently during the most hopeful moments in these bleak plays. Some of Beckett’s and Kane’s characters are immobile and “freeze”—a reenactment of trauma. Freezing must not, however, be mistaken for silence, as it is through this bodily freezing that an empathic and affective bodily countermelody to traumatic experience emanates. Rothschild points out that

if the limbic system perceives that there is neither time nor strength for fight or flight and death could be immanent, then the body will freeze. In this state the victim of trauma enters an altered reality. Time slows down and there is no fear or pain. In this state, if harm and death do occur, the pain is not felt as intensely.

(10)⁷

⁷ She also states that “[i]t is important to understand that these limbic system/ANS responses are instantaneous, instinctive responses to perceived threat. They are not chosen by thoughtful consideration. Many who have suffered trauma feel much guilt and shame for freezing or ‘going dead’ and not doing more to protect themselves or others by fighting back or running away. In those instances, understanding that freezing is automatic often facilitates the difficult process of self-forgiveness” (Rothschild 12).

Although this phenomenon acts primarily as an escape and is certainly not the be-all and end-all, it is a survival mechanism, which allows the body to process and observe traumatic experience from a less overwhelming position. Since the traumatized body is perceived as foreign and alien from the mind, trauma and its re-enactments can be survived. Kekuni Minton, Pat Ogden, and Clare Pain point out that

[c]lients frequently describe depersonalization experiences: being outside their body, watching themselves from a distance as though they were someone else. One client reported the following: ‘I would leave my body and watch her [herself, the client] from the crack in the ceiling. I felt sorry for her during the abuse. I wouldn’t go back into the body until it was all over.’ (*Trauma and the Body* 97)

The following experience from a combat soldier describes this phenomenon in more detail:

My mind left my body, I went ahead and stood on a hill. From there I watched, quite objectively and with some amusement, the struggles of this body of mine staggering over the duckboards and wading through the mud where the duckboards were smashed. (Cloete 242)

For example, while one could read Cate’s epileptic fits in Sarah Kane’s *Blasted* as a simple symptom of post-traumatic stress-disorder, a form of bodily collapse, or a physical shut-down vaguely related to and caused by verbal and physical abuse—they also generate a temporal break in the traumatic narrative that is recreated on the theatrical stage—similar to a Brechtian *Verfremdungseffekt*. Her body refuses to participate in the endless traumatic cycle. While generating intense affect through their visceral nature, thus accurately conveying the true horrors of traumatic experience, her fits also generate a critical distance and urge the spectator to pause and reflect upon the traumatic event. Distance is crucial because too close a reenactment of

trauma leave the spectator and character immobile and in a state of shock. Trauma scholar Garland points out that

if we want to understand this process in a way that is helpful, we must not be overwhelmed ourselves. We have to sustain a complicated balance: to be open enough to the survivor's experience to take in a real way his or her state, but steady enough not to be knocked off balance by it. (29)

The fits create a parallel narrative space that allows one to engage with the trauma from a distance. While they do not necessarily suggest healing, they suggest release, distance, processing, and a visceral form of comprehension for the spectator. As a form of release, they allow Cate to reconnect with her body from a safe place, which transcends the present traumatic re-enactment on the stage. Moreover, Cate herself does not experience the epileptic fits as traumatizing. Since they are beyond her conscious control, the audience feels obligated to take responsibility. The spectator becomes an engaged witness and feels obligated to intervene.

Similarly, Henry in Beckett's *Embers* (1959) sees himself as a detached narrator of his own trauma of drowning. Inventing various stories, such as his father's drowning, allows him to be in control and safely distance himself from the trauma by becoming the detached observer figure of his "father's" trauma. Like Mouth in *Not I*, "he" approaches the trauma, but not "I." He refuses to accept that the traumatic story he tells is not just a story but *his* story. Trauma theorist Charles E. Scott describes this phenomenon clearly:

[T]hose who have undergone intense trauma speak of watching it happen to them as though they were outside of it—safely distanced—and as though they were articulating a vast indifference to themselves in the traumatic occurrence. That occurrence is there – I see it (strangely, it's happening to my body but not to me-

seeing-it-happen. Who is that man drowning? Looks like me. I believe he's stopped breathing.) But that occurrence is not I. I'm elsewhere. There is something beautiful in the indifference of drowning. But now imagine a dark figure plunging in the water. Something jarring happens. Like a rude awakening. The distance collapses into terrible chest pain, heaving effort to cough... Unbearable pressure in my head. Agonizing light. I, having drowned, am now here. (119-120)

Given Henry's constant attempts at storytelling, this apt description of the traumatic experience of drowning can be applied to the description of the trauma in *Embers*. By objectifying his trauma and attributing it to his father, Henry remains safely "indifferent" and "elsewhere." Imagining his own trauma as something similar to the previous description of a "dark figure plunging in the water...collapsing into terrible chest pain, heaving effort to cough" (120) is simply unbearable but watching his father drown from the edge of the cliff becomes tolerable. When Henry approaches trauma too closely, he perceives it as a horrifying auditory hell, but when he approaches it from a distance through the voice of his father, the traumatic silent scream resounds through a foreign bodily canvas.

While drawing on all these theories of trauma in combination in all my chapters, my chapter on Sarah Kane and my discussion of Beckett's *Krapp's Last Tape* will also draw on Dolar's theory of the object voice, which I read as the voice of the traumatized, which emanates from the body on stage. Dolar points out that

silent inner voices, but also acoustic sounds that are not human...can take the place of the 'objet a.' In order to conceive the voice as the object of the drive, we must divorce it from the empirical voices that can be heard. Inside the heard

voices is an unheard voice, an aphonic voice, as it were. For what Lacan called *objet petit a*...does not coincide with any existing thing, although it is always evoked only by bits of materiality, attached to them as an invisible, inaudible appendage, yet not amalgamated with them: it is both evoked and covered...the voice is not somewhere else. (*A Voice* 73-74)

Due to its incomprehensibility and overwhelming nature, *objet a* voice remains foreign and strange. Trauma can never become one with the subject, and voice can never become one with its body. Dolar argues that the object voice is a “voice whose origin cannot be identified, in search of a body, but even when it finds its body, it turns out that this doesn’t quite work, the voice doesn’t stick to the body, it is an excrescence which doesn’t match the body” (*A Voice* 60-61). Dolar also calls this object voice the acousmatic voice. It is disembodied and resounds from “elsewhere.” Žižek describes the alienation, which the object voice generates, as adding a soundtrack to a silent movie. Dolar states:

‘Acousmatic’ describes ‘the noise which we hear without seeing what is causing it’...The voice whose source cannot be seen, because it cannot be located, seems to emanate from anywhere, everywhere; it gains omnipotence. (*A Voice* 61-62)

Similar to trauma, which is not an event, but a condition “constructed retroactively” (Žižek, *The Sublime* 56), the object voice can be defined solely by its delayed secondary effects. Dolar suggests that

to attach the voice to the body and to endow it with materiality involves all kinds of obstacles—one is ultimately faced with an unbridgeable gap, since the trouble is that the object never fits the body. (Dolar, “The Object” 10)

Dolar further points out that there is a “time-lag between perception and understanding...the

object voice is always understood nachträglich, subsequently, retroactively” (*A Voice* 136), and indeed, the object voices in Beckett, for example, seem foreign and strange.

Chapter Breakdown

The dissertation is divided into four chapters. My first chapter, “Samuel Beckett and the Tinnitus of Silence” explores the acoustic, bodily trauma depicted in Beckett’s *Not I*, *Krapp’s Last Tape* (1958), *Embers*, and *Breath* (1969). Beckett’s works often contain characters that suffer from sonic, physical traumas, such as permanent hearing loss or noise-induced tinnitus. Beckett demonstrates the aftereffects of traumatic experience, but the precise origin of trauma sometimes remains unclear. Its manifestations are both material and abstract at the same time. Above all, they are expressions of the post-war *Zeitgeist*. Rather than focusing on the concrete sources that make up this somewhat diffuse sense of post-war trauma, I would like to focus on the response to the trauma. I argue that the characters perceive the Lacanian trauma of the real as a “tinnitus of silence,” a paradoxical gesture that promises to both resolve and to perpetuate trauma. This tinnitus reenacts traumatic experience, but it also speaks back, drowns out, says “No,” and refuses to obey. In order to further illustrate this argument, I will presently compare two types of “tinnitus” in two plays; the former represents a sound with agency and healing, and the latter remains a disturbing head noise signifying a repetition of trauma. The latter can be found in *Embers*. The traumatized Henry can hear his own blood flow, which resembles the sound of the ocean, constantly confronting him with his mortality, which intensifies his trauma.⁸ Mouth’s tinnitus in *Not I*, on the other hand, is a sound of agency, which renders her trauma more bearable. It speaks back to trauma in a deliberately “partial” way: through a distant echo of

⁸ The latter can also be found in *Endgame*. Hamm describes a disturbing head noise as “something dripping in my head...A heart, a heart in my head” (104). The traumatized Hamm, too, can hear his own blood flow.

displaced sounds of the trauma. The tinnitus destabilizes and modifies the original traumatic memories, rendering them no longer fixed and untouchable. Hearing the recurring “buzzing” creates a sense of permanence, which counteracts the traumatic encounter with mortality. The sonic “performance” of trauma in *Embers* is located in the listener’s head, a listener who can only hear the suffering body.

In my sections on *Breath*, *Embers*, and *Krapp’s Last Tape*, I explore Dolar’s ideas on the object voice with regard to the possibility of articulating trauma while focusing more generally on the various sounds generated by the traumatized bodies. My section on *Breath* discusses amplified recordings of dramatized, hyperaware breaths and screams. In this most minimalist of his plays, Beckett completely gives up plot and language as a way to represent trauma. Instead, trauma is expressed through visceral breaths and amplified primal cries of suffering: *objet a*.

My discussion of *Krapp’s Last Tape* and *Embers* examines what happens to trauma if it is recorded on tape. Does it gain more significance, and how does the traumatized subject cope with such a recording? *Krapp’s Last Tape* dramatizes the tinnitus of silence by literally recording silence at the end of the play when the “tape runs on in silence” (230). *Embers* focuses on the character Henry, who finds himself in a cycle of traumatic repetition. Throughout the play, he is tortured by a roaring tinnitus, a sea-like sound, which reminds him of both the death of his father and of his own mortality. He describes his trauma as the “same old grave [he] cannot tear [him]self away from” (203). Henry reenacts the various stories of his trauma, but he is unable to finish any of them with the use of words. However, they can be completed by listening to the sound of the roaring tinnitus, which, in the BBC production can always be heard during the pauses. While he perceives his tinnitus as a recurring echo that haunts him and needs to be “drowned out” (the storyteller voice) through a “gramophone” (207), it also carries a potentially

healing counter melody—one, which serves to modify, objectify, and redirect the primary trauma of drowning into a calming and roaring sea sound of affirmation.

My second chapter entitled, “Antonin Artaud: The Body as Trauma Archive” deals with Artaud’s ideas on theatre as a curative apparatus. I also examine his concept of the body and sound as articulated in his letters and *Theatre and its Double*. My chapter will offer a fresh look at Artaud’s theatre by looking at it through the lens of trauma theory. I argue that Artaud’s work is highly relevant to the study of trauma due to its utopian desire to eliminate repetition in performance through a theatre of pure presence and a free, unalienated body “without organs” on stage. Since the concept of trauma is based on repetition, his desire to eliminate repetition suggests a way to break this temporal cycle in order to transcend trauma. Trauma in Artaud’s concept of theatre manifests itself predominantly through a sense of determinism and alienation, which stems from a visceral confrontation with mortality and the disturbing realization that the body is “not [yet] free. And the sky can still fall on [its] head” (*TD* 79). Artaud expresses this trauma through a “total language” of Balinese gestures, hysterical laughter, and “cris” (screams). He asks his actors to discover, through “direct Pantomime” (40), “a state prior to language” (62). The body and its acousmatic sounds are meant to affect us on a physiological level. Arguably, this “total” body language, which eliminates repetition, can cease the temporal cycle of traumatic memory recollection and reproduction. Through a utopian “body that is only body” (11), the characters on stage can “touch life” (13) and thus overcome the trauma of being a “body with organs.”⁹

Adrian Curtin's analysis of the sonic elements in Artaud’s “Les Cenci” focuses on Artaud’s theatre practice, and I take a similar approach in my analysis of *To Have Done with the*

⁹ “The body is the body / it is alone / and needs no organs” (Artaud, *On Theatre* 173).

Judgement of God (1948), while focusing more specifically on body sounds. *To Have Done with the Judgement of God* is “Artaud’s most advanced and furious work on the human body” (Barber, *Screaming* 94). It includes somatic “noise-effects,” such as laughter, cries, vocal mutters, grunts, shrieks, screams, and murmurings. Artaud wrote the play during World War II after having gone through a particularly long and traumatizing therapy of electroshock treatments in a psychiatric institution. It was recorded in 1947, and it was cancelled and censored by the French Radio due to its anti-war and anti-military content. In the play, Artaud expresses his contempt of “huge armies of tanks, airplanes, battleships” (555) by portraying the suffering associated with the trauma of being a “body with organs.” Simultaneously, he also conceives of a “body without organs” that transcends trauma but ultimately remains a utopian construction. Through the juxtaposition of uncontrollably wild, unconscious and intentional, conscious body sounds, Artaud attempts to deconstruct the binaries of mind / body, suggesting a possibility for his utopian non-place bodies to speak back to trauma.

While both Beckett and Artaud had traumatic experiences in France during the Second World War, my third chapter, “The Traumatized Body as *Verfremdungseffekt* and *Theatre Event*: Bertolt Brecht and Edward Bond” is the only chapter that deals explicitly with war trauma. *Mother Courage and Her Children* (1941) and *Saved* explore the experience of various traumatic losses. Trauma, for Brecht, essentially refers to the trauma of living within a capitalist society that emerged in full force after the devastating ashes of the two world wars. His idea of war trauma is closely linked to ideology. The anti-war play *Mother Courage and Her Children* examines the experience of trauma, which the opening song that is repeated throughout the play sums up: “And though you may not long survive / get out of bed and look alive” (348). Bond, on the other hand, who describes himself as “a citizen of Auschwitz and a citizen of Hiroshima”

(Bond, *The Hidden 2*), experienced direct acoustic war trauma during his lifetime. He was present during the bombings in London between 1940 and 1944 and went to Cornwall when the Blitz began in 1940. He explains the effect of such exposure to sonic trauma on his aesthetic use of silence:

People would fly overhead and try and kill me. A bomb is coming down and you say, ‘it must hit me’... Ten years later it is still coming down and you say, ‘it must hit me’... And so you write out of the noise—and the silence within that noise.

(qtd. in Todd)

Although Bond certainly “writes out of that noise,” reenacting the trauma through his plays, he also suggests ways for counteracting trauma through the “engaged” silent bodies of the characters he depicts. While there is certainly another possibility of reading the idea of trauma in Bond’s play through a specific social-political context, such as the brutalizing of class relations, my chapter explores the war trauma in *Saved* primarily through the individual experience of a war veteran and father who passes on this trauma to his family, instigating a cycle of abuse that resonates through silenced bodies. Harry, the father, whose son was killed by a bomb during the war, reminisces about his experience on the battlefield: “Most I remember was the peace an’ quiet” (128). The murmur of silence, which emanates from this war trauma, is displaced onto the relationship between Harry and Mary, who no longer speak to each other. It is also closely linked to a specific, disturbing incident involving a baby, whose body is silenced, dosed up with aspirins, and stoned. The baby’s muted cries are engaged silences that manage to represent trauma viscerally, opening up space for subjective agency. More specifically, agency is located within the “curious buzzing” that is indicated in the stage directions following the murder of the child. The “buzzing” of silence reverberates through the child’s traumatized body, and the baby’s

corpse is an emblem for the lingering dehumanization the characters suffer from in the post-war English landscape. The traumas of bombings that Bond writes about in his letters manifest themselves as bodily “buzzings” and echoes in his alienated characters.

While critics have pointed out the importance of the realm of the mind in Brecht and Bond, I emphasize the significance of *embodied* experience in their plays. Although both appeal to the realm of reason, their performances of trauma engage affective responses at a shocking level. My chapter suggests that, in Bond and Brecht, the traumatized body itself becomes a *Verfremdungseffekt* on stage. The audience, then, can access the traumatic narrative through that gap in signification—through that doubled, performative space of alienation, which becomes a safe window through which to observe the traumatic events. In other words, Bond and Brecht stress the importance of avoiding a sensory overload of traumatic physicality on their stages; they both eliminate one of the senses in performance: the sound or “voice” of trauma. Since only the sight or “gaze” of trauma is visible, the audience affectively understands the represented trauma to a certain degree while not leaving the theatre traumatized and overwhelmed. The reenactment of traumatic experience can then be structured from a sensory distance rather than expressed through chaotic affective screams; the spectator understands the distress associated with the trauma viscerally, but the generated distance provides the possibility to process the traumatic events.

My fourth chapter examines one of Sarah Kane’s plays, *Blasted*, which has frequently been compared to Bond’s *Saved* due to its emphasis on the body and graphic displays of violence. The chapter entitled “When the Body Screams Back: Sarah Kane’s *Blasted*,” explores the concept of trauma through a psychoanalytical-feminist lens. The play depicts the civil war of the former Yugoslavia through the confined space of a hotel room, and a sudden bombing scene

in the middle of the play instigates a number of horrific violent events. Kane states: “I think that what happens in war is that suddenly, violently, without any warning whatsoever, people’s lives are completely ripped to pieces...so I picked a moment in the play...and planted a bomb” (Saunders, *Love* 41). My chapter suggests that there is a link between the external sonic trauma—the bombing—and Cate’s past experience of abuse, which manifests itself through her epileptic fits. Drawing on Laura Levin’s and Elizabeth Wilson’s theories, Cate’s fits can be read as a feminist distancing mechanism, which allows her to process her trauma at a pace and distance which is not overwhelming. Moreover, her fits and other bodily articulations can be seen as a form of double trauma: the war trauma of the bomb that occurs in the external hotel room is always already physically inscribed onto her body through the internal trauma of being a woman. Drawing on these ideas, I argue that *Blasted* deconstructs the Cartesian mind-body dialectic with regard to the workings of trauma with a feminist agenda in mind—by dramatizing abuse and traumatic violence against the female body while also portraying a psychosomatic response to the trauma of abuse: Cate’s unconscious fits, including her stuttering, which she perceives as empowering. The line between physical and psychological trauma becomes blurred as Cate explains the psychosomatic nature of her strange fits; they started when her father returned home: “since Dad came back” (10). While Cate describes them as near-death experiences and confrontations with mortality, which is traumatic in itself, more interestingly, the fits help to process and rework trauma. She states that during her fits, “the world don’t exist, not like this. Look the same but—Time slows down” (22). The idea of time slowing down is significant because the experience of trauma is dependent on repetition and becomes manageable when its cycle can slowly be observed from a distance.

Exploring questions of authenticity, performativity, ethics, and empathy, my conclusion attempts to further examine to what extent “hiccups [can] be a philosophical statement” (Dolar, *A Voice* 25), to use Dolar’s words again. When the characters approach trauma too closely through the realm of language, it is perceived as an auditory hell, but, when the “silent scream” resounds through a form of bodily release and posttraumatic symptoms on stage, trauma can be represented and sometimes even counteracted and healed. Through the visceral mediation of the trauma and sonic and psychosomatic inscription onto their bodies, they can observe, circle around, and re-direct their trauma in order to communicate with it from a distance. The distance is equally crucial with regard to the question of “contamination” on the level of audience reception since the spectator must not be affected too negatively by the performance. He must be able to identify with the trauma, but not feel overwhelmed and traumatized by secondary exposure. Dominick LaCapra has called this “empathetic unsettlement... empathy without overidentification with victims” (40-41).

Thus, it seems that the bodily post-traumatic articulations that one finds in Beckett’s, Artaud’s, Brecht’s, Bond’s, and Kane’s characters are not simple reverberations, symptoms, and physical markers of trauma, which victimize the characters and intensify their trauma through constant sonic or physical recollection. They also have the potential to “compose” a countermelody of agency, which releases, re-directs or distracts from the trauma, makes symbolization possible, and empowers the subject. Just as trauma can be grasped and partially counteracted through the usually hidden post-traumatic echoes, “one must be careful... not to miss the tension, the antagonism, between a silent scream and a vibrant tone, that is, the moment when a silent scream resounds” (Žižek and Salecl, *Gaze* 93). Dolar suggests that an object voice is a “sound with meaning” (*A Voice* 23), and I thus read the voices of the body on the postwar

stage not just as “sounds,” but also as object voices—as sounds with ethical meaning in that they articulate the importance of remembrance and memorializing trauma. I argue that the silent resounding screams Žižek mentions manifest themselves in these playwrights’ works through a form of bodily release, a countermelody that attempts to “resound,” drown out, and counteract the melody of the original trauma. This countermelody also contaminates and engages the audience affectively, proclaiming the refusal to forget suffering. Through the acoustic distance of this bodily countermelody, both the audience and the characters on stage can grasp, contain, and enter into a meaningful conversation with the trauma that was originally overwhelming. When trauma is experienced directly, it is overpowering and confronts the subject with the larger implications of his or her own mortality. Yet, trauma expressed through dramatic texts lacks immediacy and is rendered metaphysical. However, when the traumatic silent scream resounds through the body on stage, it manifests itself as a meaningful countermelody to the original trauma and is perceived as a countermelody of agency. Various post-traumatic symptoms and bodily articulations on stage enable a response with distance on the part of the audience—and distance leads to release, recovery, and agency. In other words, through these bodily countermelodies, the mind accepts not only the sounds of its own bodily object “voice,” but also the avatar of the trauma of the real. This acceptance is certainly an alienating process because it reminds the subject of its own mortality. The act of witnessing oneself “freeze,” breathe, bleed, and live, or hearing sounds that only exist in one’s head, is inherently disturbing and traumatic. It is a reflection of the repressed original trauma in a form of acoustic displacement, but this shift can turn into a positive form of release on stage and render trauma less overwhelming. Hence, this phenomenon allows the character and the audience to enter into a conversation with the trauma. I suggest in my conclusion that traumatized subjects are always “actors” and the bodies

they inhabit are “costumes” they feel forced to wear. The traumatized subject experiences their own body as a *Verfremdungseffekt*—the body is inherently other, but it also becomes other—in a doubled sense—through the experience of trauma. The theatre stage, specifically, enables the journey back into the body. I believe that the link between theatre studies and trauma studies is significant because on a theoretical level there is a similarity between the way performance and the experience of trauma operate—on both concrete and abstract levels. The traumatized subject or character on stage experiences their own trauma from a distance as a detached observer figure—the body, so to speak, is no longer attached to the mind. Trauma means depersonalization, derealization, and displacement, and the mind finds *Verfremdungseffekte* and distancing mechanisms that manifest themselves on a bodily level. An actor on the performance stage experiences a similar body-mind split. He is always both character and actor at the same time. The traumas he or she performs are the character’s trauma—someone else’s trauma. However, in Beckett’s work, for example, the actor is often in real physical pain while acting – he makes his actors perform their roles at a speed that can be even dangerous to their health, which means that the actors may end up traumatized themselves by performing the character’s trauma. Similarly, in Bond’s work, some of the reviews have suggested that spectators were afraid to get hit during the stoning of the baby scene. The trauma is both real and not real at the same time.

The process of affirming and reclaiming the body frequently occurs through play-acting or a trauma transference with the spectator so the temporal momentum of the traumatic experience can be slowed down and grasped. The traumatized characters are no longer spellbound but can process trauma through fragments—from a more manageable distance. Resistance and intervention often only happen when the spectators themselves are somewhat traumatized by the performance of trauma and intentionally, unintentionally, or even

performatively “speak back” to it by screaming, coughing, laughing, or walking out of the theatre during the show. Trauma can thus oscillate between what Žižek and Salecl call “a silent scream and a vibrant tone” (*Gaze* 93) in order to finally turn into a performative countermelody of empathy or at least into a weaker, gentle, soothing reverberation “that is the moment when a silent scream resounds” (*Gaze* 93). Beckett’s, Artaud’s, Bond’s, Brecht’s, and Kane’s characters and spectators are able to “contain,” grasp, and release the trauma from the somewhat detached and safe distance of observer figures. Thus, the processing and transference of trauma occurs through both a form of self-healing by listening to the body’s countermelodies and through a visceral trauma transference with the spectator, who feels the trauma physically in their own body. The theatre space appears as a therapeutic space and a place for processing, intervention, and resistance—resistance itself often happens in the audience’s consciousness.

Chapter I:

Samuel Beckett and the Tinnitus of Silence

“To all mankind they were addressed, those cries for help still ringing in our ears.” (Beckett, *Waiting for Godot* 72)

Introduction

Samuel Beckett’s works¹⁰ often contain characters that suffer from the physical and, more specifically, sonic traumas of war, such as permanent hearing loss or noise-induced tinnitus.¹¹ Reading this simple fact in conjunction with Beckett’s involvement in the French Resistance following the 1940 occupation by Germany for which he was awarded the Croix de Guerre and the Médaille de la Résistance displaces the traditional conception of Beckett as an abstract, apolitical playwright whose plays are mainly cerebral rather than visceral. In his plays for the stage and radio, such as *Not I*, *Breath*, *Embers*, and *Krapp’s Last Tape*, Samuel Beckett’s hearing impaired characters make a constant effort to revisit and rework their pasts, which is why it is surprising that these plays have not been included in critical studies of trauma in modern

¹⁰ Unless another Beckett edition is explicitly specified, all of my page numbers following the Beckett quotations refer to the pagination in the following edition: Beckett, Samuel. *The Dramatic Works of Samuel Beckett: Volume III of The Grove Centenary Editions*. New York: Grove P, 2006.

¹¹ See *Endgame* for Nagg’s and Nell’s references to their hearing loss (122) and Hamm’s description of a rhythmic ringing sound in his ears, which follows his heartbeat (pulsatile tinnitus): “There’s something dripping in my head...A heart, a heart in my head” (104). See also Woman’s voice in *Eh Joe*: “When you can’t hear the words...straining to hear” (394) and Molone’s statement that his “hearing [is] very bad” (*Three Novels* 186). Moreover, Krapp in *Krapp’s Last Tape* is described as “hard of hearing” (221). Mouth in *Not I* and Henry in *Embers* suffer from tinnitus - a condition, which is dramatized repeatedly throughout both plays. There are also many implicit references to hearing disabilities in other Beckett plays. For example, one could argue that Willie in *Happy Days* is deaf, which might explain his inability to respond to Winnie. A similar argument can be made about *A Piece of Monologue*. It is also tenable to claim that Mrs. Rooney in *All That Fall* must be suffering from a hearing disability. She fails to hear her own voice and finds her own “speaking...very bizarre” (158). Similarly, Beckett’s mime plays, such as *Act Without Words I* and *II* and *Quad* can be seen as mute plays that dramatize the inability to hear.

literature. In fact, several of Beckett's anti-authoritarian acoustic gestures, such as a deaf character's refusal to laugh at his own trauma (see section on *Krapp's Last Tape*) or the insistence to keep on breathing despite great trauma (see section on *Breath*), reflect post-war images of resistance to trauma and civil disobedience.

Although Sean Kennedy's and Katherine Weiss' 2009 collection of essays *Samuel Beckett: History, Memory, Archive* does not focus on the concept of trauma specifically, it suggests an important and very recent shift in Beckett English-language criticism. Kennedy recovers a politically engaged writer who fully internalized the more uncomfortable implications of the events of his time...who listened for hours at a time to Nazi propaganda, carefully noting down and subverting its claims in his journal...Beckett never simply absolved himself of political or ethical responsibility. This is, perhaps, the origin of that odd 'obligation to express' that he neither explained nor reneged upon. (2-4)

In a similar vein, Jackie Blackman, in an essay published in the same collection, discusses the *Endgame* quote "One hasn't the right to sing anymore?" (144) in conjunction with Adorno's dictum "to write poetry after Auschwitz is barbaric" (*Prisms* 34). Interestingly, Winnie in *Happy Days*, one of Beckett's earlier plays, literally states: "I hear cries" (305). Beckett's later works problematize and further address this "right to sing." Songs are almost non-existent in his late plays for the stage and radio; instead, another kind of song emerges: the atonal melody of the traumatized body crying for help. Although Beckett was never a victim of the bombings himself, he heard a disturbing number of "cries for help" during his work for the French Resistance. He states about his involvement with the Resistance: "I remember going out at night and lying in ambush with my gun" (James R. Knowlson and Elizabeth Knowlson, *Beckett Remembering* 85).

Beckett's work as an interpreter for an Irish Hospital in St.-Lô, which had been bombed, was equally traumatizing, as the following letter suggests: "St.-Lô is just a heap of rubble, la Capitale des Ruines as they call it in France. Of 2600 buildings 2000 completely wiped out" (James R. Knowlson, *Damned* 313). Particularly Beckett's letters written during his time in Germany and St. Lô in France reveal that he heard the screams of several of his close friends who were directly involved in and tortured during the war. Although I am not arguing that there is a one-to-one correspondence between Beckett's life and the sonic traumas he writes about in his plays, the fact that he must have been a witness of the sonic traumas of war through secondary exposure embeds the following textual analysis of his works in a more comprehensive social and political framework. Historicist critics of Beckett's work may wish to explore this link more fully. Since I engage with Beckett's politics primarily through his representations and dramatizations of trauma, my analysis draws on various psychoanalytical approaches to trauma. As outlined in my introduction, I will primarily work with ideas posited by Cathy Caruth, Jacques Lacan, Slavoj Žižek, and Mladen Dolar.

This chapter is the first substantial study to address the question of trauma in relation to Beckett's plays. Jonathan Boulter's articles, including the most relevant one, "Does mourning require a subject?," hint at the necessity of attending to the concept of trauma in Beckett's works. English-language critics find it difficult to relate Beckett's minimalist plays to trauma theory, because, in his plays, the categories of self, memory, and the past, on which the concept of trauma is based, seem to have become unknowable.¹² A second reason may be that, drawing on

¹² See Jeanette R. Malkin's claim: "Beckett does not lend himself to discussion through terms such as 'collective memory' or 'historical trauma'...Memory in Beckett's plays is not motivated by historical wounds, nor is it the memory of those historical inscriptions. Yet, it would also be wrong to view these plays as expressing individual memory. The individual collapses in Beckett's late plays, comes apart in ways that are crucially different and more basic than the splintered modernist figure" (*Memory* 40).

Adorno's reading of the play *Endgame*,¹³ "almost all political readings of Beckett's works... have been in German" (Peter Boxall 138). This can be explained by the fact that, in Germany, Beckett's work has been interpreted as a form of epic theatre, similar to Bertolt Brecht's politically responsible plays.¹⁴ In North America, Beckett has been received as an abstract writer who transcends any concrete localization in time and history through his minimalist poetics. However, this apolitical understanding of Beckett among English-language critics seems to have changed in very recent years. The previously mentioned 2009 collection of articles, and Henry Sussman and Christopher Devenney's edited collection *Engagement and Indifference: Beckett and the Political*, published in 2000, are two recent English full-length studies, which place Beckett's work in its political and historical contexts. Although Beckett declined to explain the material and social background of his work, his almost obsessive portrayals of deaf or otherwise auditorily disabled characters suffering from traumatic physical and emotional losses can be read as idiosyncratic political responses to the traumas, and more specifically, the sonic traumas of war of the mid-twentieth century.

Since Beckett wrote plays for the radio, and highlights the realm of sound and silence in his letters, an analysis of the concept of trauma is most successful if examined in combination with his ideas on sound and the role of acoustics. Beckett explains, in his letter to Axel Kaun dated July 9th, 1937, that the means to speak back to traumatic experience must lie within the "voice" of silence:

¹³ In his reading of *Endgame*, Adorno argues that "after the Second World War, everything... has been destroyed. Without realizing it, humankind continues to vegetate, creeping along after events that even the survivors cannot really survive, on a rubbish heap that has made even reflection on one's own damaged state useless" ("Trying" 244). While Adorno tailors his argument to *Endgame* only, I will show that Beckett's later plays continue this dramatization of historical trauma.

¹⁴ See Peter Boxall. *Samuel Beckett: A Reader's Guide to Essential Criticism*. London: Palgrave, 2003. 138.

More and more my own language appears to me like a veil that must be torn apart in order to get at the things...behind it... Is there any reason why that terrifyingly arbitrary materiality of the word surface should not be dissolved, as for example the sound surface of Beethoven's Seventh Symphony is devoured by huge black pauses, so that for pages on end we cannot perceive it as other than a dizzying path of sounds connecting unfathomable chasms of silence? At first it can only be a matter of somehow finding a method by which we can represent this mocking attitude towards the word, through words. In this dissonance between the means and their use it will perhaps become possible to feel a whisper of that final music or that silence that underlies all. (Beckett, *Disjecta* 54)

The following quotation by Walter Benjamin aptly explains what Beckett might have meant by “this mocking attitude towards the word, through words.” Benjamin states: “Was it not noticeable at the end of the war, that men returned from the battlefield grown silent—not richer but poorer in communicable experience?” (“The Storyteller” 84). Of course, Benjamin most of all refers to the general breakdown of meaning and communication inherent in modern experience, but he also links it implicitly to the sonic traumas of war by invoking the concrete image of the battlefield. Indeed, the sonic traumas of the constant bombings that one experiences on a battlefield often lead to a person “grown silent”—to hearing loss, tinnitus, and a form of “muteness” to express the trauma through the realm of language. Trauma can thus not be heard by listening to the words as the traumatized subject’s language often becomes alienating and foreign. However, trauma can arguably be perceived by listening to the body. In fact, the more language fails to communicate trauma, the more one must listen to the bodily whispers behind the words to understand Beckett’s oeuvre. It is through this sound of silence—and as I argue the

body's own physical music of silence, such as the simple sound of human breath, broken laughter, cries, disturbances of the voice, or tinnitus, that Beckett attempts to both represent and transcend traumatic experience. Tinnitus—that is the imaginary sounds that one perceives—is not only a continuous reenactment or bodily echo of the original trauma, but it also displaces that original trauma, because the tinnitus is only a mediated version of the original traumatic sound. In other words, it is a distorted misinterpretation of the primary trauma. Drawing on Beckett's representations of tinnitus in his plays, I argue that due to the acoustic distance that the tinnitus creates to the sound of the original trauma, the characters often perceive their ringing in the ears not only as a simple echo of the original trauma, but also as a completely different and empowering countermelody. Several performances of these plays suggest that tinnitus can even serve to drown out and alter the original traumatic sonic memories.

Indeed, Beckett's plays reveal an almost obsessive need to perform trauma through the often very physical noises surrounding moments of silence. I agree with Carla Locatelli who suggests that Beckett's silence is an “engaged silence” (“Unwording” 29). This engaged and persistent “tinnitus of silence,” as I call it, becomes an audible manifestation of traumatic experience and the distressing unheard sounds of body itself: the silent yet audible threats to the wounded self. Listening to silence and the sounds generated through and around moments of silence are essential aspects of trauma theory. Lacan, for example, distinguished, “in one of his unpublished seminars...between *sileo*, a simple absence of voice and sound, and *taceo*, which entails an act” (Fonteneau 126). I am most interested in exploring the possibilities of *taceo* in Beckett's work, which is closely connected to the Lacanian real.

By examining the link between individual and collective trauma and sound, and in particular the role of silence as a persistent noise of resistance in performance, I argue that

Beckett conceives of trauma as an internalized “tinnitus of silence,” emitting a sound of resistance. Beckett wants his audience to *hear* silence and the bodily countermelody that originates from it, a paradoxical gesture that promises both to resolve and to perpetuate trauma. However, this visceral countermelody also perpetuates another form of trauma: both the character and the listener of the trauma are forced to listen continuously to the body’s self-generated sounds of survival. Tinnitus or other hyperaware bodily sounds, such as amplified sounds of hearing oneself bleed and breathe, confront the subject with his own mortality in the most visceral, traumatizing way. I read Beckett’s dramatizations of tinnitus (I use the word tinnitus as an umbrella term for all hyperaware, rhythmic dramatized bodily sounds) as a visceral, musical blueprint meant to counteract trauma and its symptomatic after effects, which also echoes and reiterates the trauma to some degree.

I will draw on Caruth and various other psychoanalytical approaches to trauma, such as Lacan’s concept of the real, ‘*objet a*,’ and Žižek’s and Dolar’s ideas on acousmatic object voices. The murmurs and countermelodies of tinnitus, dramatized, extended breaths, and the hyperawareness of other bodily noises emitted by the traumatized Beckett characters are avatars of the post-traumatic countermelody and elements of Lacan’s voice as *objet a*. Since Dolar thinks of the object voice as a “sound with meaning” (*A Voice* 23), I thus read Beckett’s dramatizations of tinnitus and other bodily sounds not just as “sounds,” but also as object voices. The bodies’ self-generated hyperaware sounds attempt to drown out and resound the narrative of the original trauma. Tinnitus, “the resounding sound” of a silent inner scream, displaces the “original” sonic trauma by generating a more accessible bodily echo of the original trauma: a countermelody of agency. Through this countermelody the subject can enter into a conversation with the trauma that was originally chaotic and overpowering.

The social and political importance of sound, and especially acoustic war trauma, is largely unexplored in contemporary theatre studies. My project fills this gap in scholarship by examining the link between trauma and sound, by underlining the significance of trauma theory for stage and radio performance, and by overcoming the separation between aesthetic and political analysis. Except for Adrienne Janus's two articles on laughter and listening in Beckett, scholars have paid very little attention to bodily sounds in Beckett. Her interest in "murmurs of voices" ("In One Ear and Out the Others" 185), as she calls them, suggests that listening to the body is a new emerging idea in Beckett studies. However, in contrast to my approach, she does not read these bodily sounds in the concrete context of trauma studies. In fact, in her essay on laughter, she specifies that she takes a non-Freudian approach. Instead of following the "Freudian model" ("Ha he hi ho hu. Mummum' to 'Haw! Hell! Haw'" 145), she draws on Helmuth Plessner's and Peter Sloterdijk's theories of laughter.¹⁵ Similarly, the third chapter of Ulrika Maude's *Beckett, Technology and the Body* does point out "the special relevance the acoustic has to issues of embodiment in Beckett's writing" (7), but it does not put it in a political context. My work fills this gap by paying specific attention to the dramatization of bodily sounds and the workings of trauma, while drawing on recent body-oriented treatment approaches to trauma.

More specifically, I argue that this bodily sound of silence is a usually hidden, but now very present, audible bodily sound, which speaks back to and "drowns out" the original sounds of individual or communal war trauma. In fact, through his bleak post-apocalyptic soundscapes

¹⁵ In Janus' 2004 dissertation *Auditory Obsessions and Fundamental Sounds: A Genealogy of Murmurs in Literary Listening through Beckett*, from which her two previously mentioned articles are derived, she reads these Beckettian murmurs "as the by-product of a two-sided struggle fundamental to modernist literature: on the one hand, the struggle to hear the unheard-of below or behind language; on the other, the struggle to conquer a fundamental dissonance" (1). As previously mentioned, she does not see the murmurs as a representation or dramatization of trauma, but focuses more on "how these auditory obsessions and fundamental sounds inform modernist developments in poetic form and literary style" (1) and express "an obsession with harmony" (1).

of anxious breaths, loud hyperaware noises of beating hearts, constantly buzzing sounds of tinnitus, and the strange, disembodied voices of deaf people, Beckett generates an “auditory hell” (Kevin Branigan 68), a social landscape haunted by acoustic war trauma. Reenacting not only the delayed, subconscious effects of two world wars, he also reworks the direct sonic traumas associated with constant noise exposure from wartime bombings. By representing both the psychological and the physical effects of sonic trauma on stage, like the incessant hissing sounds of Mouth’s or Henry’s tinnitus’ in *Not I* and *Embers*, or the performance of inhaling and exhaling in *Breath*, Beckett displays an ambivalent attitude towards silence and ascribes a new meaning to it. More specifically, the psychological effects of continuous tinnitus act as a metaphor for the inner workings of trauma, because trauma is not a one-time event of the “hidden depth of the past, but [a continuous process] constructed retroactively” (Žižek, *The Sublime* 56). Tinnitus—that is the imaginary, subjective perception of ringing or roaring noises in the ears—is not only a direct and very common physical response to acoustic war traumas related to bombings—but it is also a psychosomatic shock reaction and a manifestation of repressed psychological trauma.

I use the word tinnitus in both a literal and metaphorical sense. Susan Holmes and Nigel D. Padgham point out that

tinnitus refers to a perception of noise arising without corresponding auditory stimulation... For some it is temporary, arising, for example, after exposure to loud noise... for others, longstanding tinnitus resists medical or surgical treatment. Although often described as ‘ringing in the ears,’ patients also refer to whistling, hissing, buzzing or roaring of varying intensity, loudness, and pitch.
(97)

Larry E. Humes, Lois M. Joellenbeck, and Jane S. Durch discuss noise-induced tinnitus caused by bombings during major wars. They state that “the human and financial costs associated with hearing loss among military veterans [since World War II], have repeatedly drawn attention to noise, hearing loss, and the need for hearing conservation in military settings” (1). In his earlier play *Endgame*, Beckett describes something, which I argue, might in fact be a very accurate description of the disturbing phenomenon of pulsatile tinnitus, a specific type of tinnitus, which follows the heartbeat and rhythmic blood flow in the brain or the ear, and is often caused by accidents or physical traumas to the head as they occur on the battlefield: “[t]here’s something dripping in my head...A heart, a heart in my head” (104). He also describes the sensation of “[s]omething dripping in my head, ever since the fontanelles” (127).¹⁶ The traumatized can hear their own blood flow or heartbeat, constantly reminding them of the trauma.

John Cage once made an experiment with the intention to study the perception of one’s blood flow and heartbeat. He decided to spend some time in an anechoic sound chamber, listening to his own bodily sounds. He states: “[t]ry as we might to make a silence, we cannot. I entered one, and heard two sounds, one high and low...The high one was my nervous system in operation, the low one my blood circulation” (Cage 8). Silence is, for both Beckett and Cage, truly unrepresentable, and in its essence, nothing but the sounds generated by our bodies.

Working under the basic assumption that mind and body are interrelated when it comes to the interpretation of medical symptoms, other scholars have focused on the psychosomatic causes¹⁷

¹⁶ Beckett describes the idea of hearing with one’s head and another case of pulsatile tinnitus in *Molloy*: “And if I went on listening to that far whisper, silent long since and which I still hear, I would learn still more, about this. But I will listen no longer, for the time being, to that far whisper, for I do not like it, I fear it. But it is not a sound like the other sounds, that you listen to, when you choose, and can sometimes silence, by going away or stopping your ears, no, but it is a sound which begins to rustle in your head, without your knowing how, or why. It’s with your head you hear it, not your ears, you can’t stop it, but it stops itself, when it chooses. It makes no difference therefore whether I listen to it or not, I shall hear it always, no thunder can deliver me, until it stops” (*Three Novels* 40).

¹⁷ Corinna Stobik, Raine K. Weber, Thomas F. Münte, Marc Walter, and Jörg Frommer. “Evidence of Psychosomatic Influences in Compensated and Decompensated Tinnitus.” *International Journal of Audiology* 44.6

and effects of tinnitus, which will also be at the centre of my understanding of it. Its causes are both physical and psychosomatic. I read tinnitus as both a direct echoing of war trauma due to noise exposure and hearing loss, and as a psychosomatic coping and distancing mechanism of the body, which resumes its agency by composing its own counter melody to speak back to trauma from a distance. It is important to understand that tinnitus is not a disease, but a symptom, which can suggest a variety of underlying causes and convey several possible “messages.” I thus interpret the dramatizations of tinnitus in Beckett’s work both concretely and metaphorically, bringing together aesthetic and political analysis. Moreover, I see all dramatized bodily noises in Beckett’s work, such as uncontrollable coughing fits, belching, growling sounds, throat clearings, loud extended breaths, an awareness of blood flow, and even broken laughter as a form of tinnitus, a “tinnitus of silence,” which simultaneously gets close to and escapes from the trauma. This tinnitus distances itself from traumatic experience, but it also speaks back, drowns out, says “no,” and refuses to obey. I read all the tinnitus sufferers in Beckett’s work not simply as helpless victims of acoustic war trauma, but also as subjects, whose bodies compose an active counter melody in order to communicate with the trauma.

While Beckett’s dramatization of tinnitus (including all the other bodily sounds, which I include under the same umbrella term) demonstrates the impossibility of achieving absolute silence and the end of trauma, it also suggests the development of a new bodily counter melody of remembrance and resistance, and therefore a possibility to transcend trauma through the body’s own counter melody—a melody of humanity and survival. Trauma manifests itself through the dramatization of tinnitus, which I see as both a passive sonic reenactment of the trauma—and due to the more distant realm of sound—a counter melody of agency. In other

words, the real becomes accessible through this displaced bodily mediation of internal echo sounds. I argue that when trauma is approached too closely, it is perceived as a horrifying auditory hell confronting the subject with the larger implications of his own mortality, but when the traumatic silent scream resounds, manifesting itself as a meaningful echo voice of the original trauma or a form of tinnitus, it is perceived as a counter melody of agency and oneness, which makes symbolisation possible, and empowers the subject. Tinnitus (and all other bodily sounds mentioned before) is an avatar of the real, a concept, which I will discuss in my section on *Not I*. This avatar generates a counter melody to traumatic experience. History, in the Jamesonian sense can only be accessed through a distant, mediated textual filter, and I argue that, in Beckett's texts, this filter is the bodily voice. The voice represents distance—and distance might allow for agency.

I claim that the resounding tinnitus voices of Beckett's characters' bodies are counter melodies to and expressions of individual and collective trauma. Beckett's dramatization of tinnitus speaks back to trauma by appealing to the audience's conscience and capacity for empathy. In an interview with Jessica Tandy, Beckett made an important statement about the unique visceral meaning that can only truly emerge in performance. He conceived of his play *Not I* as "a work designed so that, first and foremost, it will 'work on the nerves of the audience, not its intellect'" (William Hutchings 87). In fact, many of the performances of the other Beckett plays that are discussed in this project seem to have a similar goal: to work on the audience's *nerves*. Paying special attention to the performances of the plays is thus an essential element of this analysis. In answer to the previously mentioned question by Dolar as to whether "hiccup[s] [can] be a philosophical statement" (*A Voice* 25), I respond that, depending on the performance, they might not always be a philosophical statement, but in most performances of Beckett's

characters, they certainly are psychological statements proclaiming the importance of remembrance and resistance. It is the resounding echoes of the traumatized individual's silent screams, and the body's self-generated tinnitus of silence, where hope is located. However, as I will demonstrate in my analysis of Beckett's plays, these bodily murmurs and reverberations also contaminate their listeners, which generates another cycle of secondary traumas. The characters' perception of their own bodily sounds is comparable to the characters' reaction to an immediate encounter with traumatic experience. When trauma is approached too closely, it is perceived as a horrifying auditory hell, but when the scream resounds through and around moments of silence, manifesting itself as a meaningful echo voice of the original trauma or a form of tinnitus, the characters perceive trauma as a countermelody of agency and oneness, which renders symbolization achievable.

Trauma and Abjection in *Not I*

Not I is one of Beckett's most minimalist and difficult plays. The reason for this difficulty partly lies in the fragmentation of the protagonist and plot. Set in a dark space; the main character on stage, whose "sex [is] undeterminable" (Jeanette R. Malkin, "Matters" 47), is a disembodied mouth, "supplied without context or frame" (Malkin 47), floating above the stage. The only other character element, which the text specifies, is the Auditor. He remains silent, but makes gestures of "helpless compassion" (406). In short, the play dramatizes the story of a disabled, deaf tinnitus sufferer named Mouth, who seems to have led a life in silence. Although she was practically "speechless" (406) for most of her life, suddenly, in an emotional outburst of great distress, she cannot stop "dragging up the past" (410). Listening and responding to her tinnitus as well as to an inner voice, which the audience cannot hear, she narrates her life story in

sentence fragments that are often incomprehensible. Paul Lawley argues that “the whole of the monologue, insofar as it is a denial—‘Not I’—is a lie, a refusal to acknowledge the fragmentary nature of the self” (“Counterpoint” 412). Similarly, Malkin believes that the difficulty of the play may lie in the fact that “we really *cannot* locate a source, a moment, a place at which an I, a self, resides” (“Malkin” 37). While Malkin sees *Not I* most of all as a memory play, Anna McMullan focuses on the idea of abjection (*Performing* 118).

The fact that Beckett declined to specify the concrete source of Mouth’s trauma in *Not I* is consistent with Caruth’s and Lacan’s descriptions of trauma as something that cannot be expressed through words. Although Mouth relates certain specific memories of her trauma, such as her “face down in the grass” (411) “in that field...one early April morning” (408), her language only creates a very fragmented story of the traumatic events. As many critics have pointed out, the imagery of the play suggests rape as a possible concrete source of Mouth’s trauma, yet Beckett famously denied such interpretations: “How could you think of such a thing! No, no, not at all—it wasn’t that at all” (Deirdre Bair 664). I argue that there is evidence in both the literary text and in the performances of the play, which may possibly suggest that Mouth is narrating her concrete sonic traumas of war. Beckett’s imagery hints at war trauma without ever explicitly describing it. Repeated phrases, such as “face down in the grass” (411) and “when suddenly...gradually...all went out” (406) recall a soldier’s experience on the battlefield or the experience of a helpless civilian. Mouth is so hard of hearing that she is even “straining to hear” (410) her own voice. Moreover, the fact that Mouth is disabled (“whole body like gone” 411) and seems to be suffering from excruciating pain and tinnitus—apparently brain related—(“the buzzing? ...yes...all the time buzzing...so-called...in the ears...though of course actually...not in the ears at all...in the skull...dull roar in the skull” 411) further suggests that she may have

been exposed to loud bombings or suffered a major brain injury, which may have instigated her ringing in the ears. She shows all the typical symptoms of trauma, yet is strangely detached from her own existence. Her life story is one of great pain and silence, in which she cannot even imagine what it means not to suffer. At the same time, however, she feels emotionally numb, has “no feeling of any kind” (408), and seems to think of the idea of “feeling coming back” (409) as an extremely grotesque thought. More specifically, Mouth mourns the loss of one who has vanished, possibly a friend she lost on the battlefield, and assumes that God is punishing her for being alive. However, I do not attempt to answer the question as to whether Mouth actually relates her concrete sonic traumas of war on the battlefield. More importantly, I focus on the fact that she represents and deals with her trauma—whatever concrete origin this may have—through bodily sounds rather than language. It is ultimately the sounds of her tinnitus and other bodily fluids, which suggest processing, comprehension, and healing.

Mouth tries and fails to narrate her trauma using words. She narrates it through absurd and incomprehensible sentence fragments with “half the vowels wrong” (412). More specifically, they are uttered by a foreign voice that seems to belong to “She,” but not to her. The distance conveyed by the way Mouth relates her trauma through the realm of language is most clearly revealed in the title of the play as well as the repeated refusal to adopt the first person. Critics have read this distance and Mouth’s attempts at depersonalization in various different ways. For example, in his article “Beckett with Lacan,” Žižek discusses the impossibility of mourning and accessing past trauma, while Enoch Brater argues that “the staging of the play suggests...a literally dislocated personality...an old woman listening to herself, yet unable to accept that what she hears, what she says, refers to her” (23). Mouth even explicitly says at one point that she had never “suffered less” (406) which could possibly be explained as a form of

derealization or depersonalization. Throughout the play, Mouth refers to her trauma from this acoustic distance. She repeatedly claims “it was not hers at all...not her voice at all” (409) and that “she...realized...words were coming...imagine!...words were coming...a voice she did not recognize” (408). I believe that this distance should not be seen as a failure to understand her trauma, but, in fact, helps her to approach and cope with it from a less threatening and overwhelming acoustic distance. When Mouth approaches her trauma too closely through the realm of language, it becomes incomprehensible and absurd, but when the traumatic silent scream resounds as a tinnitus or other bodily sounds and fluids, such as breaths, screams, and the sounds of saliva, it can become a forceful counter voice to the original trauma, a counter melody of agency and oneness, through which Mouth gains strength. “I” has to remain at a safe distance of indifference and observance to communicate the trauma and to communicate *with* the trauma. Since trauma didn’t happen to “I,” “She” can speak back to it through displaced bodily sounds and resounding bodily echoes of silent screams.

The Lacanian *objet a* exposes a gap in the Symbolic order, and interestingly enough, Lacan locates these gaps in the openings of the body, such as the mouth from which the object voice originates.¹⁸ In *Not I*, the image of a mouth as *objet a* becomes not only central, but also the only character in the play. Mouth relates her trauma through the openings of her body, reaching and contaminating the ears—another body opening—of her listeners. Mouth is a fragment, an image of brokenness and physical evidence of trauma, but it is also the only image, which emits a counter melody to the original trauma. It is an image of sonic survival. I argue that *objets a* manifest themselves in *Not I* through the dramatizations of tinnitus, dramatized, breaths, screams, and the sounds of bodily fluids. I thus both agree and disagree with Mary Douglas who

¹⁸ Lacan argues that “*objet a* is something from which the subject, in order to constitute itself, has separated itself off as organ” (*Four* 103). More specifically, he relates *objet a* to the drives, such as “the anal level (the faeces)” (*Four* 103-104), and the invocatory drive (the ears and the voice).

claims that

[a]ll margins are dangerous. If they are pulled this way or that the shape of fundamental experience is altered. Any structure of ideas is vulnerable at its margins. We should expect the orifices of the body to symbolize its specifically vulnerable points. Matter issuing from them is marginal stuff of the most obvious kind. Spittle, blood, milk, urine, faeces or tears by simply issuing forth have transversed the boundary of the body. (121)

What is expelled in *Not I*, the “marginal stuff” is bodily sounds. They are traumatizing because they represent a continuous sonic confrontation with mortality, but they are also the locus of agency. They symbolize the bodily split that resists and that survives through screams and bodily fluids of saliva, which reach out to the audience. For example, “in a sudden flash” (406), Mouth recalls a specific moment during which she realizes that God is punishing her. Considering the severity of her trauma, the thought of a “merciful... [*Brief laugh*]...God...[*Good laugh*]” (406) or even the existence of any God is simply grotesque and beyond the realm of symbolization. The laugh, which occurs between “merciful” and “God” is a typical example of *objet a*. Whereas the words “God” and “punishment” conjure up disturbing ideas about death, the “marginal stuff”—the visceral laugh—creates a distance and a more empowered subject position for Mouth and the audience from which both can process the events.

Drawing on Dolar’s idea that “voice is a sound with meaning” (*A Voice* 23), I suggest that the bodily sounds in *Not I* are voices and not sounds, because they produce a meaningful, engaged counter melody. Mouth is tortured by the sound of tinnitus in her ears, which both reinforces the original trauma, because it reminds her of her own mortality, and drowns it out. Since her tinnitus is “raving away on its own” (410), she is constantly being confronted with the

sound of her internal organs, her blood flow, and thus her mortality. However, the sound of her own flesh has also become a marker of life and of being alive—a reminder that she has survived trauma. It seems that Mouth is even afraid of pure silence, of “no sound of any kind” (410). She does not want “all the time the buzzing” (411) to stop, because the silence of her body would signify death and surrender to trauma. Her tinnitus represents life after trauma and drowns it out to a certain extent. It is literally fighting language and “begging her mouth to stop” (410) narrating the details of her trauma again and again. Thus, unconsciously trying to transcend trauma, Mouth generates an incoherent, but a potentially hopeful and healing music through her tinnitus, through *objet a*. Although critics generally see *objet a* in more negative terms as a form of death drive and would not necessarily associate it as the locus of hope in Lacan’s work, many scholars, including Dolar have also noted that the letter “a” in *objet a* carries connotations of a beginning due to the fact that it comes first in the alphabet. *Objet a* is certainly an elusive entity, but due to its chameleon-like nature, it also represents the liberating realm of endless possibilities. Moreover, as Dolar suggests, “the absence of voice and sounds is hard to endure; complete silence is immediately uncanny, it is like death, while the voice is the first sign of life... and has an intimate connection with meaning” (*A Voice* 13-14). Dolar points out that “the most deafening thing can be silence” (*A Voice* 14), and Mouth seems to acknowledge the importance of continual conversation to drown out the sound of silence. Mouth feels alienated from her own body and her own voice; she explains this estrangement clearly:

words were coming...a voice she did not recognize...at first...so long since it had sounded...then finally had to admit...could be none other...than her own...certain vowel sounds...she had never heard. (408)

Mouth’s description of her own perception of her voice is what Dolar means by the unheard,

aphonic voice. Mouth “did not recognize” (408) and “had never heard these sounds” (408) before. She perceives them as somewhat strange and alienating, but as *objet a*, as a fleshless and boneless separate entity defined purely by its function, it has the potential to emanate healing counter melodies to the original trauma.

Mouth manages to communicate with her trauma by resounding the original trauma through *objets a*, her tinnitus, “the buzzing so-called... in the ears” (406), from an alienating, foreign distance. However, this distance also allows her monologue to turn into an internal dialogue, thus rendering her trauma less of an isolating experience. For Mouth, silence is essentially the experience of listening to her tinnitus: “all silent as the grave...no part-...what? ...the buzzing?...yes...all silent but for the buzzing” (408). Most critics have read Mouth’s tinnitus as a negative element in the play, or as a constant form of torture, contributing to her suffering. Moreover, Simon Critchley calls her tinnitus a “tinnitus of existence” (112), a ringing that expresses a “transcendence without God, God-equivalents or gods...simply the ringing void at the heart of what there is and who we are” (129). I offer a less existentialist, more psychoanalytic reading. I argue that her tinnitus, which her body generates, instigates a conversation, which, in turn, creates a sense of unity through a whole alternative traumatized sound body. Mouth’s *objet a*, her tinnitus, speaks back to trauma in a deliberately “partial” way: through a distant echo and comforting repetition of displaced sounds of the original trauma. Through this distance, which the avatar of the original traumatic sound generates, trauma can be directed outwards and becomes more manageable. While the sound associated with the original trauma remains a large, incomprehensible “Other,” she can claim its echo, her tinnitus, as hers. Although it resembles the sound of that “other” trauma, it is a different, self-generated sound. It is unique and she owns it, which gives her agency. It is important to realize that Beckett does not

stage Mouth's trauma through actual harsh loud sounds of bombing, but through an avatar of the original trauma—a faint echo of the bombings—a buzzing, ringing sound. This distant, fainter sound, *objet a*, makes her recall the trauma constantly, but because of its faintness, it is only an avatar, which renders the original trauma less threatening. In other words, the tinnitus destabilizes the original sonic memories. The trauma is no longer fixed and untouchable. Through each acoustic recollection, the quality of the original memories changes somewhat. After listening to the tinnitus for a very long time, the original traumatic sound could potentially generate completely different sonic memories. In short, the symptom of the trauma modifies its original, underlying "disease." Mouth describes her tinnitus repeatedly as a "dull roar like falls...in the skull" (411), which is actually a rather comforting, harmonious, and calm sound. Moreover, the fact that her trauma is repeated again and again through this different, more comforting natural sound of the falls makes it seem more familiar. In fact, Mouth mentions "the buzzing...so-called...in the ears" (406) countless times throughout the play. Hearing the recurring sound of the word "buzzing" creates a regular rhythm and a sense of consistency and permanence, meant to counteract the experience of trauma, which is in its essence an encounter with one's mortality. Moreover, this natural fall sound may suggest a union between her and the natural setting, the "field" (406), the site of her original trauma. It may also be read as a pun on falling down. Mouth describes the buzzing as something stable, "raving away on its own" (410), which, given her complete isolation on the sound stage, is a rather comforting thought. This permanence thus renders her tinnitus something very familiar, yet different and distant enough to create a harmonious countermelody of agency and oneness, which enables symbolization and destabilizes the original sonic memories. In fact, Mouth describes her tinnitus as a sound of life rather than death: "all dead still but for the buzzing" (408). It seems that Mouth thinks of her

tinnitus, the avatar “copy” sound of the original trauma, as superior at communicating the story of her trauma. In fact, she clearly states that her tinnitus “[is] begging the mouth to stop” (410) its failed attempts at narrating the trauma through the realm of language.

The repeated emphasis on the idea that Mouth’s tinnitus originates from the brain rather than the ear further suggests that there is an intellectual, rational, cerebral component to it, which underlines the idea of it being a sound of agency rather than despair. She literally describes her tinnitus “in the skull” (411), “not in the ears at all” (410). It is located within the brain—the organ of reason, which emits this countermelody. Her tinnitus is thus not a purely visceral sound and a symptom of hearing damage, but a voice of resistance and traumatic remembrance, “a sound with meaning,” to use Dolar’s words again. It is the brain that is processing and judging trauma, “raving away on its own...trying to make sense of it...or make it stop...or in the past...dragging up the past” (410). However, her tinnitus is also a cry for help; it is “begging in [her] brain” (410), thus reaching out to the audience to intervene. Malkin aptly asks: “Does brain have a memory of its own aside from the memory of voice that is also ‘dragging up the past’?” (*Memory* 49). Indeed, it seems that the brain is better able to represent trauma than the ear (the purely visceral realm of representation) and the mind (the purely symbolic realm of language).

The idea that Mouth’s tinnitus and her screams are, in fact, voices of subjective agency and resistance, is further strengthened by the performances of the play. Drawing on Billie Whitelaw’s 1973 performance at the Royal Court Theatre in London,¹⁹ I argue in the following that the real narration of Mouth’s trauma can be perceived by listening attentively to the dramatized tinnitus and screams, which Mouth’s body emits and displaces. These *objets a* assume a more prominent role in performance. The screams, tinnitus, and sounds of bodily fluids

¹⁹ “Samuel Beckett - Not I.” Last access: July 14, 2015.
<<http://www.youtube.com/watch?v=ThnmfkPORxI>>

in performance become minimalist avatars of trauma, which affirm their own fragmentary nature. As embodiments of trauma, they create a whole other familiar sound body through which trauma can be accessed, “contained,” and transformed into a countermelody of agency. Although the stage directions detail the length and intensity of Mouth’s screams, hearing them performed renders them uncannily present and “alive.” In fact, it is exactly the “presence” of Mouth’s trauma, which makes the performances so “engaged” and empowering. Mouth’s anxious breaths, screams, and the constantly buzzing sound of her tinnitus embody trauma and act as a coping and distancing mechanism. Read as a literary text only, Mouth’s sentence fragments, which she utters in her own voice but that she perceives as foreign, appear as an overwhelmingly abstract, but also paradoxically too immediate encounter with trauma. This may be explained by the fact that in the text the representation remains purely symbolic, while on stage the representation resides in the register of the imaginary too. In the literary text, Mouth appears alone, helpless, and overwhelmed by the tragedy of her own life. Her speech is absurd. It is “unintelligible” (405) and she has “no idea what she is saying” (409). Her language fails to represent trauma, because it does not embrace its own fragmentariness and mechanism of mediation. It tries and fails to capture the experience as a whole, in one word, or in one phrase. Words like “the field” (406) or “suffering” (407) certainly conjure up elements of trauma, but they do not convey a real, visceral, deep understanding or connection between the events, nor do they contain any suggestions for coping. H. Porter Abbot argues that actors actually suffer and endure “physical pain” (13) in Beckett plays. Unable to move part of her body, Billie Whitelaw, for example, describes performing *Not I* as “a terrible inner scream, like falling backwards into hell” (Mel Gussow 85). One of these painful moments, during which the audience hears the presence of these screams occurs early on in the play:

not any sound...no sound of any kind...no screaming for help for example...should she feel so inclined...scream...[screams]...then listens...[silence]...scream again...[screams again]...then listen again...[silence]. (408)

The minimalism of these terrible two screams becomes very present, focused, and powerful in performance due to the intense shock created by the silence in between the two screams, which makes them appear louder and unexpected.

It is the visceral effect of hearing the bodily sounds and bodily fluids performed, which places responsibility onto the listener and generates an automatic understanding of trauma. Seeing the traumatized Mouth performed so viscerally as an image is certainly disturbing, but if one listens attentively to the sounds, screams, and auditory fluids this image expels, one notices that the static image almost disappears as one begins to hear a countermelody of refusal and strength emerging. This countermelody of bodily fluids is not only expressed through repeated and controlled utterances of the word “NO,” but also through the uncontrolled, dramatized sounds of saliva, which I see as manifestations of *objets a* accompanying the performances. The sounds of saliva, the sounds of grinding teeth, and the different strange intonations, such as a long aggressive rolling “r,” render trauma “fluid,” bodily, visceral, and uncomfortably present. Moreover, they expose the horrifying sounds of suffering flesh—that which trauma expels, that which is abject.²⁰ Anna McMullan arrives at a similar interpretation:

[t]he subject is constituted through expelling abject matter and creating a boundary around its identity that can then be posited as a ‘whole,’ but if this boundary is disturbed, the subject is no longer distinguished from the abject, the

²⁰ See discussion of abjection in Kane chapter (page 198).

interior from the exterior, the human being from decaying flesh. (*Performing* 118)

Julia Kristeva explains this phenomenon most succinctly:

[t]hese body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being...it is no longer I who expel, 'I' is expelled. (*Powers* 3-4)

In other words, by rendering these bodily fluids abject, a helpful distance is created, which alienates and generates a confrontation with mortality, but which also leads to agency and allows Mouth to inhabit a liminal position of detachment from which she is able to expel her trauma. Mouth can thus approach it from a more manageable, less overwhelming distance, and rework it through a forceful bodily resounding melody of resistance.

Whitelaw's rhythmic breaths and screams hit the listener's ear like aggressive bullet shots, drowning out the original war trauma. Although Whitelaw is detached and alienated from her own voice, it serves as a violent acoustic sound weapon emitting a countermelody of agency and refusal. Brater describes that

Billie Whitelaw, who played Mouth in London under Beckett's own direction, was strapped into a chair, head anchored for the spot, body and eyes covered to prevent reflection of the light. (53)

Beckett insisted that the piece be delivered at the speed of thought. In combination with the sounds of saliva and the sound of grinding teeth, Whitelaw's repeated utterances of "no" are far from songs of despair. Rather, her performance sounds like aggressive bullet shots fighting back to the original war trauma. In an interview, Billie Whitelaw called *Not I* "Beckett's inner scream" (qtd. in Katherine Worth, "Sources of Attraction" 211-212). Indeed, Beckett dramatizes Mouth's hyperaware bodily sounds, which create both a soothing and comforting form of

“tinnitus” and a chilling intimidating countermelody that can be heard by the audience. Due to the fast pace, the listener may pay special attention to the breaths and screams—the moments when the fast speech flow is interrupted. In fact, since the words themselves sound rather monotonous, the audience’s direction is focused on these dynamic changes in sound. Whitelaw demonstrates that her anxious breaths and screams are better at telling their traumatic story than language: “scream...[*Screams.*]...then listen...[*Silence*]...screams again...[*Screams again*]” (408). It seems that the word “scream” is empty and needs to be imbued with meaning through the actual scream itself. It does not stand on its own, but has to be followed by the actual scream. Indeed, the audience hears a very prominent sound of breath when she is screaming. This hyperaware, loud breathing sound, which follows the scream but not the words is an affirmation of life while her breaths between her normal speech flow appear less natural. The quick breaths between her words sound like the sounds of a wheezing breathless dog desperately panting for air.

Kevin Branigan points out that repeated at a quick tempo, “words lose their referential quality, [and] gain a musical effect” (86). Whitelaw’s words do not only gain a musical effect, but they are also empowering. There is a regular rhythm of resistance and agency attached to this relentlessly sounding and resounding mouth. Billie Whitelaw explains “that she burst into tears when she first read the play, ‘not understanding one word of it, may I say, intellectually, but intuitively recognizing the mode of Mouth’s existence’” (Linda Ben-Zvi, “Billie Whitelaw” 4). Whitelaw’s raw interpretation appeals to the audience’s conscience because it is successful at representing the horrifying aspects of trauma through the dramatization of abject bodily fluids, *objets a*. Billie Whitelaw describes *Not I* appropriately as “something akin to verbal vomit” (Whitelaw, *Billie Whitelaw* 116). Her screams are definitely screams for help, but there is a

violence to them, which speaks and fights back to the original trauma. Even her pronunciation of words, such as “bridges,” with a chillingly long rolling “r” is very visceral, appealing to the audience’s instinct to help.

Moreover, Whitelaw’s mouth not only emits sounds, but also receives sounds from the audience, instigating a circular intimate musical conversation between her and the listener. This places responsibility onto him, which makes her trauma more approachable. Her speech not only asks the listener to listen, rather it is she who seems to be listening to the listener by repeatedly asking him questions, pressuring him to respond. Although one cannot hear the listener’s questions in the performances, it seems as if the listener asks Whitelaw’s mouth repeatedly questions, to which she either responds “No” (408) or “what” (408). The listener gets the sense that Mouth is speaking into the silence or to the person who inhabits the silence. It seems that this person is simply the buzzing in her brain that she perceives. She repeatedly asks questions, such as “what,” and pauses afterwards as if she were to expect an answer, or rejects requests vehemently with a repeated, loud “No. ” She refuses to be silenced, negates, screams out, and asserts her own life. However, she also repeatedly asks questions, which are directed not only internally at her tinnitus, but also outwardly at the listener. In Whitelaw’s pauses and breathes between her words, such as “what ... who...[and]...no” (408), it seems as if she is listening to her listeners, rejects and says “No” to their response. Since in most performances the tinnitus is staged as subjective rather than objective (meaning that the audience cannot hear it), the audience is forced to imagine the sounds Mouth hears, thus entering into the same traumatic mental space through which Mouth perceives her tinnitus. The audience is essentially asked to dive into Mouth’s unconscious and her trauma, thereby assuming an active role and the responsibility to alter or heal the traumatic memories. Similar to John Cage’s 4’33 piece, the

video ends with the volume going down again, disappearing into the dark and silence, forcing the audience to listen even more attentively to its own countermelody to Mouth's trauma, which is exposed by the sound of silence. The negative result of this intimate involvement on the side of the audience is that it also internalizes and carries on the story of the trauma through secondary exposure, thus continuing the traumatic cycle offstage.

In conclusion, Whitelaw's simple, acoustically linear performance speaks effectively and directly into the ear of the listener who, due to the minimalism, linearity, and extreme focus of the black and white presentation, cannot escape from the sense of responsibility that is imposed onto him. Whitelaw hits the audience in the most immediate and direct way. Whitelaw's head does not move at all during the performance, which renders the bodily sounds she emits very forceful. The listeners in the audience thus become "contaminated" witnesses of the trauma. Since even the figure of the "Auditor downstage audience left" (405) with his gestures of "helpless compassion" (405) disappears in the two performances, the listener cannot place partial responsibility onto the Auditor and is thus unable to escape into the more comfortable realm of apathy. In the text, the Auditor's gestures are described as "lessen[ing] with each recurrence till scarcely perceptible at third. There is just enough pause to contain it as Mouth recovers from vehement refusal to relinquish third person" (405). In the performances, during which the Auditor is non-existent, this "pause enough to contain the gesture of helpless compassion" disappears. In fact, the audience, as a group of listeners and witnesses to the trauma, is asked to inhabit this moment of silence and perform these gestures of compassion itself by listening to its own tinnitus of silence in response to the performance. Michael David Fox argues

deprived of a character to play, Beckett actors must confront the audience in their own unmediated presence...Beckett forces the actor to connect with the audience

'as a person.' [His] figures, in both his theatre and prose, are not representations of characters in any conventional sense, but are *loci* from which Beckett stages the evacuation of the subject and the invocation of the void. (368-369)

Due to the linearity and intensity of the performance, the listener may feel and connect with Mouth "as a person" since there are no secondary characters or other stage props that could redirect his attention elsewhere. As previously mentioned, Beckett conceived of *Not I* as "a work designed so that, first and foremost, it will 'work on the nerves of the audience, not its intellect'" (William Hutchings 87). Indeed, the listener is acoustically thrown into the traumatic story, listening to Mouth's cries for help, and witnessing her suffering in the most excruciating way, through the sounds of abject flesh. The bodily sounds of *Not I* appeal to the audience because they are not the original sounds that instigated the trauma, but displaced resounding breaths and screams that the audience can relate to, grasp, alter, and counteract. Whitelaw's performance demonstrates that the abject sounds of *objet a* can be externalized, directed outwards, and approached from the right amount of distance so that "I" can speak back through "She." Thus, despite its fragmentation and illusiveness, it is the visceral, performed reverberations of *objet a*'s traumatized flesh, and the distant tinnitus of abject bodily fluids resounding "She's" unconscious' screams, where agency in *Not I* is located.

The Tinnitus of *Objet a*: *Breath*

Beckett's shortest and most physical play *Breath* relies exclusively on such bodily sounds of traumatized flesh, and more specifically, on amplified recordings of dramatized, hyperaware breaths and screams. In this most minimalist of his plays, Beckett completely gives up plot and language as a way to represent trauma. Instead, trauma is represented through visceral breaths,

and amplified primal cries of suffering: *objet a*. Beckett literally conceives of traumatic silence as the sound of breath held for five seconds. I see trauma, in *Breath*, closely linked to the trauma of birth. Through a moment of silence, trauma can be controlled and temporarily stopped—albeit only for five seconds—by holding the breath. Absolute silence, for Beckett, is essentially the utopian ideal of suicide, which would promise a relief from suffering, but which one can never commit successfully. It is linked to the experience of trauma in that trauma, too, cannot be fully healed or overcome. I argue that if breath and “held breath” have the power to control and bring about silence—even if only for a brief moment—trauma, which that silence represents, can also be temporarily “held,” contained, and controlled.

The play’s plot can be quickly summarized: a moment of “recorded vagitus” (401), a birth-cry, precedes an “amplified recording” (401) of an invisible body’s sounds of inhaling. Silence is “held” (401) for five seconds and the sound of exhalation again precedes five seconds of silence. The intensity of the light changes. Finally, the birth cry is repeated, silence is held for another five seconds, and the play ends. Beckett makes clear in his stage directions that the stage must not include any verticals within the fallen world of “miscellaneous rubbish” (401), decay, and death dramatized on stage. Beckett wrote the piece for Kenneth Tynan’s revue *Oh! Calcutta*. It was first performed in 1969, in Britain at the Close Theatre Club in Glasgow and in the United States at the Eden Theatre New York.

Breath is one of Beckett’s least studied plays, perhaps because it features no dialogue. James Knowlson and John Pilling see the play as a strange, brief “mixture of the comic and the serious” (127). Other critics have read it as a representation of mortality. Ulrike Maude, for example, views it as a representation of a “blurred boundary between life and death” (109), and Al Alvarez sees in *Breath* “that last gasp” (134), after which nothing survives. However, hope

can be located within the breath itself, since it not only represents a confrontation with mortality and the brevity of life, but also life within, after, and through trauma. The breath is definitely the locus of hope in the play. Bob Mayberry aptly points out that the “inhalation lasts ten seconds and the light becomes brighter during these ten seconds...[t]his implies that as the unseen someone breathes and lives, the world grows brighter” (31). Although Mayberry does not read the play in context of trauma theory, I agree that

the last scream is not just a scream of death marking the end of the ten-second exhalation; it is also the scream of new birth, ushering in another moment, however brief, of inspiration. (33)

The play’s “action” is driven forward exclusively through the avatar of trauma, *objet a*: the sound of breath. Beckett’s stage directions insist that light and breath are to be “strictly synchronized” (401), which conveys a sense of unity and harmony between external and internal trauma. In other words, through the synchronization of the body and its environment, Beckett allows for a possible resolution to trauma. Life persists through the sound of the body, and trauma can be grasped, controlled, and contained through the tinnitus of silence of “held breath.”

Although some scholars, such as Benedict Nightingale, have read the imagery of the play as suggestive of the historical events of the mid twentieth-century, critics have not explicitly considered it an example of trauma literature. I argue that the setting of *Breath* is a setting of World War II trauma. The stage directions suggest the traumatizing experience of living in a bombed World War II city: the empty, disembodied stage is “littered with miscellaneous rubbish” (401) and no “verticals” (401), an image, which, through its absence, not only suggests the destruction of metaphysics, but also the destruction of hope. The scene recalls Adorno’s insightful point about *Endgame*:

Without realizing it, humankind continues to vegetate, creeping along after events that even the survivors cannot really survive, on a rubbish heap that has made even reflection on one's own damaged state useless. ("Trying" 244)

It also evokes the Beckett comment I previously mentioned concerning his work for an Irish Hospital in St.-Lô, which had been bombed: "St.-Lô is just a heap of rubble, la Capitale des Ruines as they call it in France. Of 2600 buildings 2000 completely wiped out" (Knowlson, *Damned* 313). Indeed, the setting of *Breath* is a bombed stage of destruction and decay, recalling the post World War II traumatic events. The body as a functioning entity has disappeared; instead, the strange, disembodied, recorded breaths and cries of a foreign sound body emerge, mourning human existence. The two cries at the beginning and the end of the play are avatars of historical trauma, *objets a*, and define life according to Nightingale "as two faint cries and the world as a rubbish-heap" (390). Most of all, they are cries for help, which signal deep suffering, pain, and loss.

While the cries are simply a reflection or representation of trauma, the breath suggests a possibility to counteract or drown out trauma. Agency can be located within the breath, because it controls the play's rhythm. Due to the minimalist setting and the lack of characters, it is the breath, which generates the musical rhythm of the play and defines its actions. This rhythm of inhaling and exhaling creates a sense of structure, which renders it easier to grasp the disturbing effects of trauma. The breath leads to, and in fact, literally contains and captures a moment of silence, since the five seconds occur between the sounds of inhaling and exhaling. The end of trauma, which silence on this littered stage of rubbish represents, can be achieved through the bodily rhythm itself—albeit only for five seconds.

Despite the insistence on recording and remembering trauma, the act of amplifying the

cry renders it an *objet a*, an avatar of trauma. This allows for the possibility to cope with trauma, because of the acoustic and temporal distance the recording creates. It makes the cry “faint” (401), it literally renders it an avatar, as noted in the script, and thus less frightening and overwhelming, which again recalls Dolar’s and Žižek’s ideas of the silent screams that resound. Derval Tubridy argues that

Beckett insists that both the cry and the breath, both so central to the play, are performed recorded rather than live. The temporal distancing between the body and the dramatic presentation necessary for the ‘recorded vagitus’ and the ‘amplified recording’ of the breath, dislocate, quite literally, the lived experience from its representation. (116)

This temporal distancing is also an acoustic one, which serves to approach and heal trauma. Beckett insisted that the breaths and cries be amplified and recorded, which suggests that the alienating effects of the amplified breaths can convey a helpful acoustic distance, which the live breath cannot.

I will compare four performances of the play, a production by the National Theatre School Canada from 2008,²¹ an Arsonist Production from 2007,²² the “Beckett on Film” version directed by Damien Hirst,²³ starring the voice of Keith Allen, and a German production directed by Gerd Conradt from 2009.²⁴ The National Theatre Production, which is shown from two angles, follows the text closely. The rubbish consists of old, rusted furniture. The recordings of

²¹ “Breath.” Last access: July 13, 2015.

<http://www.youtube.com/watch?v=1rZ8xParVmE&feature=player_embedded#at=77>

²² “Breath.” Last access: July 13, 2015.

<<http://video.google.com/videoplay?docid=-8915465772259371796#>>

²³ “Breath.” Last access: July 13, 2015.

<<http://www.youtube.com/watch?v=vw6HWwPEQm8>>

²⁴ “Breath.” Last access: July 13, 2015.

<<http://www.youtube.com/watch?v=S2K9LAof064>>

the breaths and the baby's cries are well timed and the five seconds of silence have an uncanny, visceral effect, appealing to the audience, which now hears its own breaths amplified through the sudden silence. Through repetition, it seems that the breaths and screams "fail again, fail better" (*Worstward Ho* 7) into the extended moment of silence. The production recalls a line from Beckett's *Text for Nothing* No. 8, where the narrator describes a similar phenomenon: "But it will end, a dehiscence will come, or the breath fail better still, I'll be silence, I'll know I'm silence, no, in the silence you can't know" (132). By portraying an endpoint in human existence, a blank moment of silence after trauma, the production conveys an opening, a dehiscence—a possibility for uncertainty. This can be either liberating or terrifying, depending on how the audience decides to fill it.

The uncanny filmed performance by Arsonist Productions places less responsibility onto the audience. The added unscripted sound effects at the beginning render it more difficult to listen to the countermelody of refusal and make the trauma appear overwhelming, leaving little room for the bodily sounds to speak back. Moreover, the fact that the "miscellaneous rubbish" consists of unbroken, functional instruments seems somewhat unfitting and ignores the political elements inherent in the play. The performance of the breath, however, is not simply a weak gasping for air, but appears determined and amplified as scripted, through which the body regains some of its agency. Also, due to the good timing of the cry and breath and the fact that they speak to each other rhythmically, they seem to be in conversation with each other, which suggests that there is a hint of agency to be found in the performance of the breaths and cries. However, the added sound effects distract from hearing the bodily countermelody to trauma and its containment through the breath. Trauma, as represented in this production through the sound effects, leaves its listeners terrified, helpless, and unable to cope with the secondary trauma,

which they just witnessed.

Hirst's bleak production for the "Beckett on Film" project leaves even less room for interpretation. It is successful in that it recognizes the political potential of the play, but by omitting the birth cry from the performance, it fails to represent the suffering and the visceral horrifying effects of trauma. More specifically, it removes the means through which the body's cries for help can be heard. The performance puts the trauma in a very concrete context: the rubbish consists of hospital and medical waste, and cigarette butts, which form swastikas. The image of the swastika, a symbol of suffering, murder and gas chambers, undoubtedly hints at the trauma of World War II. Derval Tubridy argues that this directorial choice evokes Adorno's concern about the possibility of representation after Auschwitz:

Remembering the statement with which Beckett ended his novel *Watt*—'No symbols where none intended'—we are jolted from the a-historical microcosm of Beckett's play which exists between the inhalation and exhalation of any breath, into the historically specific macrocosm of death as genocide with the political, social and religious contexts that are necessarily implied. (118)

Although I agree that putting the trauma articulated in the script in the concrete context of science and medicine might be somewhat limiting, it acknowledges and confronts the political elements of the script. In fact, it recalls Beckett's own traumatizing experience working in an Irish hospital, which I mentioned in my introduction. Gordon Burn explains:

[Hirst's] disinhabited dumb boxes speak of modern death in tiled hospital rooms, and silent technologised removal. They speak...of how the technological media, which enormously reinforce and heighten the illusion that death happens only to others, have put a distance between us and our own dying. (10)

The specific type of trauma that the production intends to convey is thus certainly appropriate. However, from an acoustic point of view, it is the bleakest performance among the productions to be analyzed, because the suffering cannot be heard and the breaths and cries are given no room to enter into a conversation with one another.

I argue that the most successful, politically responsible, and hopeful performance, is the unconventional and very Brechtian German production directed by Gerd Conradt. Although the production is most certainly a misinterpretation of Beckett's play in that it does not closely follow the text's script (for example, it does not display the miscellaneous rubbish), it asks the spectator to get involved by articulating a countermelody of refusal. Instead of having an actual actor perform the play, the director chose to have the audience perform the breaths and cries themselves. The minimalist black and white production films the audience's repeated synchronized breaths and cries. Listening to the breaths performed by the audience, a loud, energetic, and determined countermelody of refusal emerges. Due to the communal performance, trauma appears less isolating, and through its synchronization and repetition, the breaths seem determined to drown out the original trauma. Moreover, by making the collective "body" of the audience the "actor" in the play, the production gestures forward to Brecht and Artaud at the same time. Artaud, as I will explore in my next chapter, breaks down the barrier between stage and audience through utopian attempts to "breathe with" the audience, and Brecht advocates resistance by engaging the spectator critically through distancing effects.

Thus, due to its emphasis on suffering, and the amplification and recording of the body sounds, the play has the potential to appeal to the audience. William Hutchings points out:

relying exclusively on sensory perceptions (i.e., sight and hearing) and lacking any spoken words to be apprehended and considered by reason, *Breath* achieves a

goal that Beckett expressed to Jessica Tandy about *Not I*: it is a work designed so that, first and foremost, it will ‘work on the nerves of the audience, not its intellect.’ (87)

In other words, the play’s cries and screams are cries for help, which appeal to the audience in an immediate, bodily manner. Moreover, the recording of the body sounds renders the breaths and screams uncannily present and real, generating an immediate visceral confrontation with mortality, which is traumatizing. However, they also become faint avatars of trauma, *objets a*, which make trauma more approachable. The performances demonstrate through the recording and amplification of the breaths and screams that they are not simply accidental and automatic, but conscious and deliberate sounds with a purpose and direction. The breaths and cries become controlled and deliberate, which appeal to the listener’s conscience. They are reflective, engaged, and immortal cries for help, which, through the act of recording become permanent and convey a refusal to forget the traumatic history of the mid twentieth-century.

***Embers*: Lacan and the real Sounds of ‘Dying, Dying Glow’**

Similar to *Breath*, *Embers* dramatizes this refusal to forget by placing responsibility onto the listener. In fact, it is a play about listening to the sounds of silence within trauma. Beckett was adamant that *Embers*, like his other radio plays, not be performed on stage: it was meant to be broadcast as a one-time event. As a radio play, *Embers* effectively “blinds” its listener and places him in a mental cave, a ghostly place of darkness from which the acoustic trauma depicted in the play emerges. Anna McMullan argues that “in the radiophonic medium, the body is not defined by the visual body image, but is evoked through language, the voice, music and sound

effects” (67).²⁵ Donald McWhinnie further points out the “intimacy of radio” (57), and indeed, the radio play’s intimate, ghostly atmosphere serves to create a close connection between the character and the witnessing listener of the trauma. It seems that agency is located within the lack of distance between listener and character. In a radio play the “theatre,” the “representation” or “performance” is much more obviously inside the listener’s head than in regular theatre. Therefore, the protagonist Henry’s commands to listen to his “sonic embodiment” (McMullan, *Performing* 67)—his voice and bodily noises—are most of all directed at the listener off-stage during the moment when he is listening to the radio play. When Henry commands: “you needn’t speak. Just listen” (209), or repeatedly utters the persistent phrase “white world. Not a sound. Listen to it” (200), the “you” is also directed at the listener off-stage. The listener takes on an active role as he or she cannot escape into the passive realm of silence. The traumatic events depicted on the sound stage may possibly affect them and force them to respond.

Embers focuses on the sound character Henry, who finds himself in a cycle of traumatic repetition. Throughout the play, he is tortured by a roaring sea-like sound, which reminds him of his dead father. He describes his trauma as the “same old grave [he] cannot tear [him]self away from” (203). Jonathan Boulter correctly points out that for Henry, “mourning [becomes] the inevitable continuation of Being” (“Does Mourning” 336). Throughout the play, Henry reenacts the various stories of his trauma, but he is unable to finish any of them with the use of words. However, they can be completed by listening to the sound of the ocean, which, in the BBC production can always be heard during the “*pause[s]*” (197). Hugh Kenner conceived of *Embers* as “Beckett’s most difficult work” (174). This difficulty may partly arise from the fact that critics, such as Louise O. Cleveland, Katharina Worth, Clas Zilliacus, and David J. Alpaugh

²⁵ Rudolf Arnheim further makes an apt point when he claims that in radio plays, a “mere sound has a more powerful effect than the word” (27).

simply disagree on the number of characters of the play. Beckett himself acknowledged this ambiguity inherent in the text: “‘Cendres,’ he remarked in an interview with P.L. Mignon, ‘repose sur une ambiguïté: le personnage a-t-il une hallucination ou est-il en présence de la réalité?’” (Clas Zilliacus 83). Anna McMullan wonders: “Is his wife Ada actually present with Henry on the seashore, or does their dialogue take place in Henry’s mind?” (*Performing* 74). While some critics claim that Henry engages in real conversations with his dead wife Ada, and listens to an actual sound of the ocean, others, such as Zilliacus, suggest that Henry simply interacts with the various imaginary voices of his mind: “The universe which the radio audience is confronted with...is a totally subjective one...The interplay between Henry and other characters takes place in Henry's mind” (82). Likewise, Jonathan Kalb claims that “*Embers* has no surface narrative other than that of a haunted man talking about talking to himself” (130). Based on textual evidence and the BBC performance,²⁶ which was first broadcast on 24 June 1959 and directed by Donald McWhinnie, my own interpretation is closest to Zilliacus’s and Kalb’s ideas. As Zilliacus points out, the unnatural sea sound of the BBC performance, which Henry even describes in the text itself as a “sound...so strange, so unlike the sound of the sea” (197), suggests that the sound we hear is not the real sea, but an internal sound. This sound may simply be an internal sea-like roaring tinnitus, a medical condition, which developed as a response to his trauma.

The intensive use of pauses in the play, followed by the roaring sea-sounds, suggests that “Not a sound [*Pause*]” (207) is simply Henry’s tinnitus that emerges within, through, and in response to silence. Katherine Worth aptly argues that there is “one sound he cannot suppress, the sound of the sea. It is heard in every pause” (“Beckett and the Radio” 204). Indeed, Henry

²⁶ Not available online.

repeatedly demands to hear silence: “White world. Not a sound. Listen to it!” (200). Kevin Branigan points out that “silence appears to be the desired endpoint of his radio aesthetic and silence has the effect of purifying the sounds and voices which are suspended in it” (81). I read Henry’s roaring sea-sound ringing in the ears as both a manifestation of repressed trauma, but also an active response to it. This tinnitus turns into a loud object voice and becomes a sonic survival mechanism, which manages to displace the original trauma and affirms this displacement through the psychological and emotional distance it generates. His tinnitus will always resemble a slightly different sound, it will never become the actual sound associated with the original trauma. In fact, the tinnitus destabilizes the sound and the memories associated with the original trauma. Henry states:

That sound you hear is the sea. [*Pause. Louder.*] I say that sound you hear is the sea, we are sitting on the strand. [*Pause.*] I mention it because the sound is so strange, so unlike the sound of the sea, that if you didn't see what it was you wouldn't know what it was [*Pause*]. (197)

The BBC production’s organ-like sound of the ocean is extremely unnatural, which implies that perhaps, the production never intended to convey the idea of the sound resembling the actual sound of the ocean. Nevertheless, Henry repeats the phrase “the sound you hear is the sea” (197) in an attempt to convince himself. Further on, he makes clear that it is indeed impossible that the sound we hear is the sound of the sea, because the roaring waves follow him wherever he goes. He explains: “I once went to Switzerland to get away from the cursed thing...and never stopped all the time I was there” (198). Moreover, in the following passage, he states: “Today it’s calm, but I often hear it above in the house and walking the roads and start talking, oh just loud enough to drown it, nobody notices” (198). McMullan claims that “the entire soundscape of the play may

be seen as a defiant sonic struggle against the sea” (*Performing* 74), however, I believe that it is important to understand that the sea sound is simply an internal sound.

Rather than introducing a dialogue, the play opens with Henry’s “sea” tinnitus: “*Sea scarcely audible. Henry’s boots on shingle. He halts. Sea a little louder*” (197). The BBC production accurately follows these stage directions by playing with the dynamics of the bodily sounds. The production begins with the roaring sea sound, and Henry’s “*boots on shingle,*” his footsteps. Only the “*hooves*” (198) are temporarily able to stop his tinnitus. However, the rhythmic sound of the hooves simply instigates another form of tinnitus. It seems as if Henry is talking directly back at his trauma through the internal sea sound, thus entering into a musical conversation with it:

Henry: On. [*Sea. Voice louder*]. On! [*He moves on. Boots on shingle-competition. As he goes.*] Stop. [*Boots on shingle. As he goes, louder.*] Stop! [*He halts. Sea a little louder.*] Down. [*Sea. Voice louder.*] Down! [*Slither of shingle as he sits. Sea, still faint, audible throughout what follows whenever pause indicated.*] Who is beside me now? [*Pause...*My father, back from the dead, to be with me. [*Pause.*] As if he hadn’t died. [*Pause*]...Can he hear me? [*Pause.*] Yes, he must hear me. [*Pause.*] Just be with me. [*Pause.*] That sound you hear is the sea [*Pause. Louder*] [*Pause*]. (197)

There is a cyclical rhythm to his tinnitus. He wishes to escape from the sound, but he is strangely fascinated by it and refuses to ignore it. The internal sound of the sea is as close and as distant as Henry can get to his trauma.

Only the “Ada” voice (in the BBC production staged as very monotonous and calming) of Henry’s character clearly and directly affirms the roaring internal sea sound. She states:

I don't think you are hearing it. And if you are what's wrong with it, it's a lovely peaceful gentle soothing sound, why do you hate it? [*Pause*] And if you hate it why don't you keep away from it? Why are you always coming down here? (206)

Perceiving it as a "peaceful gentle soothing sound," the "Ada" part in Henry's character affirms trauma through the bodily sound of tinnitus, whereas the other voice of his personality is still resistant to give up language as a means to represent trauma. While Henry expresses his wish to drown out the sound through the sound of hooves or his various stories, his inner voice of Ada affirms the sound, and thus also the trauma. She claims: "There is no sense in that. [*Pause*]. There is no sense in trying to drown it" (207). The inner voice of Ada is clearly one that advocates the healing and acceptance of trauma through acknowledging the truth. It is an object voice of agency, which at times struggles to be heard. As a reaction to his experiment in the soundproof chamber, John Cage claims that "wherever we are, what we hear is mostly noise. When we ignore it, it disturbs us. When we listen to it, we find it fascinating" (*Silence* 3). The Ada voice in Henry's mind seems to acknowledge these fascinating possibilities.

The Bolton-Holloway exchange hints at these possibilities by conveying the positive aspects of Henry's tinnitus. Beckett describes the tinnitus as a voice with direction and purpose rather than an accidental sound, or a manifestation of an illness. In the Bolton-Holloway exchange, the ringing in the ears most of all signifies the body's refusal to be silenced and the insistence on being heard:

White world, not a sound [*Pause.*] Listen to it! [*Pause.*] Close your eyes and listen to it, what would you think it was? [*Pause. Vehement.*] A drip! A drip! [*Sound of drip, rapidly amplified, suddenly cut off.*] Again! [*Drip again.*]

Amplifications begins.] No! [*Drip cut off. Pause.*] Father! [*Pause. Agitated.*]

Stories, stories, years and years of stories. (200)

The idea of the drip recalls the previously mentioned line from *Endgame* when Hamm complains: “there is something dripping in my head” (104). I have read this passage as a striking description of pulsatile tinnitus—the idea of hearing one’s blood flow through one’s body, which conjures up the idea of the body demanding to be heard. In the BBC production, the drip is very amplified, and appears extremely traumatizing. It also sounds very regular and rhythmic, and resembles another form of tinnitus. Most of all, the drip suggests that silence, for Beckett, just like for John Cage, is essentially the continuous bodily sounds of one’s body. I argue that for Henry, trauma can arguably be represented and reworked through the affirmation of his tinnitus of silence through which his trauma manifests itself, but it is also a traumatizing, “dreadful” (200) disturbing head noise, a sound of “dying glow” (200) that continually reminds him of his transience and mortality.

Placing Henry’s experience of loss and drowning in the context of trauma theory is fitting, because Henry shows all the signs of acoustic trauma. His tinnitus is both a psychosomatic result of a too close confrontation with trauma and a way to overcome the traumatizing experience through the distance and displacement of the original trauma, which the tinnitus creates. In other words, the internal roaring sound of the ocean “composes” various counter melodies in response to all these primary and secondary sonic traumas. I will explain this further by drawing upon a specific psychological approach to trauma: the Lacanian real. Since the real is unrepresentable, it cannot be accurately represented, which the BBC production conveys through the purposeful artificiality of the sea sound. The avatar of the real (Henry’s tinnitus as *objet a*) reminds him of the fact that there is always something missing in the

symbolic order, because the symbolic order is the register of consciousness engendered by the abstractions of language. Henry's self constantly desires a sense of wholeness through the realm of language and his constant talking, but his incomplete stories demonstrate that wholeness can never be regained. When confronted with the real, the illusion that his self is whole falls apart, which explains the real's traumatic nature. It reveals the fragmentation and the gaps within the Symbolic order. Also, his trauma is not an event that occurred at a certain point in time; "it does not matter if it has had a place; if it has 'really occurred' in so-called reality; the point is simply that it produces a series of structural effects" (Žižek, *The Sublime* 162). Henry's trauma turns into a timeless condition. Due to this temporal delay, Henry's trauma must remain incomplete. He is continuously listening to the sounds, which the avatar of the real, or *objet a*, emanates. Through his constant oscillation between remembering and forgetting, Henry simultaneously gets close to and distances himself from this "same old grave," which most of all represents his relationship to mortality. He is fascinated and attracted by it, but tries to push it away at the same time.

Henry's words have become meaningless and arbitrary. Since the Lacanian real emerges outside language, he can only circle around it using language; however, it becomes approachable through the failures of language and the silences between the words. Unlike the voices and the sound of the ocean in his head, his words are too close to him to represent trauma accurately. His verbal response to this (missed) traumatic encounter is silence. However, since silence itself and the sounds generated around moments of silence speak back through his tinnitus, agency can be located within the realm of the body. The ocean-like roaring sound of silence is certainly a destructive sound, and a form of acoustic torture, but also a possibility for Henry to rework his confrontation with the real through affirmation. He needs the mediation, a sound that creates

distance and manages to represent and transcend trauma through that distance. Zilliacus aptly points out that “whenever words fail him, Henry is exposed to the sea-sound in his brain” (78). Words simply generate an auditory “hell” (201), which Henry describes as “small chat to the babbling of Lethe about the good old days when we wished we were dead” (201). Language generates an infinite continuum of trauma, in which the real can neither be grasped nor transcended. Incapable of finishing a single sentence, Henry has become one of those traumatized “people [who] always stop in the middle of what they are saying” (208). He complains to the voice of his dead wife Ada that his father no longer answers him, who, in turn, responds: “the time comes when one cannot speak to you any more” (207). Agency can thus only lie within the more distant bodily roaring sound of tinnitus, which is heard after and during every pause.

In its representation of trauma and the distancing and displacement mechanism it dramatizes, I argue that *Embers* is very similar to the previously discussed play *Not I*. The fact that the father’s voice is neither included in the play nor the performance suggests that even the dead father figure may simply be a voice in Henry’s head, and thus, a way for Henry to comprehend his own trauma of having drowned in the ocean through objectification and externalization. Instead of reading Henry as an orphan, reworking the loss of his father, it is tenable to assume that father and Henry are the same person. Possibly the father side of his psyche attempted to commit suicide by drowning in the sea. Henry clearly states his similarities to his father: “I’m like you in that. Can’t stay away from it, but I never go in, no. I think the last time I went in was with you [*Pause*]” (198). Perhaps the reason why he appears so scared of the sea is that he himself lived a traumatic near-death experience “the last time [he] went in” (198). This idea is supported by the fact that Henry describes his physical appearance resembling his

father's, which Ada also claims: "I never forgot his posture. And yet it was a common one. You used to have it sometimes" (208). Moreover, in his conversation with his father voice, he expresses his difficulty to remember: "Never met Ada, did you, or did you, I can't remember, I can't remember, no matter, no one'd know her now..." (201). And later on, he realizes: "I have forgotten almost everything connected with you" (208). Cathy Caruth explains that "the historical power of the trauma is not just that the experience is repeated after its forgetting, but that it is only in and through its inherent forgetting that it is first experienced at all" (*Trauma* 8). Considering this mechanism, it is quite possible that Beckett conceived of the process of trauma by creating Henry as a character, who tried to forget his own trauma of drowning by attributing it to his father.

Henry seems to acknowledge the fragility of his own illusion: the illusion that the sound he hears is the external sound of the ocean of another person's (his father's) trauma. The following exchange between Ada and Henry strongly conjures up a traumatizing experience at the sea involving Henry himself, and possibly the experience of drowning:

Henry: I thought I might try and get as far as the water's edge...

Ada: Well, why don't you?...[*He goes towards the sea...*]

Henry: Don't, don't...[*Sea suddenly rough.*]

Ada: [*Twenty years earlier, imploring.*] Don't! Don't!

Henry: [*Ditto, urgent.*] Darling!

...

[*Rough sea. Ada cries out. Cry and sea amplified*]. (205)

The horrifying sound of the cry and the amplified sea sound, which resound together as an echo demonstrate that Beckett represents trauma most of all through bodily internal sea sounds.

Furthermore, this fragmented memory clearly conjures up the idea of Henry's own drowning in the ocean. It is interesting that this trauma is represented through a very visceral cry, thus rendering the memory primarily an acoustic trauma. Since Ada too is clearly just imaginary and simply another part of his psyche (Marjorie Perloff, for example, has emphasized the fact that Ada makes "*no sound as she sits*" (202)),²⁷ I believe that there is only one character in the play: Henry, who suffers from a traumatizing type of tinnitus, a kind which consists of the sound of the ocean and the various inner voices he hears. More specifically, he oscillates between two different auditory hallucinations, suggesting two different approaches to his trauma: the inner voice of Ada—the voice of affirmation—and the inner voice of the father and storyteller—the voice of death, language, resistance, and defiance. Both propose ways to deal with his confrontation with trauma.

This idea of displacing the trauma and reliving it through his father is supported by the fact that Henry sees himself as both a detached narrator of his own trauma of drowning and a storyteller. He self-consciously starts various stories, which he does not finish. He explains: "I never finished it, I never finished any of them, I never finished anything, everything always went on for ever [*Pause*]" (198). Inventing various stories, such as his father's drowning, allows him to be in control and safely distance himself from the real by becoming the detached observer figure of his "father's" trauma. Like Mouth in *Not I*, "he" approaches the real, but not "I." He refuses to accept that the traumatic story he tells is not just a story, but *his* story. Henry attributes the trauma to his father, thereby remaining safely "distanced" and "elsewhere." There is not

²⁷ See Marjorie Perloff. "The Silence that is not Silence: Acoustic Arts in Samuel Beckett's *Embers*." *Samuel Beckett and the Arts: Music, Visual Arts, and Non-Print Media*. Ed. Lois Oppenheim. New York and London: Garland, 1999. 247-68.

necessarily something beautiful, but certainly something beautifully tragic in the idea of watching his father drown himself from a distance. Imagining his own trauma as something similar to the previous description of a “dark figure plunging in the water... collapsing into terrible chest pain, heaving effort to cough” (120) is simply unbearable, but watching his father drown from the edge of the cliff becomes tolerable. The memories remain traumatic, but they now become transformed and approachable through a form of tinnitus, a “gentle soothing” (206) sea sound, as the Ada voice in him explains. In order to communicate the real and to communicate with the real, he needs to objectify it by delegating it to the various voices in his head. When Henry moves too closely to the real, he experiences it as a horrifying auditory hell, but the traumatic silent scream resounds when he tries to access it from a distance through the voice of his father. This resounding scream can be affirmed through the inner voice of Ada, through which it can become a meaningful echo voice of the original one, which makes symbolization possible.

The various psychological secondary effects of trauma are clearly described in the text and displayed in the BBC performance. Although Henry primarily seems to be suffering from the experience of drowning, which is made clear through the omnipresence of the sea motif, he is also tortured by sonic memories of his dysfunctional family relationships. The death-like experience of drowning seems to have instigated a traumatic cycle of chain reactions and acoustic displacements, which led him to focus on these other secondary traumas. He conjures up various traumatizing memories: his traumatic relationship with his father and his relationship with his daughter, whom he seems unable to love. These memories distract from the primary trauma, the trauma of the real: his confrontation with his mortality by drowning. Although it remains unclear whether his actual father is alive or dead since he explains that “we never found

your body” (198), it can be assumed that he abandoned Henry. Henry tells the imaginary voice of his dead wife Ada again and again: “I was trying to be with my father...I mean I was trying to get him to be with me” (207). Henry communicates with the tinnitus of his dead father by reenacting their complicated traumatic relationship during his lifetime: “You wouldn’t know me now, you’d be sorry you ever had me, but you were that already, a washout, that’s the last I heard from you, a washout” (201). It is striking that the “*violent slamming of the door*” (201) which follows this exchange does not sound like a door in the BBC production at all, but like the sound of a body being beaten, thus again imbuing the idea of trauma with sounds generated by or through the body. And later, he explains: “that was always the way, walk all over the mountains with you talking...and then suddenly...not a word to a soul for weeks, sulky little bastard, better off dead [*Long pause*]” (201). As I have mentioned before, given the fact that the father has no actual voice in the play, it may very well be that his father is simply an *internal* voice of self-hatred, a part of himself, which he wishes “was better of dead” (201). This again reinforces his confrontation with mortality, which the real of his tinnitus, or the tinnitus of the real, represent. This traumatic experience instigates a cycle of secondary trauma, which manifests itself in his own relationship with his daughter:

Horrid little creature, wish to God we’d never had her, / I used to walk with her in
the fields, Jesus that was awful, / she wouldn’t let go of my hand and I mad to
talk...(*Addie’s loud wail*). (201)

Considering that the disturbing description of Henry’s relationship with his daughter calls for a “loud wail,” reveals Beckett’s emphasis on conveying suffering through the realm of the acoustic. The BBC performance underlines this interpretation, because this moment is staged as one of the most horrifying traumatic sounds in the play.

These sounds of suffering in performance, like the loud wail discussed above, appeal to the listener in a very visceral way due to their intensity. The performance truly achieves what Beckett meant by “a work designed so that, first and foremost, it will ‘work on the nerves of the audience, not its intellect’” (William Hutchings 87). The trauma literally hurts the listener’s ears, thus instigating another small, secondary acoustic trauma. Considering that Addie is not a simple character in the play, but an internal voice in Henry’s mind, this sound can be taken as an instance of Henry’s body demanding to be heard, calling out his lack of responsibility and denouncing his inability to love his daughter. Moreover, Henry’s body seems to oscillate between two different countermelodies. On the one hand, Henry perceives his tinnitus as a recurring murmur that haunts him and needs to be “drowned out” (the storyteller voice) through a “gramophone” (207). On the other hand, it carries a potentially healing countermelody—one, which serves to modify, objectify, and redirect the original traumatic scream of despair of a drowning subject into a calming and roaring sea sound of affirmation (the Ada voice). Since the real cannot be integrated into Henry’s self through the realm of language, his body speaks back to trauma to compensate for the impotency of language. It either “drowns out” the sound of silence emanating from the realm of the real or manages to affirm it.

I believe that both voices have potential for agency, resistance and possibly even healing. Both ideas—to drown out or to affirm—the sound suggest a refusal to be silenced and victimized. *Embers* is certainly not a play that can be laughed at—quite literally. In fact, it dramatizes the refusal to laugh, which appeals to the innate conscience of its listeners. Henry’s refusal and inability to laugh at the trauma of the real may be an attempt to reach out to the listener’s conscience. The BBC production stages this refusal most clearly through awkward silences, and several failed attempts at laughter. When Ada insists that he laugh, he first refuses,

and then he repeatedly produces several horrifying broken bodily sounds that resemble the sound of a person vomiting. Each laugh becomes more unfinished and broken, and in the BBC production, the listener gets the sense that the laughter emerges from elsewhere, a place that is “not I.” Henry’s attempts at laughing can be best explained through Beckett’s important statement: “Try again. Fail again. Fail better” (*Worstward Ho* 7). Indeed, the BBC performance demonstrates that Henry does just that: his attempts to laugh at trauma may be seen as an acoustic gesture of refusal and defiance.

Thus, the BBC production strengthens my interpretation of the play as a whole. My argument that the conception of silence in the play is an engaged, active silence, and essentially the bodily sound of traumatized suffering, is supported by the fact that the director chose to ignore the “*pauses*” in Beckett’s stage directions. Every time a pause is written in the stage directions, McWhinnie plays the roaring sea-like tinnitus sound. Pure silence is virtually absent from the performance. Moreover, my claim about the sea sound being an internal sound is partly based on the director’s choice of a very artificial organ-like sea sound. It is a sound, which indeed sounds “so unlike the sound of the sea” (197), as Henry explains. Also, my main point that the father and Henry are one single person, and that it is Henry who drowned with the father, is supported by the fact that the father has no separate voice in the play. Finally, the BBC production supports my underlying assertion about the play being most of all concerned with acoustic trauma. The repeated, extremely loud, unbearable loud “*wail[s]...amplified to paroxysm*” (204) are so traumatizing and uncomfortably loud that they may possibly even damage the listener’s ear, thus continuing and contaminating the disturbing cycle of acoustic trauma.

In conclusion, although Henry is striving for a complete silencing of his trauma, this is not a viable option. The distinction between sound and silence collapses through the body's insistence on being heard. It refuses to be silenced and it refuses to be laughed at. Moreover, the BBC production replaces all the pauses with the tinnitus sea sound, thus making a powerful statement: a refusal to remain silent in the face of "great trouble" (209), similar to Henry's refusal to laugh. The listener is implicated in this refusal to remain silent. By implicitly asking him to complete his traumatic story, he places responsibility onto him, especially since he is completely isolated on the sound stage of this radio play. He is "quite alone with [his] voice" (208), and it becomes clear that the listener is the only witness to the traumatic story, which Henry feels forced to tell and retell. Thus, for Henry, the trauma of the real can arguably be represented and reworked through the affirmation of the tinnitus of silence—by recognizing its potential for resistance and healing. However, it is also a disturbing head noise that reminds him of his mortality: a "sound of dying, dying glow" (200)—the sound of embers.

The Deaf Object Voice of Krapp's Trauma

What happens to trauma if it is recorded on tape? Does it gain more or less importance, and more importantly, how does the traumatized subject cope with such a recording? *Krapp's Last Tape* dramatizes the tinnitus of silence by literally recording silence at the end of the play when the "tape runs on in silence" (230)—the significance of which I will elaborate on in this section. The plot of the play focuses solely on past events and can be summed up through the phrase "be again, be again [*pause*] all that old misery" (229). On Krapp's sixty-ninth birthday, he decides to record the events of his previous year with a tape recorder. This has become a ritual for Krapp, who revisits his past on a yearly basis. The play dramatizes both Krapp's attempts to

record the events of the new year, and his strong urge to listen to an earlier tape recording—tape five in box three—which he made as a young man of thirty-nine. He frequently switches off, forwards, or rewinds the tape as to erase, rewrite, or skip past memories. As mentioned above, the play ends with Krapp and the audience listening to a recording of silence after hearing this last poignant statement: “Perhaps my best years are gone. When there was a chance of happiness. But I wouldn’t want them back. Not with the fire in me now. No, I wouldn’t want them back” (230). I argue that the acoustic distance created through the recording renders Krapp’s trauma both closer and approachable and paradoxically also more distant due to the alienation and the confrontation with mortality, which the technology of the recording creates. In other words, through his voice on tape, Krapp faces his own mortality. Moreover, the insistence on recording trauma and making it permanent can be seen as a gesture stressing the importance of remembrance. However, Krapp does control it to a certain extent by interrupting the parts that are too uncomfortable or worth commenting on. While his acts of rewinding the tape can be seen as futile attempts to make himself whole in order to reach a sense of closure, and come to terms with his mortality, his stopping or interrupting the tape also allows him to change and destabilize the memories by speaking back to the tape. Trauma is no longer a fixed, untouchable “Other,” but a tool he can manipulate and enter into a debate with. Agency—because he is able to change his past to a certain extent by rewinding the tape—originates from these acts of instigating a conversation with the recorded voice narrating his trauma.

Although *Krapp’s Last Tape* has been seen as Beckett’s first “memory play” (Ruby Cohn, “The Laughter” 194), critics commonly do not read it within the context of trauma theory. The play has attracted a considerable amount of critical attention. While critics, such as Eric P. Levy focus on the idea of regret in the play, Narinder Kapur links Krapp’s memory loss to

alcohol consumption. Many scholars, such as James Knowlson and Carla Locatelli focus on tracing the parallels between Beckett's biography and the details of Krapp's life story. Daniel Katz, on the other hand, describes the "denial of subjective appropriation" (9), exploring the link between *Not I* and *Krapp's Last Tape*. This is an appropriate approach, which is useful with regard to my own analysis. Drawing on Dolar's and Žižek's ideas of the object voice, and the basic psychological mechanisms of trauma as outlined by Lacan and Caruth, I read the play in context of trauma theory. While the recorded vague details of Krapp's past certainly suggest several possibilities for exposure to trauma (for example, the various losses and deaths of loved ones), it is most of all his post-traumatic symptoms, his current compulsive behavior as revealed through his constant acts of remembering and forgetting, and his obsessive revisiting and pinning down of the past, which convey past trauma. Moreover, the fact that he is hard of hearing and speaks with the strange "cracked," alienated voice of a deaf person suggests that his experience of trauma includes physical and sonic traumas.

In short, Krapp shows all the symptoms of trauma and his deafness may possibly be the most obvious sign of acoustic, physical trauma. However, this is not the only physical condition he suffers from. He continually "traumatizes" his body due to his obsession with bananas, which led to the development of bowel condition. Similarly, his problematic relationship with alcohol is present on all three tapes described. Also, it seems that each year, he is dealing with the loss of a person close to him. Over the years, he is confronted with the loss of his mother, the loss of his father, and the trauma of several "ghostly" loves. By the third tape as an old man, the only aspect of his life that has changed is his lost aspirations. The source of his trauma most of all lies in his several encounters with mortality, such as his parents' deaths. These losses or traumas remind him of his own mortality and instigate a secondary trauma. More specifically, he deals with both

his parents' and his own mortality as a sick "old man" (221) through displacement, erasure, or avoidance. He simply cannot "leave it at that" (229). For example, he attempts to process the traumatic loss of his mother by displacing it and redirecting his attention to signifiers that he can grasp and imbue with meaning, such as a "black ball" (223) or the archaic word "viduity" (223). Rather than actually dealing with the large, overwhelming loss of his mother, he distances himself from it and obsessively focuses on matter and physicality in a helpless attempt to stop the endless continuity of time and grasp "her moments, my moments" (226). Moreover, when he describes the house "where mother lay a-dying" (225), it seems that he attempts to render her "undead" and immortal by "wind[ing] back [the] tape a little" (225). As long as his discourse on tape remembers and retells the moment of her death, she has not fully passed away yet. He deals with his "farewell—to—love" (223) in a very similar way, perhaps because his loss of love again can be seen as yet another confrontation with mortality. The loss of a romantic partner seems to have instigated a traumatic cycle of obsessive retellings of the following specific erotic moment: "my face in her breasts and my hand on her. We lay there without moving. But under us all moved, and moved us, gently, up and down, and from side to side" (227). I read this memory as a confrontation with mortality and determinism, although it is also a memory of intense bodily experience. It seems that in replaying that moment on tape again and again, he attempts to assert his free will by conquering the passivity of the moment of "being moved." It is now he who moves the memory through his voice of the recording.

The tape recorder acts like a time machine that brings Krapp back to the various traumas of his life. Beckett told the actor Rick Clutchey that Krapp has "something frozen about him" (Anthony Cronin 484-485). Rather than living in the present moment, Krapp is drawn to the past trauma contained within the tapes. Eric P. Levy points out that "Krapp is not here and now; he is

only there and then” (“Krapp's Last Tape” 61). However, the fact that the play is set “in the future” (221) reveals the timelessness of his trauma, suggesting its endless cyclic nature. Nihilistically, he repeats his destructive behavioral habits again and again, as his various tapes at the three changes in his life reveal. He finds himself stuck in a traumatic maze of repetition in which all his old habits haunt him again and again despite his forgetfulness. Through the tapes, which reenact his traumas, he oscillates between remembrance and amnesia, and between struggle and acceptance.

Krapp’s deafness stresses the urgency of listening intently to his trauma. The fact that he is “hard of hearing” (221) and constantly strains to hear forces both him and the audience to really listen to the trauma, but it also makes one wonder whether Krapp can really hear all the details of his trauma on tape. Although he constantly repeats the phrase “Never knew such silence” (229), it is important to note that Krapp is not completely deaf. The fact that he only hears certain parts of his recorded trauma is of great importance, and I argue that it in fact helps him to cope with trauma by changing it into a less overwhelming “tinnitus of silence,” which allows him to grasp it more fully. The trauma becomes less overwhelming, because some of the more difficult parts remain silent and can no longer be heard. His partial deafness enables him to separate “the grain from the husks” (223) and allows him to distance himself from the trauma by “shutting out” and silencing the more difficult parts. He thus makes it more manageable and turns the harshness of the original trauma into a less aggressive “copy”—a faint echo.

However, on the other hand, Krapp simply refuses to let go of the parts that remain silent to him as a deaf person. Some performances, such as John Hurt’s and Magee’s performances, portray Krapp as hugging the tape recorder, which can be seen as an attempt to physically reclaim the parts of his traumas that he can no longer hear. He holds onto them with his body,

because he is unable to do so acoustically. This gesture can be interpreted as an attempt to reclaim those details of the trauma that got lost in translation—in the act of recording itself. This sense of oneness with the recorded trauma seems to have been intended by Beckett. Paul Lawley points out that Beckett himself told the actor Pierre Chabert “to become as much as possible one body with the machine” (“Stages of Identity” 93). By becoming one with the body of the machine, he becomes one with trauma, the tinnitus of silence. He literally embraces the recorded tinnitus of silence and affirms trauma through the partiality and fragmented nature of the recording.

For Krapp, the real is contained within the acoustic space of the tape recorder, which literally generates a recorded bodily “tinnitus of silence” at the end of the play. The act of recording trauma has a threefold effect. Firstly, Krapp no longer owns his trauma since the tapes render it a cultural artifact that can be shared with others. Also, the tapes do not die with him, which carries with it the risk of secondary exposure or secondary contamination. On the upside, this allows Krapp to distance himself from it and paradoxically also access it through the safe realm of a recording. He is thus able to forward, rewind, or entirely skip the more uncomfortable parts. Caruth argues that “the traumatized... carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess” (*Trauma* 5). Since Krapp cannot access this impossible history directly, he has to put it on tape. Malkin correctly points out that

memory in a box means memory localized, thrillingly present within a concrete, material form. No longer elusive or diffuse, memory seems self-contained, redeemable... The comic ironies wrested by Beckett from Krapp's difficulty in locating the exact memory he seeks (his need to fast forward and rewind), only

underscore the dualism of rememberer and memory, where memory is imaged as an objectified “other” which cannot be completely controlled. (“Matters of Memory” 26)

Indeed, it seems that even if Krapp were to be through with his past, his past, and more specifically his lost relationships on tape are not through with him. The tape becomes an “objectified other” of his trauma, which will haunt him again and again.

The interplay between Krapp’s recorded voice and his perception of his live voice as a partially deaf person is best illuminated by drawing on Dolar’s and Žižek’s ideas of the object voice. Dolar’s conception of the object voice is close to Freud’s idea of the uncanny in its link to mortality. I argue that the tape recorder, as an object-voice, is an uncanny intimation of the unconscious, and therefore expresses Krapp’s relationship to mortality. It is an uncanny object voice because it classifies as “that class of the frightening which leads back to what is known of old and long familiar [and as that which] ought to have remained secret and hidden but has come to light” (Freud, “The Uncanny” 345). Before moving on to a more detailed analysis of the object voice in the performances of the play, I will give a few brief definitions as posited by Dolar and Žižek. As mentioned in the introduction, according to Dolar, the object voice is not attached to a subject, but emerges from a traumatic place of otherness, estrangement, and alienation. Dolar argues that

apart from those two widespread uses of the voice—the voice as the vehicle of meaning; the voice as the source of aesthetic admiration—there is a third level: an object voice which does not go up in smoke in the conveyance of meaning, and does not solidify in an object of fetish reverence, but an object which functions as a blind spot in the call and as a disturbance of aesthetic appreciation. (*A Voice* 4)

Dolar also calls this object voice the acousmatic voice. It is disembodied and resounds from “elsewhere.” Žižek describes the alienation, which the object acousmatic voice generates as “adding a soundtrack to a silent film” (*Gaze* 92), or, as I argue, as an uncanny, and therefore traumatizing bodily countermelody that Krapp refuses, but essentially cannot but accept as his own. While Krapp does seem to know on some level that the story is his own, he definitely feels alienated from it and the voice that relates it.

The recordings of trauma on the tape convey the alienating effect of listening to someone else’s traumatic story only to realize retroactively that the traumatic story is one’s own. These alienating effects of the object voice are conveyed in the various performances through both the harsh differences in sound between the younger Krapp on tape and his older version on stage, and through his own tangible distance from those voices, which he scorns. Ulrika Maude points out that “through the voice on tape, in other words, Krapp grows a phantom body” (19). It is indeed a phantom body, an acoustic body that oscillates between I and “Not I.” Although his past voices on the tapes sound like an annoying “tinnitus” of trauma, which mercilessly reminds him of his past again and again, if one brings the three Krapp voices together, a melody of agency and oneness emerges. For example, at some point in the play, when the audience hears the Krapp in his sixties listening to the voice of Krapp in his thirties, who just reveals that he was listening to Krapp in his twenties, a moment of understanding occurs. It seems that his trauma needs to be fragmented into three different voices only to be put together by the listener in the audience, who finally arrives at an understanding of his trauma through this sonic fragmentation. Listening to only one voice relating the entire traumatic story would be too overwhelming, which is why the fragmentation of the narrative into three voices provides the right amount of closeness and distance for processing and understanding. A similar moment of comprehension happens when

the younger and older Krapp share a laugh early on in the play after Krapp utters the following sarcastic words:

Hard to believe I was ever that young whelp! The voice! Jesus! And the aspirations! [*Brief laugh in which KRAPP joins.*] And the resolutions! [*Brief laugh in which KRAPP joins.*] To drink less, in particular. [*Brief laugh of KRAPP alone*]. (224)

It is striking that a sense of oneness is achieved through the tinnitus of shared bodily sounds rather than words. More specifically, this unity comes about through acknowledging the irony inherent in the original resolutions (due to his current distance to them), a sense of resignation, and acceptance of his past. However, the laughter suggests not only oneness, but also alienation and distance from his former self. In fact, Krapp oscillates between the two. Only the present day Krapp laughs at the end, which suggests that this harmonious oneness is transient.

As the four different performances reveal, interestingly, Krapp chooses to comment on certain parts of the trauma primarily through body sounds such as growling and sarcastic, broken laughter rather than words. Meaning is conveyed in the contrasting attitudes to his past: struggle versus acceptance. Patrick Magee's performance, directed by Donald McWhinnie, was made in 1972 and broadcast by the BBC in 1990.²⁸ Magee's unusually high, broken voice fits Beckett's requirements of a "cracked" voice with "distinctive intonation" (55) well. The recorded "strong voice, rather pompous" (223) on the tape is quite distinct from the older live voice. It clearly conveys a sense of alienation and objectification—a good example of Dolar's idea of the acousmatic object voice. The object voice on tape appears disembodied, speaking in foreign tongues. It does therefore not exclusively relate to the acoustic realm, but, as I argue, also to the

²⁸ "Krapp's Last Tape with Patrick Magee." Last access: July 23, 2015. <<http://www.youtube.com/watch?v=uphqyjAkYIU>>

realm of Krapp's unconscious processes of trauma. Through Krapp's object voice on tape and his alienated live voice on stage, the actual and the theoretical realms merge into a discourse of the larger implications of trauma, because trauma is essentially a confrontation with mortality—a confrontation which must remain beyond the realm of comprehension. Whereas the live voice sounds somewhat hectic and rushed, the “theoretical,” dead voice on tape seems to emerge from a whole other body, a dead body. Despite its undead nature, it is calmer, more confident, and in control. When both voices are juxtaposed and share a broken laughter, a very physical sense of trauma is conveyed. The clash between the more healthy-sounding laughter on tape and the strange laughter of Krapp as a deaf person conveys the disturbing effects of trauma on a very physical level. Magee thus emphasizes bodily sounds such as growling, through which he manages to enter into a conversation with the trauma of loss narrated on tape. Moreover, the fact that he cheerfully sings the word *spool* again and again with a high pitch reveals that hope is located within both the realm of sound and the recording of the trauma. The sound of the word “*spool* [*Pause.*] Spooooool! [*Happy smile*]” (222) when separated from its signified conveys a raw, immediate, and visceral understanding of his world. This is suggested by the “happy smile,” a response which language cannot generate. The long recording of silence at the end has the last word in this performance.

John Hurt's performance²⁹ directed by Atom Egoyan within the context of the “Beckett on Film” project, focuses on bodily noises too, but it is less visceral, and less emotional. Although this very long and slow performance generates an appropriate bleak atmosphere of the disturbing effects of trauma and forces the audience to listen to the sound of silence, it does not convey a sense of agency. It is very unclear where one could locate hope in this performance.

²⁹ “Beckett on Film: Krapp's Last Tape.” Last access: July 23, 2015.
<<http://www.youtube.com/watch?v=omcZT8k-km8>>

Despite the fact that he sings the word *spool* similarly to Magee, the sound of the word conveys neither happiness nor hope. Hurt's cracked, sick voice is not juxtaposed with a more cheerful voice on tape as the voice on tape is extremely monotonous. One gets the sense that Krapp was born traumatized and that he will die traumatized. The cycle of trauma cannot be overcome by speaking back to it with the language of the body.

Harold Pinter's performance³⁰ is even bleaker. The Royal Court Theatre production directed by Ian Rickson again focuses on the inability to break the cycle of trauma. The fact that Pinter performed the role in a wheelchair renders the idea of trauma uncannily real and emphasizes its link to mortality. However, the dramatization of this physical disability takes attention away from the realm of the acoustic and the fact that Krapp's main source of trauma is his acoustic disability: the fact that he is deaf. Although the past is presented as overwhelming and trauma appears omnipresent in this performance, the calm, monotonous sound of Pinter's voice in combination with the long, reflective pauses convey a sense of peace and a sense of affirmation of trauma. Žižek makes clear that the object voice "belong[s] not on the side of the looking/seeing subject but on the side of what the subject sees or hears" (*Gaze* 90). What the subject hears is the sound of long, extended pauses juxtaposed with an echo of dark, calming voices. Agency thus seems to lie within the pauses and the echo, which Harold Pinter's dark, calming voice generates when listened to as a recording.

Rick Clutchey's performance³¹ directed by Walter D. Asmus relies less on the voice itself rather than on other bodily noises to convey a sense of trauma. No word is uttered until around six and a half minutes into the play. Instead, the emphasis is on conveying trauma

³⁰ "Krapp's Last Tape with Harold Pinter." Last access: July 23, 2015.

<<http://www.youtube.com/watch?v=cKteoIGbF0Q>>

³¹ "Krapp's Last Tape." Last access: July 23, 2015.

<<http://www.youtube.com/watch?v=af5NohyiQrA>>

through bodily sounds. The amplified loud footsteps at the beginning of the performance generate a regular background noise, a form of tinnitus. Overall, the performance is similar to Magee's in that agency lies within the bodily sounds, as well as within the sound of the word "spool," which generates a sense of playfulness and cheer. Trauma is more clearly presented in the difference between the laughter of the two voices. Moreover, the clash between live and recorded voice is very pronounced in this performance. Krapp's assertive voice simply does not match with the live voice, which Krapp demonstrates by rejecting the tape and throwing it violently on the floor. "The voice separated from its body, evokes the voice of the dead" (Dolar, *A Voice* 64). In other words, through his voice on tape, Krapp faces his own mortality. This idea is strengthened by the overall direction of the performance, which suggests that Krapp might indeed be making his last tape ever.

In conclusion, Magee's and Clutchey's performances seem to convey agency and trauma processing, while the other two performances are rather bleak. John Hurt's performance portrays Krapp as a victim since his cracked, sick voice is not juxtaposed with a more cheerful voice on tape. In all four performances of *Krapp's Last Tape*, a third and most significant acousmatic object voice emerges: the accidental recording of silence in the middle of the play before Krapp "realizes [that] he is recording silence" (228) and the deliberate recording of silence at the end of the play when "the tape runs on in silence" (230). In both cases, a "tinnitus" of silence is literally recorded and played back on a tape recorder. However, the difference is that, in the middle of the play, Krapp does not yet affirm the potential of healing inherent in the recording of silence. It is simply an accidental recording. Although he acknowledges recurrently throughout the play the "extraordinary silence this evening" (224), he still stubbornly sticks to language in an attempt to represent his traumatic past. He tries but fails to record the phrase "everything there, everything

on this muckball” (228) before he “realizes [that] this is not being recorded” (228). It is striking that during this moment silence can be recorded but language cannot, thus conveying again the idea of the superiority of silence to represent trauma. However, Dolar argues that the alienating, “impersonal voice, the mechanically produced voice (answering machines, computer voices, and so on) always has a touch of the uncanny, like the voice of the mechanical creature Olympia in Hoffmann’s “The Sandman” (*A Voice* 22). Although there is a potential for healing, the resounding sounds of silence on tape generate an intense sense of alienation since they can never be fully comprehended and perceived as belonging to the traumatized Krapp. In fact, recorded silence means shared silence and shared trauma—the recording of silence is the sound of the audience’s bodies themselves.

Overall, the four performances convey that agency lies within the clash between the struggle with and acceptance of trauma. The sounds of growling and broken laughter generate a bodily “tinnitus” of refusal. Whereas the bleakness conveyed by John Hurt’s performance does not make room for a sense of agency, Magee’s highly emotional interpretation speaks to the audience because it dramatizes the idea of suffering in the most visceral way. Despite the extreme distress of trauma and the suffering evident in the performance, the fact that there is still a strong conception of feeling suggests that resignation and apathy have no place in this performance. Moreover, the gesture of hugging the tape recorder, which is very pronounced, can be seen as the body refusing the tempting option of silencing trauma and sweeping it under the table. Krapp’s repeated phrase “never knew such silence” can thus also be taken as a form of criticism or an appeal directed at the audience. The audience is to listen intently to the parts of the trauma that remain silent to Krapp, but because of the importance of remembrance, must not be forgotten. Rick Clutchey’s performance most of all conveys a sense of refusal of suffering

through the violent laughter of the older Krapp on stage. The violence inherent in the older Krapp's laughter conveys the physical effects of trauma in the most affective way. His laughter is a coughing, wheezing chest laughter that resembles the sound of a person vomiting and choking. Due to its violent intensity, it speaks to the audience's capacity for empathy. Whereas the laughter on tape sounds somewhat passive and monotonous, the live laughter sounds like an aggressive wake-up call of someone who refuses to laugh at trauma. It conveys the true disturbing effects of trauma: sickness, alienation, and a confrontation with mortality.

Thus, Krapp's resounding recorded laughter, cough, footsteps, and object voice are avatars of the posttraumatic countermelody, which Krapp's body generates. I have argued that the distance created through the recording renders his trauma both closer and approachable and paradoxically also more distant due to the alienation and the confrontation with mortality, which the technology of the recording evokes. Despite the fact that the object voice generated through the recording reinforces the trauma of mortality itself, through the uncanny recordings of silence, Krapp is able to control and approach his past trauma through the aloofness of an observer listening to a tape recorder, which plays back someone else's traumatic tinnitus of silence.

Conclusion

In one of the letters to Axel Kaun mentioned in my introduction, Beckett states that it “is by feeling a whisper of that final music or that silence that underlies all” (*The Letters* 518) that his plays attempt to represent, and as I argue, also overcome traumatic experience. I argue that this final traumatic silence can be accessed through the body and the sounds it generates. Beckett’s almost obsessive portrayal of characters suffering from hearing loss or hearing disabilities can be explained by the fact that, as Andre Bernold points out, “all of Beckett’s texts, whether they be prose, poetry, or drama, are the product of one who, by his own account, heard them in advance of writing them” (107). It is striking that “Beckett had intended to dedicate one of his plays to the deaf Beethoven, which ‘consistait simplement a faire entendre l’absence d’une voix’” (Bernold 53). His dramatization of this bodily “sound of silence” can be seen as an imitation of the loud “huge black pauses” (*The Letters* 518), which Beckett admires so greatly in Beethoven’s Seventh Symphony. Beckett inscribes these pauses onto and locates them within the body itself.

One of the points that this analysis of *Not I*, *Breath*, *Embers*, and *Krapp’s Last Tape* has hoped to convey is that Beckett’s conception of bodily silence is most of all an active and engaged silence. It is quite literally a tinnitus of silence, one which, similar to John Cage’s experiment in the anechoic chamber, reveals the abject bodily fluids’ sounds of trauma. Within psychoanalytic thinking, trauma is foundational for the human subject, but it is also paradoxically beyond apprehension and representation. Beckett’s attitude towards silence as a possible solution to traumatic experience is equally contradictory. Silence is unrepresentable, strictly speaking, but is figured and dramatized negatively within the sound space of radio and

theatrical performance. Through dramatizations of tinnitus and other hyperaware bodily sounds, such as the sound of breath and blood, Beckett's characters force their audience to hear the silence that underlies trauma, but are also forced themselves to listen continuously to the traumatic melodies of their own traumas and their own abject bodily fluids.

When the mind—as a result of great psychological distress or trauma—starts to become aware of the sounds of the body's own organs, the subject also listens to a music of oneness between body and mind. This “harmony” between body and mind is the reason why this countermelody finally carries positive connotations. Beckett's plays suggest that there is a possibility of healing by drowning out the original trauma of body-mind separation. Through this bodily countermelody, the mind accepts not only the sounds of its own bodily object “voice,” but also the avatar of the real. This is certainly an alienating process, because it reminds the subject of its own mortality. The act of hearing oneself breathe, bleed, and live, or hearing sounds that only exist in one's head, is inherently disturbing and traumatic. However, these head noises can become empowering “voices” when the body generates it as a meaningful psychosomatic counterreaction to the original trauma.

The various performances of the plays have suggested that the character's tinnitus generates a possibly healing countermelody of refusal and resistance that appeals to the listener. This countermelody either directly or indirectly responds to the historical and acoustic traumas of the first half of the twentieth century. The performances that take into consideration Beckett's goal of “work[ing] on the nerves of the audience, not its intellect” (William Hutchings 87) are thus most successful at demonstrating ways to represent and counteract trauma. In many performances, the dramatized bodily sounds turn into a tinnitus of refusal, a tinnitus that simultaneously cries out for help and fights back. This tinnitus of silence refuses to be laughed

at, proclaims the importance of remembrance, and denounces the horrors of traumatic suffering. It both echoes the original trauma and destabilizes the sonic memories associated with it. The characters' tinnitus is not simply a copy of the original traumatic sound. Although it is produced by the unconscious as a psychosomatic survival response, it is a different self-generated counter melody, which belongs to the subject's body. Most importantly, it renders trauma unstable, which takes away some of the power it holds over the character. The performances of *Not I* have suggested that it is the performed, abject, visceral screams of *objet a*'s traumatized bodily fluids, and the resounding echo of Mouth's buzzing tinnitus of silence, where agency in *Not I* is located. In *Breath*, trauma can arguably be overcome through the recording and amplification of bodily sounds, which puts trauma at a healthy distance from the traumatized subject. Moreover, the directorial choices of using amplifications and recordings stress the importance of remembrance. In *Embers*, the tinnitus sufferer Henry displaces his trauma through various auditory hallucinations, simultaneously approaching and escaping from the real. He is tortured by the sound of "dying glow" (200), and refuses to laugh in the face of "great trouble" (208), a bodily, acoustic gesture of resistance and agency. Finally, in *Krapp's Last Tape*, the deaf character Krapp displaces and distances himself from the trauma of mortality by recording it. The real is contained within and becomes accessible through the tape recorder. However, the recording generates a cycle of secondary acoustic traumas, because the tape recorder itself becomes an uncanny object voice, which intensifies Krapp's confrontation with mortality. The performances appeal to the audience because of their visceral representations of trauma, such as horrifying disturbing sounds of growling or broken laughter. Agency is located within the recording of bodily silence itself and within the clash between the struggle and acceptance of trauma.

Beckett's characters thus process and counteract the trauma of the real through the tinnitus of silence generated by their bodily sounds rather than by language. The old, recurring sounds of trauma can be drowned out through the constant new sound of tinnitus. It is a reflection of the repressed original trauma, and a form of acoustic displacement. This displacement renders trauma less overwhelming and allows the subject to enter into a conversation with its trauma. The distressed and disabled characters are no longer spellbound, but can articulate trauma through fragments, from a more manageable distance. Trauma can thus oscillate between what Žižek and Salecl call "a silent scream and a vibrant tone" (*Gaze* 93), in order to finally turn into a gentle, soothing echo, "that is the moment when a silent scream resounds" (*Gaze* 93). Beckett's protagonists are thus able to "contain" and grasp the trauma of the real from the safe distance of observer figures—listeners listening to the traumatic tinnitus of silence of traumatized subjects who are "Not I."

Chapter II:

Antonin Artaud: The Body as Trauma Archive

The theatre is the...place...where we can get hold of man's anatomy and through it heal and dominate life (Artaud, *Aliénér l'Acteur* 12 May 1947)³²

Artaud had always longed to escape from the bonds of corporeality. How could he then place such faith in the very body, which had always tormented him? (Naomi Greene 167)

Context

While Beckett's work, and especially the previously discussed play *Not I*, traumatizes both the actors on stage and the audience, Artaud's theatre—as a non-representational, theatrical concept rather than a theatrical practice, traumatizes, too—due to its raw intensity—but it transforms the visceral pain associated with traumatic experiences into a liberating, cleansing, and therapeutic utopia. Artaud wrote *The Theatre and its Double* before WWII, but it was only after the war, and after Artaud experienced his own war trauma—years of electroshock therapy in the asylum at Rodez, which included a traumatic near-death experience during a prolonged coma—that his works were widely read. Although I do not intend to suggest that there is a linear relationship between Artaud's experience of trauma during his lifetime and the idea of the traumatized body he explores in his writing, considering his biographical accounts of trauma, such as this near-death experience and other traumatic physical injuries and illnesses, places his often abstract ideas and theories in more concrete contexts. Artaud's work is highly

³² qtd. in Martin Esslin, *Artaud*. London: John Calder, 1976. 76.

autobiographical in many ways; and his diary entries and notebooks explain why trauma, for Artaud, is always closely tied to the body. It is indeed striking that the experience of trauma during his lifetime was always lived and reenacted through his body. During his childhood, Artaud suffered from meningitis and neuralgia. In fact, he experienced his body as painfully traumatic. He repeatedly claimed, as Adrian Morfee points out, that “neither his body nor his self belongs to him” (*Antonin Artaud’s Writing Bodies* 71). Antonin Artaud was deemed to be paranoid and mentally unstable. In 1919, his doctor prescribed him opium, and shortly afterward he developed an addiction to drugs that would last throughout his whole life and intensified his nerve pain. As Steve Brown points out:

nerves are a key term in Artaud's work...It is not for nothing that one of his early volumes of poetry is named 'Nerve scales' ...For Artaud, nerves are unstable. They are 'raw,' on the point of collapse. (“Collective Emotions” 235)

In the 1930s and 1940s, Artaud endured electroshock therapy for nine years in order to cure his nervous temperament, depression, and delusions. The electric shocks he received induced a prolonged trauma; and Artaud describes them as particularly distressing in his notebooks. He gave a public performance talk in Paris in 1947 during which he

ferociously denounced his electroshock treatments at Rodez....He continued to spit out his fury and incant for two hours. Finally, when he tried to convince the horrified and awestruck audience that he was the victim of black-magic bewitchment, Artaud knew that he had reached a dead-end. (Barber, *Blows and Bombs* 183)

Artaud remained traumatized by this torturous treatment approach throughout the rest of his life. Barber describes this horrific experience as follows:

The treatment consisted of attaching electrodes to the patient's temples and then sending a short burst of electrical current through the brain, without anaesthetic. The patient was tied down to avoid the limbs fracturing during the convulsions that followed. A spatula was placed in the patient's mouth to prevent the teeth breaking against each other or the tongue being bitten through. A coma of fifteen to thirty minutes followed the convulsions, after which the patient awoke with a memory loss, which often provoked a great sense of anguish. A course of thirty electroshocks was common, although courses extending into the hundreds—'annihilation therapy,' as it was called in the United States—were recorded. Between June 1943 and December 1944, Artaud had fifty-one electroshocks. (*Antonin Artaud* 106-7)

The treatment left Artaud with a general dislike of psychiatric institutions. He was also very skeptical of psychoanalysis, and in particular Jacques Lacan.³³ Lacan and Artaud met in 1938 in the hospital in Sainte-Anne. He considered Artaud untreatable, claiming that "Artaud is obsessed, he'll live to be eighty years old but he'll never write another line" (qtd. in Roger Blin 31). Artaud's experience or understanding of trauma resembles closely what Lacan describes in his concept of the real: that, which cannot be expressed through language. Artaud, in fact, lived and experienced some of Lacan's ideas. However, it should be noted that the actual encounter between Lacan and Artaud happened when Lacan was very young and before he began to develop his own Lacanian theories. There is also a surprising link between the prelinguistic gestures Artaud suggests that the actors employ on the stage and Lacan's ideas on psychosis. In fact, Artaud essentially describes his utopian subject in the theatre as existing within a state that

³³ Barber explains that "Lacan was involved in Artaud's treatment at Sainte-Anne, and the encounter left both men with an enduring animosity for one another" (*Terminal* 13).

resembles the state of psychosis that Lacan describes—a prelinguistic state where the symbolic realm has no significance. In Artaud’s work, this existence within the realm of the imaginary is a positive, liberating, and empowering one, and it resembles Lacan’s ideas on psychosis. While the “healthy” subject experiences the split between the symbolic and imaginary realms as traumatic, the psychotic subject, one which is “unanchored in language” (Fink, *The Lacanian* 55), does not because, as Bruce Fink points out, “this split cannot be assumed to have occurred at all” (*The Lacanian* 45).

It follows that, for Artaud, trauma is essentially the experience of the Lacanian real,³⁴ but it is also the trauma that all non-psychotic subjects face: the trauma of having to enter the realm of the symbolic, which renders them split subjects. The state of psychosis promises, then, by extension, a utopian idealized, free existence within the imaginary, but theatrical world of the stage. However, it is important to note that while the state of psychosis ironically promises a state of “utopian” oneness and transcendence of traumatic experience, the trauma of the real, for Artaud, as evident in his letters, notebooks, theory, and practice remains tied to the body and manifests itself as excruciatingly painful and distressing. Like Beckett, Artaud, too, perceives trauma as a predominantly bodily experience then—an experience that was all too familiar to him throughout his lifetime.

Argument

In this second chapter, I would like to suggest the following: that Artaud conceives of theatre as a form of therapy, and that within the framework of this dramatic conceptualization, the body acts as both patient and therapist at the same time. The body is a trauma archive in that

³⁴ For a definition of the Lacanian real, see introduction of the dissertation, page 16.

it archives traumatic experiences, but it is only through accessing this archive on the theatrical stage that the body can be healed. I will argue that while Artaud's conception of the body with organs is akin to a traumatic God-like echo in that it acts as a recorder of trauma, a physical memory system—"the body without organs," which he idealizes and strives for and which will be re-defined in great detail in this chapter, is one that is capable of emitting countermelodies to the trauma. For Artaud, theatre and the body are inherently linked. He states:

It is a question then of making the theater, in the proper sense of the word, a function; something as localized and as precise as the circulation of the blood in the arteries or the apparently chaotic development of dream images in the brain.
(*TD* 92)

The idea that theatre has to have a physical function for Artaud can be revealed through his conception of the body *with* and *without* organs, a term Artaud coined in his radio play *To Have Done with the Judgment of God*. The body *without* organs is a body that is only a body, and yet it must remain unattainable and out of reach. In *To Have Done with the Judgment of God*, Artaud states that "[w]hen you will have made him a body without organs / then you will have delivered him from all his automatic reactions" (571). It is a utopian body that he strives for, one that is completely free. While Artaud's conception of the body *with* organs—a body that acts as a trauma recorder, archive and memory system—can be understood as emitting traumatic reverberations, the body *without* organs, which he idealizes and strives for, is one that is capable of emitting countermelodies to the trauma of the real. The body without organs transcends trauma.

Offering a new reading of the concept of the body without organs by linking it to the trauma of the real, my chapter will explore why the real, for Artaud, is always closely tied to the

body with organs. My analysis of Artaud's work, then, will establish a connection between the idea of the body without organs and his notion of the theatre as a curative apparatus. Naomi Greene aptly argues that "[i]deas, says Artaud, come from the body, and not from the mind, which is nothing more than a mere parasite" (166). Indeed, Artaud states: "From the pain mined / from the bone / something was borne / which became what was the mind / to scrape around the in the pain driven by pain" (qtd. in Green 166). If ideas come from the body, the discourse representing and counteracting trauma must originate from the body as well. In *To Have Done with the Judgement of God*, Artaud states that one has to "remake [one's] anatomy" (570) in order to expel and eliminate trauma and pain. Morfee points out:

As a cure to this alienation, Artaud recognized an anatomical transformation that, by shutting down the fissures and orifices by which they gain entry, will ward off these competitors for inner space. (3)

My chapter will argue that Artaud's attempts at overcoming this state of alienation are highly relevant to the study of trauma due to Artaud's call for a free, unalienated body "without organs" on stage. He hopes to eliminate repetition in performance through a theatre of pure presence, and since the concept of trauma is based on repetition, his desire to eliminate repetition may arguably provide a way to break this temporal cycle in order to transcend trauma. Trauma in Artaud's concept of theatre is always the trauma of the real and always body-based; it is bodily instigated in that God has invaded the body and acts as one of the manifestations of the real. Trauma also manifests itself through a sense of determinism and alienation, which stems from a visceral disturbing realization that the body is "not [yet] free. And the sky can still fall on [its] head" (*TD* 79). Artaud expresses this trauma through a "total language" of Balinese gestures, hysterical laughter, and "cris" (screams). He asks his actors to discover, through "direct Pantomime" (*TD*

40), “a state prior to language” (*TD* 62). The body and its acousmatic sounds are meant to affect us on a physiological level. Arguably, this “total” body language, which eliminates repetition, can cease the temporal cycle of traumatic memory recollection and reproduction.

The real, the body, and the plague

What exactly is trauma, for Artaud? The Lacanian real manifested as “the plague” would be one possible answer. The real in Artaud cannot be clearly located in a concrete primary source and it is also not trauma in the traditional sense, because the plague, for him, paradoxically represents also a utopian and liberating form of theatre. In his infamous speech on the Plague, Artaud describes the plague as a contradiction in itself. It is an ideal form of theatre since “theatre is like the plague... like the plague it reforges the chain between what is and what is not” (27). He states that it “frees the repressed unconscious, incites a kind of virtual revolt” (28). It represents a liberating state during which “Order collapses” (*TD* 15) and during which one is faced with the functions of the body.³⁵ The traumatized “hears his body fluids murmuring within him; torn, failing in a dizzying collapse of tissue, his organs grow heavy and gradually turn to carbon” (*TD* 15). The plague-as-trauma is localized in the body, and it is both distressing and cleansing at the same time. Artaud argues that “the plague seems to manifest its presence in and

³⁵ Anais Nin describes his infamous speech as follows: “But then, imperceptibly almost, he let go of the thread we were following and began to act out dying by plague. No one quite knew when it began. To illustrate his conference, he was acting out in agony. ‘La Peste’ in French is so much more terrible than ‘The Plague’ in English. But no word could describe what Artaud acted out on the platform of the Sorbonne. He forgot about his conference, the theatre, his ideas, Dr. Allendy sitting there, the public, the young students, his wife, professors, and directors. His face was contorted with anguish, one could see the perspiration dampening his hair. His eyes dilated, his muscles became cramped, his fingers struggled to retain their flexibility. He made one feel the parched and burning throat, the pains, the fever, the fire in the guts. He was in agony. He was screaming. He was delirious. He was enacting his own death, his own crucifixion. At first people gasped. And then they began to laugh. Everyone was laughing! They hissed. Then, one by one, they began to leave, noisily, talking, protesting. They banged the door as they left. The only ones who did not move were Allendy, his wife, the Lalous, Marguerite. More protestations. More jeering. But Artaud went on, until the last gasp. And stayed on the floor. Then when the hall had emptied of all but his small group of friends, he walked straight up to me and kissed my hand. He asked me to go to the cafe with him” (qtd. in John Keefe and Simon Murray, *Physical Theatres: A Critical Reader* 103).

have a preference for the very organs of the body, the particular physical sites, where human will, consciousness, and thought are imminent and apt to occur” (*TD* 21). Just as the traumatized is alienated from his own body, the person afflicted by the plague witnesses the traumatizing destruction of his own body. Artaud describes this horrific bodily decay as follows:

[T]he body is covered with red spots, which the victim suddenly notices only when they turn blackish. The victim scarcely hesitates to become alarmed before his head begins to boil and to grow overpoweringly heavy, and he collapses. (*TD* 19)

In other words, the plague represents visceral, raw decay and pain. He further explains:

His crazed body fluids, unsettled and commingled, seem to be flooding through his flesh. His gorge rises, the inside of his stomach seems as if it were trying to gush out between his teeth... Soon the body fluids, furrowed like the earth struck by lightning, like lava kneaded by subterranean forces, search for an outlet. The fieriest point is formed at the center of each spot; around these points the skin rises in blisters like air bubbles under the surface of lava, and these blisters are surrounded by circles, of which the outermost, like Saturn's ring around the incandescent planet, indicates the extreme limit of a bubo. (*TD* 19)

The body appears completely alienated and foreign. As mentioned earlier, Artaud continues to argue, in somewhat contradictory ways, that the “theatre is like the plague” (27). However, this appears to be only a contradiction at first. If both the source and cure of the trauma of the real can be found in the body in that physical traumas or psychological traumas which manifest themselves in physical ways can also be cured through the body, then the idea that the plague is

both the source and its curative apparatus becomes conceivable. Moreover, just as trauma is based on constant repetition and reenactment, the plague “seems to reactivate a virus” (*TD* 17). The plague reenacts itself again and again, instigating a traumatic repetitive cycle. Artaud suggests that

the theatre, like the plague, is in the image of this carnage and this essential separation. It releases conflicts, disengages powers, liberates possibilities, and if these possibilities and these powers are dark, it is the fault not of the plague nor of the theatre, but of life. (*TD* 31)

The plague, like theatre, is ultimately contradictory as it is liberating. It cleanses and negates contradiction, rendering a utopian form of transcendence or healing of traumatic experiences possible.

Artaud and the Concept of God

Besides “The Plague,” the second type of trauma manifests itself through the idea of God in Artaud's writing. As Morfee explains, since God is by definition bodiless, “he must take possession of human bodies” (161). God, for Artaud, is inherently traumatic because it represents alienation and a split between body and mind. Artaud states: “My body has been stolen from me by effraction. The Other, the Thief, the great Furtive One, has a proper name: God” (qtd. in Derrida, *Writing and Difference* 180). Artaud was haunted by this trauma throughout his lifetime. God, the thief, is to blame for both the loss of the body without organs and the existence of excess organs, which insert difference into the body and cause the body to be isolated, absent, and alienated from itself. He dreams of a life without trauma and claims that the “death of God alone can reawaken the Divine” (*TD* 62). In *To Have Done with the Judgment of God*, Artaud

goes as far as to claim that God is nothing but a “microbe” (*TD* 78), a “dissected organ” (Morfee 161) that steals and inhabits other people’s bodies. Since God is by definition bodiless, he is in need of other human bodies. The God that lives inside his body thus acts as the Lacanian real. Helga Finter, who reads Artaud’s concept of theatre within the context of the real, too, points out that “[r]ather than throw bombs, Artaud looked for a new form for articulating the real” (18). The Lacanian real can be accessed and represented only within a utopian realm. Artaud locates the body without organs within this utopian realm. It is a utopia in that it originates from a utopian body, and that utopian body can be healed only on this utopian stage. Whom exactly is Artaud trying to heal with his theatre, then? Arguably, he attempts to heal himself, his characters on stage, the actors, and the spectators. He describes the actors as “victims burnt at the stake, signaling through the flames” (*TD* 13). Through a utopian “body that is only body” (*TD* 11), one can “touch life” (*TD* 13), and thus overcome the trauma of being a “body with organs.”

Drama, Utopia, and Healing

Artaud's project attempts to access and transcend the trauma of the real through a utopian vision of unification and transcendence. In *Theatre and its Double*, Artaud conceives of a theatre that promises to transcend the mind-body split, the divisions between art and life, and the duality between rationality and irrationality. He urges us to “believe in a sense of life renewed by the theatre” (*TD* 13). By means of “magic” (*TD* 15), art and life can become one. While, for Artaud, trauma originates from these gaps between art and life or body and mind in that it generates alienated bodies, it can also be overcome if his project were to be realized. Similar to current approaches in trauma therapy, his theatre acknowledges the importance of paying special attention to the interrelationship between body and mind when it comes to representing and

healing trauma. As demonstrated in my introduction, trauma is based on a cyclical interplay and chain reaction between mind and body. If trauma is primarily psychological, it produces physical symptoms of post-traumatic stress disorder and vice versa. Current treatment approaches to post-traumatic stress disorder acknowledge this interconnection and target the body as an anchor, because it promises potential for healing. As Derrida has pointed out, Artaud's project has often been seen as utopian—utopian in the sense that his theatre is not locatable within so called reality—it is a “no-place” stage. It is, in the Foucauldian sense of otherness an other space: a heterotopia.³⁶ Derrida points out that Artaud’s utopian dream of going beyond representation must remain a dream since it is impossible to think outside of metaphysics and “representation has no end” (“The Theatre of Cruelty” 250). Artaud’s theatre is a virtual theatre of helpless utopian gestures directed at an empty, unspecific void, generated by an idealistic metaphorical idea, which has not yet “begun to exist” (Derrida, “The Theatre of Cruelty” 247). I have pointed out in my introduction that the Lacanian trauma of the real is also utopian in that it is inaccessible. The trauma of the real encompasses the more concrete trauma that the real creates. In the way it functions, it is a utopia. It is both abstract and concrete at the same time. This utopia he conceives of is inhabited and haunted by God. Lacan asserts in seminar eleven: “the true formula of atheism is not God is dead—even by basing the origin of the function of the father upon his murder, Freud protects the father—the true formula of atheism is God is unconscious” (*Four* 59). Artaud’s concept of God resembles that which Lacan describes in seminar eleven: a repressed and insistent aspect of consciousness. God is like the real in that he represents an illusive entity that the subjects circle around but cannot fully grasp. Similar to Beckett’s, at times, rather abstract conception of trauma—Beckett often negates the existence of

³⁶ See Foucault, Michel. “Different Spaces.” *Aesthetics, Method, and Epistemology: Essential Works of Foucault, 1954-1984, Vol. 2*. Ed. James D. Faubion. Trans. Robert Hurley. New York: The New P, 1998. 175–185.

a primary trauma by asserting that existence and birth themselves are inherently traumatic—Lacan’s real originates from a non-place. According to Lacan and Caruth, trauma cannot be localized and accessed; and it seems that Artaud can conceive of its resolution only as a form of utopia on a “no-place stage” with “no-place” bodies without organs. Thus, the utopian body is not utopian in the sense that it exists somewhere far away in the future in some imaginary place, but because it is a no-place-body. It is a body, which, as Artaud would claim, was stolen, possessed, and taken over by God, and now no longer belongs on stage nor offstage.

Trauma and The Body Without Organs

In order to understand Artaud's focus on body language and Balinese gestures, and in order to argue that they hold therapeutic potential, it might be helpful to further explore Artaud's conception of the “body without organs,” which illuminates how exactly he conceives of the body as both a source of and cure for traumatic experience. Deleuze and Guattari refer to this concept in *Anti Oedipus* and Deleuze does so, too, in his article “Schizophrenia and Society,” which further explains Artaud’s ideas. Deleuze describes the body deprived of organs as a metaphor for a larger organism. He distinguishes between cancerous, empty, and full bodies without organs. The cancerous body is a traumatized body that emits and re-enacts traumatic echoes. Deleuze makes clear that one can never reach the body without organs. It is partly a virtual body because it represents a limit, an end point. Deleuze further argues that

[t]he organs themselves...are not the real enemy of the organless body. Organism is the enemy, in other words, any organization which imposes on the organs a regime of totalization...Only in this sense are the organs indeed

the enemy of the organless body, which exerts a repulsive action on them and treats them like instruments of persecution. (“Schizophrenia” 20)

The organism, the enemy, or the trauma in Artaud is thus the possible reentering of God, metaphysics, and meaning. According to Artaud, God is responsible for the existence of the body with organs in that organs represent self-division and alienation. Bodily organs are the cause of the formation of a split identity. However, overall Artaud’s concept of the body is an affirmative one as he can envision its potential for healing and transcending “difference” and trauma on the utopian non-representational stage. Through a utopian body that is only body, the characters on stage can “touch life” (*TD* 13), and thus overcome the trauma of being a “body with organs.”

Staging the real

So how exactly does Artaud express the trauma of the real in the theatre then, or as Helga Finter wonders, “[h]ow can real cruelty be performed in the theatre as the cruelty of the real” (18)? The short answer is through body language, mime, and Balinese gestures. However, Artaud seems to suggest that it cannot be expressed at all. Trauma is after all, not only a bodily experience, but also a feeling, and he states that “[a]ll true feeling is in reality untranslatable. To express it is to betray it“ (*TD* 71). If the “feelings” accompanying trauma cannot be directly accessed and expressed, the body acts as the only locus of hope. The body becomes a trauma releasing filter so that the experience appears no longer as overwhelming, but becomes manageable from a distance. Artaud feels that neither feelings nor words seem to lead to a satisfying representation of traumatic experience. They are too “direct” and leave the spectator feeling overwhelmed. Like Beckett, he, too, turns away from the realm of language as a means of expression and representation. Since “true expression hides what it makes manifest” (*TD* 87) and

“all writing is rubbish” (*TD* 151), “all words once spoken are dead and function only at the moment when they are uttered” (*TD* 75). Edward Scheer argues that, for Artaud, silence is essential. Although

[s]ilence had no value per se; it was...the first step in the deconstruction of speech...[S]ilence, for him means being speechless, 'or, as Lacan would say in another context, in was infans, without speech.' (161)

The stage needs its own “unique language half-way between gesture and thought” (*TD* 89). Artaud saw a Balinese dance performed in Paris in 1931 and, from then on, incorporated “dance, pantomime, [and] mimicry” (*TD* 90) into his theatre. He argues that theatre needs to “speak the language that belongs to it” (*TD* 37). Through “direct Pantomime” (*TD* 40), screams, or “cris,” one is to discover “a state prior to language” (*TD* 62). He states:

By ‘unperverted pantomime’ I mean direct Pantomime where gestures—instead of representing words or sentences, as in our European Pantomime...represent ideas, attitudes of mind, aspects of nature, all in an affective, concrete manner. (*TD* 39-40)

Artaud’s ultimate aim is to give “words approximately the importance they have in dreams” (*TD* 94). It is a prelinguistic bodily speech, a glossolalic language, or in his words, “expression in space” (*TD* 89). Through “a physics of absolute gesture” (*TD* 62), and more specifically, Balinese gestures, one can reach a sense of presence and “touch life” (*TD* 13). Artaud argues:

To create art is to deprive a gesture of its reverberation in the organism, whereas this reverberation, if the gesture is made in the conditions and with the force required, incites the organism and, through it, the entire individuality, to take attitudes in harmony with the gesture. (*TD* 81)

This act of “depriving the gesture of its reverberation in the organism” can be read as an act of resistance and a call for subjective agency. He intends to intervene and cease the “traumatic cycle,” so to speak. The gestures are meant to have a “hypnotic effect” and affect us on a physiological level. He proposes “then a theatre in which violent physical images crush and hypnotize the sensibility of the spectator seized by the theatre as by a whirlwind of higher forces” (*TD* 82). Towards the end of his life this interest in physicality was even more prominent as expressed by his intent to create a cruel “theatre of blood” in a letter to Paul Thevenin from 24 February, 1948:

a theatre of blood
 a theatre where at each performance
 something
 will be won
 physically. (*Artaud on Theatre* 146)

Trauma is inherent in the body, it attaches itself to it like a cancer within a body with organs—within the trauma archive—but it can also be expelled and released through a body with organs. As Stephen Barber points out “in his recorded work, screams and cries entered the written texts he was performing, and silences entered the screams” (*Blows and Bombs* 167). I argue that the silences within the scream compose a therapeutic countermelody to traumatic experience, which the body without organs articulates, thus counteracting the sounds of the body with organs—the traumatic echoes emitted by the bodily trauma archive. It is thus through this physical, but silent language that Artaud proposes a way to represent and transcend trauma.

The Scream, Laughter, and Breath

Besides these Balinese gestures, Artaud assigns the scream, laughter, and the breath particular importance, and arguably also a therapeutic function. Although in so-called reality these screams do not necessarily have a healing function, on Artaud's utopian, idealized stage of paradox and contradiction—in other words, within the plague itself—they are therapeutic. Nonetheless, the distinction between on and off-stage in Artaud often collapses, and the line becomes blurred. He claims:

No one in Europe knows how to scream any more, and particularly actors in trance no longer know how to cry out. Since they do nothing but talk and have forgotten they ever had a body in the theater, they have naturally also forgotten the use of their windpipes. Abnormally shrunk, the windpipe is not even an organ but a monstrous abstraction that talks: actors in France no longer know how to do anything but talk. (*TD* 141)

It is unclear as to whether, for him, the right kind of scream is really the ultimate cure to the curse of living within a body with organs, but it can be said with certainty that the scream, for Artaud, is superior to language in expressing traumatic feelings, or feelings of any kind. It gets at the traumatic core of the subject and acts as a form of release. It is visceral and attacks the spectator's body and mind through physical shock. Barber aptly argues that Artaud's work is the embodiment of “the scream itself: the visceral...transmission of the body: breath, blood, saliva, sperm, bone” (*The Screaming* 106). Moreover, he explains that the “scream is the core...it emerges from, projects, and visualizes the body” (100). The scream, in all its intense, visceral physicality speaks back to trauma where language fails to do so. Artaud writes:

to scream I must fall

I fall into an underworld and I cannot get out, I can never get out...

This scream I've thrown out is a dream

But a dream which eats the dream. (*Le Theatre de Seraphin* 178-88)

In other words, it is “a dream which eats the dream” in the sense that the scream is the manifestation of trauma, but it is also its cure.

While screams do not necessarily connote healing, but pain, for Artaud, both are a form of release and cleansing and a necessary form of processing. Again, it needs to be stated that Artaud frequently contradicts himself and blurs the lines between on and offstage, leaving its potential for real-life application somewhat uncertain. On his ideal stage, within “the plague,” laughter often connotes derision and frequently serves to unsettle and speak back to various types of traumatic experiences. It is indeed a laughter that explosively attacks and taunts trauma.

Barber agrees that

[t]he power of laughter to negate and refuse is deeply involved in Artaud's language. Laughter works as both an explosive attack and as a corrosive taunting...Artaud's laughter is a violent probing of signification, exploring and digging into the repeatable, assimilable face of language, and cancelling it out...But Artaud's laughter is intentional as well as wild; however convulsively out-of-control it may seem to go. (*The Screaming* 101)

Artaud certainly uses laughter deliberately as a form of defiance, conceiving of it as freeing and liberating from traumatic experience. It is, as Barber correctly asserts, the body's way to accidentally (unconsciously) and deliberately (consciously) speak back to trauma. Artaudian laughter can thus be understood as a celebration of the liberating powers of the body without

organs and a manifestation of both the unconscious and the conscious realms. It generates a countermelody of defiance and liberation.

Artaud's conception of the liberating powers of the human breath is quite elaborate, and it is similar to Beckett's employment of it in his previously discussed play *Breath*. While Artaud never utilized it in his own theatre and while in his work "breath" only remains a concept rather than an acting technique, Beckett arguably realized what Artaud was hoping for in his theatrical practice. Artaud explains:

[t]he Cabala apportions the human breath into six principle arcana, the first of which, called the Great Arcanum, is that of creation: Androgynous, male, female, balanced, expanding, attracting, neutral, positive, negative...I have had the idea of employing this knowledge of the kinds of breathing not only in the actor's work but in the actor's preparation for the craft. (*TD* 136)

While this kind of work has not been realized and applied in his theatrical practice, it is a suggestion for therapeutic healing. Despite the fact that Artaud's theatrical practice frequently goes against his theory, he acknowledges the significance of the breath for his theatre of cruelty and its particular potential for accessing and representing intense feelings. He explains:

For breath, which nourishes life, allows its stages to be ascended rung by rung. And an actor can arrive by means of breath at a feeling which he does not have, provided its effects are meticulously combined and its sex not mistaken. (*TD* 137)

He further argues that "there are...six principal combinations of breaths...[a]nd a seventh state which is beyond breath and which... joins the manifest to the non-manifest" (*TD* 137). The fact that his explanation is so detail-oriented and precise further supports my idea that he is, in fact, suggesting a form of therapy with concrete steps. Martin Esslin suggests that

it is through breathing and other physical links that the identification between the actor's and the spectator's body is established. This is the chain which links them together and allows the spectator to identify himself with the performance breath by breath, and bar by bar... All emotion has organic bases. It is in cultivating his emotion in his body that the actor recharges the density of its voltage. (*Artaud* 87)

The actor's and the spectator's bodies merge through the act of breathing, and I would like to add to Esslin's argument that this "identification" can also—at least theoretically—lead to a form of trauma exchange and release. Artaud further distinguishes between accidental breathing and "voluntary" breathing. Voluntary breathing can be seen as an act of resistance and a re-affirmation of life after, through, and within trauma. This is again very reminiscent of Beckett's play *Breath*, in which the breath cannot go on but goes on despite great trauma. Artaud argues:

since breathing accompanies effort, the mechanical production of breath will engender in the working organism equality corresponding to effort. The effort will have the colour and rhythm of the artificially produced breath. Effort sympathetically accompanies breathing and, according to the quality of the effort to be produced, a preparatory emission of breath will make this effort easy and spontaneous... [B]reath rekindles life, sets it afire in its own substance. What voluntary breathing provokes is a spontaneous reappearance of life. (*TD* 136)

It is exactly this "effort" that is being made, which evokes this newly found appreciation for the continuity of life. The breath continues and goes on and it does so purposefully, consciously, and deliberately—with great effort. He explains that

any actor whatsoever, even the least gifted, can by means of this physical knowledge increase the internal density and volume of his feeling, and a full-

bodied expression follows upon this organic taking hold. It does no harm to our purposes to know certain points of localization. (*TD* 139)

Since the breath increases the “density and volume of his feeling,” the breath can get at trauma where language fails to do so. Moreover, since “every emotion has organic bases [and since it] is by cultivating his emotion in his body that the actor recharges his voltage” (*TD* 140), the breath acts as a form of traumatic release. In *La Parole Soufflee*, Derrida explores why Artaud sees God as his personal enemy. As mentioned earlier, Artaud claims his breath and authentic speech were stolen by God. According to Artaud, the body without organs is related to metaphysics in that God, the thief, is to blame for the loss of breath and the existence of excess organs, which insert difference into the body and cause the body to be isolated, absent, and alienated from itself. He dreams of a life without difference and claims that the “death of God alone can reawaken the Divine” (*TD* 62).³⁷ Since he cannot see himself as a speaking subject because his speech has been stolen by an absent God, breathing is a manifestation of agency for him—a possibility to reclaim that speech. The act of breathing is thus directly linked to articulation, and since the existence of God is traumatic, for Artaud, the realm of the breath may possibly give voice to the trauma.

To Have Done with the Judgment of God

To Have Done with the Judgment of God is certainly a radio play—or radio poem—to be more precise, which reclaims that speech through a wild and raw choir of dissonant, atonal bodily countermelodies of grunts and screams. The play reclaims “speech” through bodily sounds, and it is, according to Barber, “Artaud’s most advanced and furious work on the human

³⁷ See also Derrida. *La Parole Soufflee*. 184.

body” (*Screaming* 94). The play was written after Artaud's stay in the psychiatric institution in Rodez during WWII. It deals with the war trauma of being exposed to “huge armies of tanks, airplanes, battleships” (*Judgment* 557) and quite shockingly to some, it portrays God as a dissected organ and makes various references to semen and “the pursuit of fecality” (“Judgment” 559). The play was commissioned by the French Radio in 1947, but the broadcast was cancelled at the last minute because of its anti-war and anti-military connotations. It could also be seen as a form of resistance to or revenge upon the trauma of having received electroshock treatments. Since Artaud read part of the poem himself in the 1947 audio recording, it appears very autobiographical and the lines between speaker and writer become blurred. The work conveys a clear message of resistance and defiance through violent shrieks, laughter, hysterical, high-pitched screams, and nonsensical made-up language. Moreover, as a work written for the radio, it speaks back to the trauma of the real without the actual physical image of the body—like Beckett’s *Embers*. The body is only an imagined sound. It is not real in the physical sense, and yet, it is also quite real, indeed—due to the sounds emitted by the ghostly, absent bodies, which make their presence known through dissonant, atonal object voices.

When he wrote the play, Artaud experienced the trauma of cancer and was in physical pain. The play can be read as a way for him to reclaim his cancerous, traumatic body by expelling the cancer and the “stinking gas” (566) building up inside his body. His entire physical presence now appears alien and strange to him. He writes:

[b]ecause they were pressing me
 to my body
 and to the very body
 and it was then

that I exploded everything
 because my body
 can never be touched. (*To Have Done with the Judgment* 568)

His ideal body, the hypothetical body without organs he conceives of, can, indeed, never be touched. He writes that he wants “to remake his anatomy / Man is sick because he is badly constructed” (570). Since his alienated, actual body with organs has been tortured and injured in the most horrific ways, he wants to create a body without organs. He writes: “When you will have made him a body without organs / then you will have delivered him from all his automatic reactions / and restored him to his true freedom” (571). The body without organs is free because it is unalienated. Artaud further describes the urge to expel and resist the trauma of inhabiting a cancerous body with organs:

there is a thing
 which is something
 only one thing
 which is something
 and which I feel
 because it wants
 TO GET OUT:
 The presence
 of my bodily
 suffering. (*Judgment* 566)

The pain and trauma of his “bodily suffering” needs to leave and “get out” of his body. He states:
 however hard people press me with questions

and however vigorously I deny all questions

there is a point

at which I find myself compelled

to say no.

NO. (*Judgment* 567)

And indeed, the bodily screams and grunts literally say “no” to the trauma.

The bodily fluids and fecal matter, similar to the function of saliva and other bodily sounds in Beckett’s *Not I*, appear as manifestations of *objets a* in the play. Artaud writes: “[t]here where it smells of shit, it smells of being” (*Judgment* 559). Bodily sounds, fluids, and excrements are explicitly thematized and take on agency—they become a marker of survival and being alive. Roland Bogue describes these bodily sounds as follows:

Passion words commingle in a terrifying realm of ceaseless cannibalistic dismemberment, dissolution, absorption, and expulsion. However, there are also moments in which the schizophrenic body attains a perfect totality, not as an organism but as a body without parts, which does everything through insufflation, inspiration, evaporation, fluid transmission. (27)

Artaud’s screams and sounds both represent and speak back to the real by capturing the present moment in all its physicality.

As the audio recording³⁸ reveals, the forty-one minute long play works on the nerves of the audience, rendering the spectator uncomfortable, anxious, and unsettled. The play emits, due to its dissonance and rawness, a countermelody to trauma that attacks the listener’s ear, and it is, in fact, quite painful to listen to. The first four minutes of the work consist of nothing but bodily

³⁸See: <<https://archive.org/details/ToHaveDoneWithTheJudgmentOfGodWrittenAndReadByAntoninArtaud>>. Last access: July 16, 2015.

noises and screams, and it can be speculated that this leaves the spectator rather disturbed and tense. Barber points out that Artaud “believed that the resulting work would be experienced by the spectator's entire nervous system” (*Screaming* 98). Indeed, in the recording, the screams are dark, animalistic, and aggressive; they traumatize the listener through their visceral rawness. The throat screams, and especially the screams which occur sixteen minutes into the play, seem to originate from a ghostly place of otherness. Due to frequent, dissonant pitch changes, it is often not clear whether the sounds are produced by one or more people—even animals—for that matter, since some of the groaning and singing noises resemble howling and barking sounds. The origin of the traumatic sounds that the listener hears seems ominous and cannot be located—just like the origin of the trauma, for Artaud, which cannot be traced back to a clear event or a primary trauma.

His voice, in all its intensity and anger, attacks the spectator and brings him into the present moment. Barber makes an excellent point:

[t]he voice, then may form the ultimately defiant element of Artaud's corporeal survival in its rapport with whatever engulfs it, enmeshes it with other materials, banalizes it, mutates or scrambles its time and space, over layers it, or silences it. Artaud's voice, in a sense, is unarchivable. (*Artaud: Terminal Curses* 130)

Since Artaud's voice is unarchivable, similar to theatrical performance, which only exists in the present moment and cannot be repeated, it is an affirmation and celebration of presence. Because it cannot be archived—and because trauma is essentially nothing but a mental archive of constantly repeating memories—it can arguably counteract the temporal cycle of traumatic reenactments. Just like his gestures, Artaud's voice seems to be unarchivable, because it

transcends and resists repetition and representation. While his body is an archive of trauma, it is also an archive that cannot be silenced, stressing the importance of remembrance.

In conclusion, in both the performance text and the audio recording, Artaud portrays the suffering associated with the trauma of being a body with organs. Simultaneously, he also conceives of a body without organs that transcends trauma, but ultimately remains a utopian construction. The body without organs is an escapist notion, but it is also important to understand that one never reaches it—it must always remain a no-place body. Healing can only be fully achieved within his utopian stage, then. Since God is in possession of the subject's unalienated body, it would follow that the possibility of healing trauma cannot occur offstage. Within the realm of his utopian stage; however, Artaud suggests a way for his no-place bodies to speak back to trauma, and more specifically, through the juxtaposition of uncontrollably wild, unconscious, and intentional, conscious body sounds. Interestingly enough, as mentioned before, it is through the framework of a radio play that Artaud chooses to represent the body. In a radio play, the body is by definition imaginary. Only the body's "voice" is audible—its "gaze" and its physical gestures remain non-representational. It is the shrieks, laughter, grunts, and screams that act as markers of the body. It is through these bodily sounds and gestures that Artaud manages to intervene in and cease the traumatic cycle of repetition. His gestures are needed to eliminate repetition. Barber explains: "In his final newspaper interview...Artaud presents gesture as the anatomical weapon that will always allow him to extricate himself from whatever threatens to annul or envelop his work" (*Terminal Curses* 132). Similar to the Brechtian *gestus*,³⁹ a gesture on Artaud's stage is never just a gesture. Artaud's project as a whole is one which promises to eliminate repetition, and thus by extension, the repetition of trauma. Arguably, this "total" body

³⁹ See Chapter 3 on Brecht and Bond.

language, which rejects repetition and the repetition of trauma, can cease the temporal cycle of traumatic memory recollection.

Trauma, Repetition, and Temporality

Artaud recognizes that performance can happen only once, but, for him, this idea carries special significance. He intends to eliminate repetition completely from the theatrical stage. He argues: “Once a form is used, it has no more use” (*TD* 57). He further states that

an expression does not have the same value twice, does not live two lives; that all words, once spoken, are dead and function only at the moment when they are uttered. (*TD* 75)

In other words, his theatre speaks to the present and is present in the moment. Artaud stresses this radical unrepeatability and thus promises a way to cease the endless traumatic cycle. Trauma is based on repetition and re-enactment; and Artaud’s attempt to intervene in this can be seen as a therapeutic gesture. In Derrida’s reading, Artaud states that “repetition separates force, presence, and life from themselves” (“The Theatre of Cruelty” 245). He argues that “[w]hat is tragic is not the impossibility, but the necessity of repetition” (“The Theatre of Cruelty” 248). While it is indeed tragic and traumatic, Artaud can envision a utopian stage, which transcends this repetitious cycle. Derrida further claims that “theatre and cruelty...begin by repetition” (249). Derrida’s reading of Artaud adds a somewhat bleak and tragic element to the theatre of cruelty. In acknowledging that it is, in fact, an impossible concept, Derrida asserts that we are faced with the void generated by a theatre which has not yet “begun to exist” (247). Derrida claims that it is impossible to think outside of metaphysics, and therefore, it is impossible to completely transcend trauma. Since “the origin is always penetrated” (Derrida 248), “theatre and

cruelty...begin by repetition” (Derrida 249)— and thus with trauma. Derrida thus argues that Artaud’s theatre cannot be realized because of its inability to escape repetition. I would suggest; however, that it is exactly by embracing repetition that Artaud’s theatre can be realized. While I do not mean to argue that the avenues for healing and traumatic transcendence he suggests can be applied to real life experiences of trauma survivors and their possible treatment, I do believe that, within the realm of performance, a utopian, theatrical form of traumatic transcendence exists within the realm of the imagination. In other words, it is a “theoretical,” non-representational form of healing, which only works within the utopian realm of performance. Derrida claims that repetition, and thus also traumatic repetition, is necessary as one can escape the process of repetition only through repetition itself. This idea is very similar to Beckett’s idea of failure and the notion of failing “better” (*Worstward Ho* 7)—both writers deconstruct linear logic and links through contradiction and paradox, which both eschew repetition and capitulate to it. As there is nothing outside of representation, difference, and repetition, the Artaudian, traumatized mind tragically becomes aware of its closure. Artaud's theatre of cruelty asserts its own utopian nature and is ultimately an affirmative one exactly because it does affirm repetition—and it does so by rejecting it. This may sound like a contradiction at first, but read within the context of Artaudian logic, which deconstructs linear connections between presence and absence, reality and imagination, and cause and effect, it is not. While Artaud’s theories can obviously not be taken literally and added to the many already existing treatment options of post-traumatic stress survivors, his utopian stage is a non-representational way to transcend traumatic experience within the limitations of performance, and it is ultimately one of hope, healing, and affirmation.

Theatre as Therapy

Although Artaud's attitude towards psychotherapy, and Lacan, in particular, was a critical one, he conceives of his theatre as a form of therapy. He states:

I propose to bring back into the theatre this elementary magical idea, taken up by modern psychoanalysis, which consists in effecting a patient's cure by making him assume the apparent and exterior attitudes of the desired condition. (*TD* 80)

He does indeed acknowledge some similarities between his project and the psychoanalytic tradition, then. Artaud further writes:

[t]he theatre
is the condition
the place
the point
where we can get hold of man's anatomy
and through it heal and dominate life. (qtd. in Esslin, Artaud 76)

Theatre, for him, is healing and life-affirmatory. He argues that “in the true theatre a play disturbs the senses' repose, frees the repressed unconscious, incites a kind of virtual revolt” (*TD* 28) despite the fact that he also claims that

psychology, which works relentlessly to reduce the unknown to the known, to the quotidian and the ordinary, is the cause of the theater's abasement and its fearful loss of energy, which seems to me to have reached its lowest point. (*TD* 77)

Thus, despite the fact that Artaud denies any links to psychoanalysis, his theatre targets and liberates the repressed unconscious. He deconstructs the division between the psychological and

the physical, and not unlike current treatment approaches to trauma, Artaud negates the split between the mind and the body:

the separation between the analytic theatre and the plastic world seems to us a stupidity. One does not separate the mind from the body nor the senses from the intelligence, especially in a domain where the endlessly renewed fatigue of the organs requires intense and sudden shocks to revive our understanding. (*TD* 86)

Through this deconstruction of the psychological and physical realms and the body and the mind, his theatre heals and serves as a visceral anchor through its physicality. Although, as mentioned above, the healing aspects of his conceptual theatre do not necessarily manage to reach beyond the realm of the stage, the utopia generated by the theatrical, pre-linguistic gestures he affirms offer a possibility for cleansing and traumatic release within the realm of performance.

As Jean-Joseph Goux points out, Artaud conceives of his theatre as a form of therapeutic remedy. In an essay for the Marseilles press, Artaud states:

Theatre ceases to be a game and the relaxation of an evening in order to become a sort of useful act, acquiring the value of a genuine therapeutic from which the ancient crowds draw their thirst for life and the strength to resist against the blows of fate. (qtd. in Goux, “Antonin Artaud” 18)

The phrase “blows of fate” here is essentially synonymous with his conception of trauma. Artaud argues that “theatre, like the plague, is a crisis which is resolved, either in death or in recovery” (*TD* 46). Artaud clearly states in his Mexico writings that he intends to “heal life” (Goux 19). The ultimate goal of his theatre is to give life and strength to the spectator. Through catharsis, and more specifically, through a “collective draining of all the abscesses” (Goux 19), the

spectator achieves a form of recovery. In other words, the body, through catharsis, empties out, releases, and expels the negatively charged emotions associated with the trauma. Artaud thus attacks the spectator's unconscious in order to access the trauma of the real. This theatre of liberation exposes all the demons and “releases conflicts” (*TD* 310), as he claims. Artaud's stage “cause[s] the masks to fall [and] reveal[s] the hypocrisy of the world” (*TD* 31). He thinks of his theatre of cruelty as a theatre of resistance that leads to action—albeit it is not clear how his theories can be applied to the realm outside of the theatre. He states “I call for us to act” (*TD* 77). More specifically, his theatre heals by exposing this hypocrisy—more specifically, the hypocrisy of pretending to inhabit an unalienated, non-traumatized body. In *Theatre and its Double*, he makes clear that, for him, “theatre, utilized in the highest and most difficult sense possible, has the power to influence the aspect and formation of things” (*TD* 79). Trauma is a psychological formation of things, and as such is attributed potential for healing. Although it does not heal outside the realm of the stage, it cures through art and within the limitations of art. More specifically, Artaud's theatre cures life by eliminating the division between art and life, which can be understood as a radical alienation at the social level.

Trauma and the Spectator: The Audience as Patient

This alienation can also be seen with regard to Artaud's understanding of the spectator-actor relationship. Healing in Artaud's theatre occurs in the space between and through the connection between spectator and actor. Martin Esslin points out that “there is no barrier between actors and audience” (*Artaud* 84) and that “the theatre should be able to communicate deep, subconscious and therefore not yet verbalized emotion directly to the spectator” (79). As Claude Schumacher observes, “through theatre he wanted to reform life, to attain some kind of

salvation, not only for himself but for all mankind” (*Artaud on Theatre* xiii). Indeed, that sense of affirmation and potential for healing is also visible in the way Artaud conceives of his audience. Through his theatre of cruelty, he intends to treat and “cure” the spectator. Ultimately, the trauma therapy, so to speak, does not happen within a utopian no-place place, but it happens within the minds of the spectators. Artaud’s non-representational theatre deconstructs the division between art and life, and spectator and spectacle by asking the audience to participate actively. He frequently breaks the fourth wall, reaching out to the audience. He explains:

[a] direct communication will be re-established between the spectator and the spectacle, between the actor and the spectator, from the fact that the spectator, placed in the middle of the action, is engulfed and physically affected by it. (96)

He sees value in the exchange between spectator and spectacle by instigating a conversation about trauma with the audience. In other words, trauma needs to be exposed, released, and articulated. Albert Bernel points out that

human noises—screams, grunts, moans, sighs, yelps—extend the range of the actor’s art and the receptivity of the spectator...they would enlarge the theatre’s vocabulary. It might then deal more comprehensively than ever before with irrational states of being and understanding. Through the new acting and directing techniques the unconscious minds of the director and actors would speak to the unconscious mind of each spectator. Artaud’s assumption here seems to be that rational communication is theatrically limited. (15)

Since the realm of rationality does not promise healing, Artaud intends to engage the spectator through intense physicality. He states:

[t]o make metaphysics out of a spoken language is to make the language express what it does not ordinarily express: to make use of it in a new, exceptional, and unaccustomed fashion; to reveal its possibilities for producing physical shock.

(*TD* 46)

Similarly to Beckett, who targets the nerves and sense of the spectator, particularly in *Not I*, Artaud's plays make the spectator feel the represented traumatic experiences in their own bodies.

He further explains in the Alfred Jarry Theatre:

[t]his is the kind of human anguish the spectator must feel as he leaves our theatre. He will be shaken and antagonized by the internal dynamic of the spectacle that will unfold before his eyes. And this dynamic will be in direct relation to the anxieties and preoccupations of his whole life. Such is the fatality that we evoke, and the spectacle will be this fatality itself. (qtd. in *Antonin*

Artaud: Selected Writings 157)

He intends to make the spectator feel anguish and generate a shock response. He wishes to “attack the spectator's sensibility on all sides” (*TD* 86) and proposes a “theatre that wakes us up: nerves and heart” (*TD* 84). In order to wake up the audience and evoke the necessary response, intense physicality and extreme psychological illnesses are graphically portrayed on stage.

Barber states:

[i]n order to validate an existence for the body, Artaud must reduce language and reduce corporeal matter to an extreme essence...Artaud's language itself is fragmented, but its screaming desire for physical transmission sutures the pieces back together again in the spectators' bodies, where they can transform themselves. (*Screaming* 102)

Moreover, Artaud argues that, despite the fact that theatre is commonly seen as the ultimate realm of illusory representation, it is also “the only place in the world where a gesture, once made, can never be made again” (*TD* 75). The gesture that is being made is both representational and non-representational at the same time; it is both physical and metaphorical. Gestures reach out to the audience in a “real,” physical, visceral way and ask for an interpretation from the spectator—an interpretation, which, of course, varies strongly depending on the actor’s body and the spectator’s own state of mind.

Representing and Healing Trauma on the Artaudian Stage—A Utopia?

So how exactly does Artaud generate affect then, and, more importantly, how does the kind of affect that his intense, physical theatre generates aid in resisting and speaking back to trauma? The risk that such intense physicality carries is that Artaud may, in fact, traumatize the audience in the very attempt to speak back to it. For example, Barber writes about Artaud’s stage presence: “The performance continued with the audience in absolute silence. The heat in the cramped theatre caused people to faint” (*Blows* 182). The audience might be too overwhelmed by the intensity and physicality of the performance, which may lead to a form of contamination and a series of sonic secondary traumas. The violent intensity of his theatre may indeed appear shocking:

I realized the fact that the only language which I could have with an audience was to bring bombs out of my pockets and throw them in the audience’s face with a blatant gesture of aggression...and blows are the only language in which I feel capable of speaking. (qtd. in Barber, *Blows and Bombs* 184)

In addition, since Artaud's work has traditionally been viewed as a form of utopian concept, it is uncertain if the form of resistance that his utopian no-place-bodies suggest can ever exist on the stage. Artaud argues

if music has an effect on snakes, it is not because of the spiritual notions it offers them, but because snakes are long...because their bodies touch the ground at almost every point; and the musical vibrations which are communicated to the ground reach their bodies like a very subtle and prolonged massage; well, I propose that we treat the spectators like snakes that are being charmed, and that we lead them by way of the organism to the subtlest notions. (*Selected Writings* 258)

It seems that these "corporeal, musical vibrations" only generate a countermelody that manages to transcend trauma in theory. His radio play represents trauma viscerally, but the act of speaking back to trauma is more problematic due to the intense shock effects generated by the performance. I would like to argue that the question as to how healing can be achieved more precisely is closely tied to Artaud's previously mentioned concept of the plague. Since the plague is an ideal form of theatre for Artaud and not a form of trauma in the sense that it needs to be feared, Artaud's utopian theatre works upon the spectator's body like the plague contagiously travels from person to person. Artaud states:

The plague takes images that are dormant, a latent disorder, and suddenly extends them into the most extreme gestures; the theater also takes gestures and pushes them as far as they will go: like the plague it reforges the chain between what is and what is not, between the virtuality of the possible and what already exists in materialized nature. It recovers the notion of symbols and archetypes which act

like silent blows, rests, leaps of the heart, summons of the lymph, inflammatory images thrust into our abruptly wakened heads. The theater restores us as our dormant conflicts and all their powers, and gives these powers names we hail as symbols. (*TD* 27)

In other words, by taking the “gestures and push[ing] them as far as they will go,” a limit or an endpoint is reached—a blank slate, a *tabula rasa*—which arguably cleanses and negates traumatic experience. Artaud explains that the plague breaks down barriers in the body and dissolves organs. As Martin Esslin points out, “although filled with black liquid, the body of the victim who has died of the plague, shows no organic lesions” (*Artaud* 82). A body without organs is an unalienated or undifferentiated body, which dissolves social barriers and barriers in the theatre. While Artaud does not explicitly equate the plague with notions of trauma, the images of the decaying and suffering body, which he uses to describe it are extremely traumatic. It follows, then, that if the plague is a contradiction in terms in that it is both horrible and liberating at the same time, trauma, for him, always already contains its possibilities for healing, too. As aforementioned, Artaud held that processing of trauma and rejuvenating may be achievable via interruption of traumatic repetition; however, it remains uncertain as to whether his ideas for traumatic treatment manage to reach beyond the realm of the performance of his no-place bodies. This is evidenced by the fact that Artaud’s theory frequently contradicts his theatrical practice—his theatre remains non-representational and utopian and the trauma he writes about is always the trauma of the real, and thus, inaccessible. Although more recent Artaud criticism, such as Laurens De Vos’ work *Cruelty and Desire in the Modern Theater: Antonin Artaud, Sarah Kane, and Samuel Beckett* and Stephen Barber’s *Screaming Body* focus on the practicality of Artaud’s concept of a theatre of cruelty, I believe that Artaud’s suggestions

for traumatic healing on the stage must remain a utopian construct. These critics focus on Artaud's film work or find the practicality of his concepts located and realized within productions of other playwrights' works, such as Kane's and Beckett's.⁴⁰ My new reading of the unalienated body without organs and its associated therapeutic and often contradictory connotations for healing argues, however, that Artaud's suggestions for transcending and curing trauma must remain a purely symbolic act. Yet, within the limitations of the aesthetic realm, such symbolic acts provide both an aesthetic 'gain' on Artaud's part and a theory for trauma healing within the context of drama therapy, which Artaud himself never fully realized or applied in his theatre practice. Artaud's theory of theatre, which embraces paradox and often contradicts itself, seems most hopeful with regard to the possibility of healing trauma, especially in comparison to the other playwrights that this dissertation explores. Artaud proposes a non-representational theatre, which deconstructs the division between art and life, and yet, his theatre practice does not fully work towards a resolution of those contradictions he proposes—the actual healing must take place on a non-representational stage.

⁴⁰ See also Kimberley Jannarone. *Artaud and His Doubles*. Ann Arbor: U of Michigan P, 2010.

Chapter III:

The Traumatized Body as *Verfremdungseffekt* and *Theatre Event*: Bertolt

Brecht and Edward Bond

Introduction

While Beckett's and Artaud's representations of trauma can be described as relatively unmediated, viscerally targeting the senses of the spectator, Brecht's and Bond's theatre appears to be a theatre of the mind rather than the body—at least at first glance. The audience is asked to intellectually engage with the performance rather than remain overwhelmed when confronted with chaotic traumatic sensory responses. The spectator fills in the affective blanks and completes the traumatic events in his mind in a structured, tangible way, and more specifically through critical reflection since trauma can only be understood and grasped from a distance. Indeed, the depictions of the traumatized bodies on Brecht's and Bond's stages refuse to tell the whole story; in fact, they expose a lack—one that needs to be filled by other bodies offstage: the audience. Gesturing toward a gap in signification, which emerges through a missing sense, and more specifically, through the missing sound, the traumatized bodies on stage narrate their traumatic story primarily by remaining silent, thus reaching out to the bodies offstage: the bystanders and eyewitnesses of the trauma.

Yet, despite their strong investments in “reason” in the theatre, Bond and Brecht end up affecting their spectators' senses in visceral ways. Both are seen as rational playwrights who appeal to the realm of reason, yet the representations of the traumatized body on stage engage affective responses at a shocking level. The audience reacts emotionally to the bodies. While critical scholarship has focused primarily on the importance of the mind and intellect in their

plays, I would like to stress how important *embodied* experience is in their work. The goal, however, is not to relive and reenact the true horrors of trauma on stage through overpowering, formless, and visceral representations of broken bodies, as with Artaud, for example, but rather to expose the lack within traumatic significations so it can be articulated through the body. More specifically, this gap emerges through the elimination of the faculty of utterance—the “voice” of trauma. The spectators can recognize and affectively grasp the trauma that is depicted—however, only to a certain extent. The represented trauma can be structured and grasped from a sensory distance—in other words, through silence. Distressing experiences are thus not expressed through chaotic emotional outbursts, but through the absence of the voice, which acts as a distancing effect. Both Bond and Brecht avoid generating a sensory overload of screaming, broken bodies. In order not to overwhelm, traumatize, and “contaminate” the spectator through secondary exposure, the characters’ bodies on stage are visibly traumatized and physically disfigured, and yet remain silent. The bodies emit a very particular kind of silence—a deliberate, engaged silence that is meant to counteract the absent “voice.” This missing voice speaks to the audience indirectly and affectively through the very present and often painful sight of the trauma: the “gaze” of trauma. The gaze of trauma is revealed, but its voice remains silent and needs to be found within the audience. The spectator, then, in turn, finds himself ethically engaged and able to articulate the overpowering, formless pain associated with the traumatic losses that are being reenacted. To put it in a more straightforward way, the trauma can often be seen, but not heard, which renders it less overwhelming for the spectator to “stomach.”

My chapter will thus demonstrate that if the traumatized body itself becomes a *Verfremdungseffekt* on stage, the audience can access the traumatic narrative through that gap in signification—through that doubled, performative space of alienation that emerges through the

missing sound. This gap in signification, then, acts as a safe window from which to observe the traumatic events. Bond and Brecht seem to suggest that the experience of a spectator watching a play in the theatre is similar to the relationship of a traumatized person to their own body. The body of a traumatized person is an alienated, unfamiliar body—it shuts itself down after the experience of trauma, and in a way, it no longer inherently belongs to the mind of the traumatized subject. It becomes a foreign body, speaking in a strange “object voice,” to refer to Dolar’s concept of the acousmatic object voice again, which I previously explored in my section on Beckett’s *Krapp’s Last Tape*. The voice of the traumatized person sounds like the unfamiliar sound of the recording of one’s voice on an answering machine. It is other; it is attached to the self, but not inherently attached to it. It can neither be recognized nor remembered as one’s own, and yet, in order to survive, it has to be reclaimed as a manifestation of one’s self. In Brecht’s and Bond’s case, that acousmatic object voice Dolar speaks of is silenced and emerges through the integration of the audience who fills the silence through its voice of resistance and critical reflection. The acousmatic layer of mediation here is the artifice of performativity itself—the theatrical, technical elements of the production that are exposed in clear sight of the audience. Since the audience is only given the sight or the “gaze” of the performance and because its sound or its “voice” remains absent, Bond and Brecht leave space for the audience to “enter” the traumatic narrative.

More specifically, the traumatic narrative in Brecht’s work either indirectly or directly centers around the trauma of living within a Capitalist society that emerged in full force after the devastating two world wars. For Brecht, the concept of war trauma is closely linked to ideology. Brecht states that war “is a continuation of business by other means” (*Bertolt Brecht* 101), and in that sense, capitalism, for him, is definitely a source of trauma. He was opposed to any form

of Nationalism and the Nazi regime in Germany and, as a Marxist, he was engrossed in Communist theories. Through his epic theatre, he believed that he would be able to articulate the problems inherent in the bourgeois, Capitalist system; he was also convinced that a Marxist society could deliver more social justice. Essentially, Brecht saw his theatre as a forum for Socialist ideas and the expression of a dialectical materialism. As articulated in his theories on epic theatre, he believed that a playwright has a responsibility to bring about social change. He represented the various traumas of war in graphic ways, although he always kept in mind to depict them in a manner that would keep the spectator critically engaged. Rather than “generating a single emotional lump” (qtd. in Margaret Eddershaw 22), his audience remained actively engaged and able to emotionally “structure” the traumas depicted. Since Brecht believed that the means of production and the social reality outside the theatre are made, not given, the traumas he writes about no longer appear inevitable, fixed, or untouchable. He explains in the famous street scene:

the demonstration should have a socially practical significance. Whether our street demonstrator is out to show that one attitude on the part of driver or pedestrian makes an accident inevitable where another would not, or whether he is demonstrating with a view to fixing the responsibility, his demonstration has a practical purpose, intervenes socially. (*Brecht on Theatre* 122)

Realist theatre, for him, has shortcomings because it presents a singular, one-sided social or political situation and generally tends to look at society and the traumas it generates as something incapable of change. In other words, realist theatre lacks political agency, and he would like to restore this agency with his drama. What he disliked about the realist or middle

class theatre of the time is that it tried, as he saw it, to put the audience in a trance-like state, a total identification with the protagonist. In other words, he saw his theatre and the traumas he illustrates as a place for a potentially ethical conversation with the audience. The elements of theatrical production were completely exposed, and the lighting, music, scenery, projections were in full view of the audience, serving as a reminder that the production is a performance. As a Marxist and idealist, his theatre was meant to intervene in the traumas of world history.

Bond followed in Brecht's Socialist footsteps, claiming that "human consciousness is class consciousness" (qtd. in Cody 175). Trauma, for him, too, is always closely linked to the problems inherent in Capitalism; however, it is also worth noting that Bond experienced direct war trauma during his lifetime. Describing himself as "a citizen of Auschwitz and a citizen of Hiroshima" (Bond, *The Hidden* 2), he went to Cornwall when the Blitz began in 1940. He was also present during the bombings in London between 1940 and 1944. Bond explains the horrors he experienced as follows: "I knew that I was being sent away so that I would not be killed by bombs. Not unreasonably, I thought that the fact that my parents were staying behind meant that they would be killed" (Coult 9). Bond further goes on to illustrate the psychological and physical long-term impact of trauma:

People would fly overhead and try and kill me. A bomb is coming down and you say, 'it must hit me.' Ten minutes later it is still coming down and you say, 'it must hit me.' Ten years later it is still coming down and you say, 'it must hit me'...And so you write out of the noise—and the silence within that noise. (qtd. in Todd)

Trauma, for Bond, is, indeed, this bodily experience and fear of possibly getting hit by a bomb, but it is also much more than that. Trauma, for him, is not an event, but a condition that reenacts

itself again and again. Bond “writes out of that noise” and the “unsilent” silence it emits. Rather than creating a full narrative and complete retelling of specific war traumas, he is interested in depicting a generalized sense of long-term postwar ennui. No longer self-sufficient, the silent bodies broken by the war suffer and instigate drama after drama, acting out, sometimes helplessly reaching out to the audience through their silences. As my discussion of the recordings of the Royal Court production and the Hammersmith production will show, Bond’s idealism with regard to representing and healing trauma is rendered clear in performance.

Mother Courage and Her Children and *Saved* explicitly illustrate the experience of various traumas and losses. While considered one of the most influential anti-war plays of all time, *Mother Courage and Her Children* can also be seen as one of the most specific renderings of the experience of trauma, which the opening song that is repeated throughout the play sums up: “And though you may not long survive / get out of bed and look alive” (348). More specifically, the play depicts the physical and psychological effects of the Thirty-Year War. Brecht explains in the play that “[t]he holy war has lasted sixteen years and Germany has lost half its inhabitants. Those who are spared in battle die by plague” (393). Mother Courage, determined to make a living from the war, ends up losing three of her children. Cursing the war, Mother Courage sums up her losses:

It is a historic moment to me when they hit my daughter over the eye.
She’s all but finished now, she’ll get no husband, and she’s so crazy for
children! Even her dumbness comes from the war. A soldier stuck
something in her mouth when she was little. I’ll not see Swiss Cheese
again, and where my Eilif is the Good Lord knows. Curse the war! (384)

While it seems that she is “cursing the war,” it is important to stress that this is a moment of false insight on Mother Courage’s part. Indeed, in the next scene she sings a song in praise of war. Mother’s Courage’s behavior is rather inconsistent. On some level, and as evidenced by her silent scream, she realizes the devastating effects of war through the obvious loss of her children, and yet ends up distracting herself from the pain by embracing the propaganda because truly seeing and hearing the real horrors associated with it would be too overwhelming. Mother Courage’s final ignorance of the fact that all her children are dead at the end of the play encourages the audience to recognize the truth for her. The full extent of the devastation caused by the war can only be expressed through an image of her scream, which speaks back through its silence. I will argue that the visceral horrors of trauma that the bodies suffer from can only be articulated through Helene Weigel’s famous “silent scream” in her performance of Mother Courage. Yet, the sound of the silent scream cannot be articulated on stage—it is to be performed by the audience itself. The spectator is to become actively engaged in the performance, reflecting critically on the traumatic events and then voicing his or her protest.

Likewise, Bond’s play *Saved* can be considered an anti-war play that represents the horrors of traumatic experience. The play takes place in London and examines the relationship between a young man, Len, and his emotionally unstable girlfriend Pam who gives birth to a child that she conceived with Fred. Len moves in with Pam and her parents. Pam is in love with Fred and ends up leaving Len for Fred despite the fact that Len continues to live in the same place and decides to stay with her family. He ends up feeling attracted to Pam’s mother Mary, which causes tensions in the family. Len’s character is quite complex, indeed: although he seems to be the only character in the play who cares about Pam’s child, he passively watches the baby getting tortured. The unwanted infant gets stoned to death in a horrifically traumatizing

scene and Fred ends up in jail. In addition to the famous torture and murder scene of the helpless baby, whose body is silenced, humiliated, dosed up with aspirins, rubbed in its own excrement, and then stoned to death, the play also illustrates the dysfunctional relationship between Harry and Mary. Harry, the father, is a war veteran who indirectly passes on his trauma to his family with his horrific war experiences and postwar ennui. His son was killed by a bomb in a London park. He reminisces about his experience on the battlefield: “Most I remember was the peace an’ quiet” (Bond, *Plays I* 128). He further describes his war trauma as follows:

Yer nevr saw the bleeders, ‘ceptin’ prisoners or dead. Well, I did once. I was in a room. Some bloke stood up in the door. Lost, I expect. I shot ‘im. ‘E fell down. Like a coat fallin’ off a ‘anger, I always say. Not a word. (Pause). Yer never killed yer man. Yer missed that. Gives yer a sense a perspective. I was one a the lucky ones. (*Plays I* 128)

The murmur of these long, frequent pauses, which emanates from this war trauma, is displaced onto the relationship between Harry and his wife Mary, who no longer speak to each other. The baby’s muted cries, summing up the horrors of war trauma and the empty feelings of postwar ennui, reach the spectator indirectly through a ghostly “curious buzzing” (*Plays I* 82), which happens at the end of the stoning scene. I read this buzzing as a reverberation of the trauma. The play ends with an almost completely silent scene during which Len attempts to fix a chair, which was broken during a fight between Harry and Mary about Mary’s supposed infidelity.

Helene Weigel’s famous performance of *Mother Courage* in Brecht’s *Mother Courage and Her Children* and the Royal Court Theatre recording of Bond’s *Saved* that is currently archived in London suggest that Brecht’s and Bond’s bodies on stage are “needy” and incomplete bodies in performance. As silent, “incomplete” bodies, they are in dire need of the

spectator's "whole" body to narrate their traumatic story through uncomfortable laughter, screams, or even attempts to walk out of the theatre, which in Bond's case happened rather frequently. Helene Weigel's famous "silent scream" as Mother Courage and the stoned baby's screams in *Saved* remain unheard and need to be articulated by the audience itself. The deafening silence of the silent body encourages the audience to respond. Brecht and Bond thus believe in targeting the senses of the audiences, but only in a partial way: by exposing a lack and, more specifically, by eliminating one of the senses. This sensory deprivation serves a twofold function: the audience acts as Lacanian objet petit a—the avatar of the trauma of the real—the missing sense. It also serves to acknowledge the trauma—the true extent of the loss that the characters in both plays refuse to "see" or "hear." Since the characters refuse to learn from their painful experiences, the audience steps in as a neutral witness that can and wants to acknowledge the trauma—often through bodily sounds, such as screams, sighs, and laughter. However, this does not mean that a cognitive response is not expected or relevant. It simply means that a cognitive response here manifests itself through screams, sighs, and laughter rather than language. The spectator's body thereby becomes an engaged sensory placeholder for the trauma and the body it inhabits. Rather than shutting down communication, it intervenes in the traumatic conversation by becoming an avatar for one of its senses—it turns into that which is missing from the traumatic story, that which escapes signification and representation. The spectator's nerves and senses are needed in performance to expose, memorialize, structure, and complete the trauma narrated by the silent bodies onstage.

So how exactly are trauma and the body linked in Brecht and Bond? Both *Mother Courage and her Children* and *Saved* thematize traumatizing losses in visceral ways: a baby is stoned in *Saved*, two of Mother Courage's children are killed and their bodies are being

presented to her, and Kattrin is mute because of a trauma that occurred before the play's beginning. What is remembered in Beckett or happens only on a "theoretical," projected, non-representational level on Artaud's stage, becomes present and real in the moment of watching the play in Bond and Brecht—although the trauma remains still somewhat inaccessible through the mediating effects of estrangement. I would like to stress that the bodies on stage are both *traumatized* and themselves serve to *traumatize*. Traumatic experience is inscribed onto the body in Bond's and Brecht's theatre. Unlike in Beckett's work; however, in which the "primary" trauma is often located offstage, in Brecht and Bond, physical traumas are also enacted and performed on the stage. This happens in the present moment right in front of the spectator's eyes, but in an incomplete way, at least from a sensory perspective. Despite this incompleteness, reviews of the plays suggest that spectators find themselves being traumatized as they are watching the play due to the intensity of the traumatic depictions. For example, Maddy Costa writes in the *Guardian* in reference to the 1965 production of Bond's *Saved* that watching the play traumatizes the spectator, even possibly putting the audience in danger: "Pickup, now 71, recalls the horrible, infinitesimal detail of how accurate you had to be, partly because you didn't want stones bouncing off the pram into the audience."⁴¹ The audience could get hurt and "contaminated" during the stoning scene in an unfortunate incident of life imitating art. Costa further explains that the actors, too, respond to the trauma re-enacted on the stage with symptoms of posttraumatic stress disorder: forgetting and repressing. She writes:

[i]t's telling that Holmes, who first encountered *Saved* in a student production when he was 17, has no recollection of witnessing the baby's death. 'I remember the sewing of the stocking, I remember the silent scene at the end, I remember the

⁴¹ <<http://www.theguardian.com/stage/2011/oct/09/edward-bond-saved-original-cast>>. Last access: July 15.

characters fishing. I'd never seen anything like it.' He's not the only one: despite photographs proving otherwise, Selby is adamant that his character 'didn't throw a stone.' You can't really blame him for forgetting: he is talking about a play he was in 46 years ago. But what Bond exposes in *Saved* is our capacity to deny the violence in human nature.⁴²

This violence is potentially traumatic for both audience members and actors involved in the play. That said, both Bond and Brecht explain that the representations of traumatic experience are not meant to be overwhelming and unendurable. In fact, the spectator can, at least in theory, grasp and bear the trauma performed on the stage exactly because of the incomplete depiction of the full impact of the traumatic experience—because of the silence that the bodies emit. The sight or “gaze” is all the spectator is left with; the missing sense—the voice—would get too close to the “formless” emotions involved in traumatic experience and must therefore be muted and left out of the performance.

Brecht's Mother Courage and Her Children

How exactly are trauma and the body linked in Brecht? Entrapped in a Capitalist system, the “unsilent” silent body in Brecht manifests itself as a *Verfremdungseffekt* to be heard and beheld on stage. It is traumatizing to watch as it is unfree and keeps the spectator at a distance due to the gap between character and actor. Moreover, in a physical sense, it often presents itself as mute and physically wounded. Elizabeth Wright argues that

Brecht's theatre reveals the discordance in the body, because by means of his *gestus* he shows that the body's gestures always include its relation to

⁴² See last paragraph of the same review: <http://www.theguardian.com/stage/2011/oct/09/edward-bond-saved-original-cast>. Last access: July 15, 2015.

other bodies; like Artaud's theatre Brecht's dwells on the violence done to the body by the inscription of Law. (*Postmodern Brecht* 17)

In other words, for Brecht, the body, as a "Capitalist" body is always alienated. If utilized and performed to generate a V-effect; however, the body accurately manages to represent that alienation. Since the *Verfremdungseffekt* aims to produce a new perspective, it opens up a space for agency and thus a possibility to intervene in the trauma. Trauma no longer appears out of reach and unchangeable. For example, since the scene summaries and placards at the beginning of each scene foretell the events of the scene, the focus is less on the plot and more on the physicality of the performance. For Brecht, the process, rather than the endpoint, becomes the spectator's focus; the body takes on a central role and the audience feels drawn to the actor's body rather than to the narrative on stage. When the spectator is informed that "Mother Courage loses a son" (349) before the beginning of the scene, the narration of the traumatic event is rendered secondary and the bodies on stage take on particular significance. Since the element of surprise and the focus on the slow unfolding of the narration of the events are missing, the spectator automatically pays special attention to the portrayal of trauma as it is performed and experienced through the body.

Furthermore, as mentioned above, the body on Brecht's stage often communicates what remains beyond traumatic representation through the missing "voice" of trauma but also through conflicting and contradictory means of expression. For example, Brecht instructs that the lullaby, which Mother Courage sings over her daughter Katrin's corpse, "must be sung without any sentimentality" (qtd. in Brecht, *The Collected Plays Vol.5* 141). Sentiment is distanced so the spectator can pay attention to the content and the context of the lullaby. Likewise, Robert Leach points out about Brecht's use of *Sprechstimme* that "Sprechstimme is a method of

interrupting singing with speaking and vice versa” (139). Experiencing the song primarily through what is missing—the melody—the spectator yet again is confronted with what is lacking within traumatic representation. He may want to fill in the blanks. In a way, since the original melody is literally missing from the song, the spectator is encouraged to compose a countermelody to the trauma in his mind.

The experience of trauma is inherently based on a sense of lack—an inability to comprehend the full traumatic narrative—and Brecht’s V-effects play with this sense of lack in a twofold way. On the one hand, V-effects expose all the hidden elements of the theatrical production. Thus, in a way, in the context of trauma theory, this could be read as an attempt to narrate the traumatic story by disclosing and exposing all the elements of production that are usually concealed. The act of disclosing all the elements of production enables Brecht to articulate his traumatic stories in a way that is not overwhelming and overpowering. Exposing the elements of productions takes away from the emotional charge and exposes a gap in signification. More specifically, Brecht employs V-effects often through emphasizing a lack or an absence of understanding—by exposing that one element that is missing from the narrative. In the case of *Mother Courage* this would be the actual sound of her silent scream. Moreover, Courage’s absence of understanding of herself engages the audience in that the spectator must provide that insight for her.

In addition to his frequent use of V-effects, Brecht reaches out to the audience by employing a theatrical acting technique called *gestus*. *Gestus* is a gesture that shows the social attitude of a character at a particular time, which also interrupts the plot and gives the audience a moment to think and ponder. In short, *gestus* can be thought of as a gesture with social meaning, and it often interrupts or intervenes pre-linguistically in the events on the stage. The most

obvious example of *gestus* in *Mother Courage and her Children* is Helene Weigel's silent scream, which I will shortly analyze in more detail. Another example of *gestus* can be found in the specific mimes of the actor. Brecht explains, for example, with regard to the battlefield scene:

The effect of the battlefield scene depends entirely on the scrupulously detailed mime with which Katrin shows her mounting anger at her mother's inhumanity. (qtd. in *Bertolt Brecht: Collected Plays Vol.5* 124)

The trauma is thus conveyed entirely through the body language. He gives further specific instructions about how Katrin is to move after she is disfigured:

the injured girl merely touches her forehead gingerly once or twice to make sure where the wound is... she gives no indication of knowing what the scar will mean to her. (qtd. in *Bertolt Brecht: Collected Plays Vol.5* 128)

The audience arrives at an understanding of the trauma, which is solely conveyed by the means of *gestus*. In other words, insight is *excluded* from the character precisely during moments in the play when the spectator might most expect or desire it. It should be noted that although Katrin generally does have insight, she lacks insight with regard to her own traumatic scarring. The vacuum in expectation or understanding on the side of the character is thereby created to be filled by the audience.⁴³

Trauma can be grasped if the audience is kept at a safe physical distance, more specifically through acting in "quotation marks." Utilizing this type of interventionist acting style, "the actor displays an attitude to social processes" (Peter Thomson 72), while remaining a demonstrator. Brecht explains:

⁴³ *Gestus* works similarly with regard to *Mother Courage's* lack of insight. See section on the silent scream.

The actor has to discard whatever means he has learned of persuading the audience to identify itself with the characters which he plays. Aiming not to put his audience into a trance, he must not go into a trance himself. His muscles must remain loose, for a turn of the head, e.g., with tautened neck muscles, will 'magically' lead the spectators' eyes and even their heads to turn with it, and this can only detract from any speculation or reaction which the gestures may bring about. His way of speaking has to be free from ecclesiastical singsong and from all those cadences, which lull the spectator so that the sense gets lost. (qtd. in Cole 89-90)

Overall, Brecht was looking for a rather unsentimental acting style—arguably, to counteract the overwhelming, chaotic feelings associated with trauma. The audience is always to remain involved, yet still distanced and critically active. Brecht describes his ideal spectator, bystander, and eyewitness of the trauma in *Theatre for Pleasure and Theatre for Instruction*. He writes:

The dramatic theatre's spectator says: Yes, I have felt like that too.
Just like me—It's only natural—It'll never change—The sufferings of this man appal me, because they are inescapable—That's great art; it all seems the most obvious thing in the world—I weep when they weep, I laugh when they laugh.

The epic theatre's spectator says: I'd never have thought it—That's not the way—That's extraordinary, hardly believable—It's got to stop—The sufferings of this man appall me, because they are unnecessary—That's great

art: nothing obvious in it—I laugh when they weep, I weep when they laugh.

(Brecht on Theatre 112)

In other words, the acting style and the body's mimes inherently counteract the trauma by displaying contradictory emotions, which engage the spectator in the trauma. After all, trauma can be understood as an excess of emotion that cannot be contained within the traumatized subject. The idea is to reach out to the audience, but to do so in a way that leaves the spectator able to empathize with the emotional impact of the trauma. The goal is not to eliminate but to manage the emotions conveyed in a way that will reach out to the spectator and yet not burden him or her to such an extent that he or she remains paralyzed. Brecht further explains:

The demonstrator need not be an artist. The capacities he needs to achieve his aim are in effect universal. Suppose he cannot carry out some particular movement as quickly as the victim he is imitating; all he need do is to explain that he moves three times as fast, and the demonstration neither suffers in essentials nor loses its point. On the contrary it is important that he should not be too perfect. His demonstration would be spoiled if the bystanders' attention were drawn to his powers of transformation. He has to avoid presenting himself in such a way that someone calls out 'What a lifelike portrayal of a chauffeur!' He must not 'cast a spell' over anyone. He should not transport people from normality to 'higher realms.' *(Brecht on Theatre 122)*

In order to not overwhelm the audience, the demonstrator's performance deliberately emphasizes its own reiterative nature. The spectator experiences the performed trauma through a reenactment of the "original," primary trauma—a less viscerally intense version. As mentioned

before, Caruth points out that trauma is always already inherently repetitive. As a condition that is based on repeated re-visitations of past events, it is always already experienced from a distance. By highlighting, recognizing, and affirming these repetitive processes; however, as Brecht suggests, this never-ending cycle of traumatic reenactments can be exposed, identified by the audience, and then arguably put an end to offstage.

Above all, due to this generated distance between character and actor and the frequently exposed silences, Brecht's bodies on stage are always very visceral, non-representational bodies. Frequently stepping out of their own roles as performing bodies, they are in essence nothing but bodies; this nonrepresentational performance of a "pure," but silent physicality speaks back to the cycle of repetitive traumatic narratives. Brecht's play, in fact, thematizes several verbal silences: Mother Courage remains silent and talks herself out of complaining after she sings the Song of the Great Capitulation, the drumming scene of the verbally silent, mute Kattrin, the silent response of Mother Courage and Kattrin in scene ten, and of course, Helene Weigel's silent scream after she denies her own son. With regard to the drumming scene, John Fuegi considers it "possibly the most powerful scene, emotionally, in twentieth-century drama" (*Bertolt* 92), and Brecht explains that

spectators are permitted to identify with Kattrin in this scene. They may identify with this being and note with pleasure that they have such powers even within themselves. (qtd. in Fuegi, *Bertolt* 125)

He directly encourages the spectator here to feel empathy and affect while stressing that the moment is ethically charged. Optimism and hope arguably lie within the spectator's ethical awareness and capacity for empathy. Since Kattrin's body remains silent, the spectators may feel ethically engaged. In other words, the spectator must perform the silent screams for her—

the audience emits the silent scream speaking back to her trauma. At the end of the play, Mother Courage is in denial of Kattrin's death; she pretends that she is asleep in her arms and sings her a lullaby. The lullaby explicitly silences and denies the trauma, which encourages the audience to recognize and acknowledge it.

George Steiner writes about the significance of one of the best examples of Brecht's use of *gestus*, the "silent scream," which was included in the first production at the very end of the scene after Swiss Cheese's body is carried away:

here comes a moment in Mother Courage when the soldiers carry in the dead body of Schweizerkas. They suspect that he is the son of Courage but are not quite certain. She must be forced to identify him. I saw Helene Weigel act the scene with the East Berlin ensemble, though acting is a paltry word for the marvel of her incarnation. As the body of her son was laid before her, she merely shook her head in mute denial. The soldiers compelled her to look again. Again she gave no sign of recognition, only a dead stare. As the body was carried off, Weigel looked the other way and and tore her mouth wide open. The shape of the gesture was that of the screaming horse in Picasso's Guernica. The sound that came out was raw and terrible beyond any description I could give of it. But in fact there was no sound. Nothing. The sound was total silence. (*Death of Tragedy* 353-354)

While the sound may indeed have been the sound of "total silence," it is a self-aware, self-conscious, and engaged silence. Steiner thinks of this moment as a key tragic moment in

twentieth century drama; according to him, tragedy was once dead, but is reborn in this moment.

Brecht describes Weigel's scream as follows:

[h]er look of extreme suffering after she has heard the shots, her unscreaming open mouth and backward-bent head probably derived from a press photograph of an Indian woman crouched over the body of her dead son during the shelling of Singapore. Weigel must have seen it years before, though when questioned she did not remember it. (*Collected Plays Vol. V* 120)

It is important to remember that it is not the action alone that makes it *gestus*, but the combination of this action and the social meaning. Mother Courage has just lost a son and there is a moment of recognition within that silent scream—a moment of insight on the part of the spectator. Albrecht Schoene argues: “If anywhere, it is here that Brecht’s theory of alienation is itself alienated, here the critical distance of the (calmly) smoking audience is destroyed” (qtd. in Fuegi, *Brecht and Company* 506). The audience is emotionally engaged during this moment, and yet I would argue that it remains critically distanced and able to “structure” the overwhelming feelings associated with the trauma because of the one element that is missing in the performance: the sound or the voice of trauma. In other words, the image exposes a gap in traumatic representation through that one missing element. By eliminating sound from the performance, the spectator might possibly compose a countermelody or—at the very least—formulate a scream in his own mind. The silent scream is a complex image, a paradox in itself; it creates a double perspective, and it points towards a gap. More specifically, it gestures towards something that eludes our gaze and ears; in a sense the image emerges as a placeholder for the sound—one which implicitly urges the spectators to replace it with an imagined sound from the inner ear. When the spectator watches the image of this unarticulated scream long enough he

gets the sense that the image is not silent at all. In fact, he hears the scream with his eyes; the silent scream resounds. The void, which reverberates, has the potential to speak back to the experience of loss. When watching the performance, one does not simply find oneself staring at this open mouth waiting for the sound, but somehow that mouth is also staring at the audience, the bystanding eyewitnesses to the trauma. It is waiting for the spectators to produce that sound for Weigel. The ultimate horror would be that Weigel's scream of despair summing up the horrors of war were somehow "complete" and "absolute," coming too close to us. Paradoxically, however, providing the audience with the actual sound of the scream would also distance the spectator too much from the traumatic story by completing and closing it off. By excluding closure, catharsis, and recognition, the spectator must intervene and become involved in the traumatic narrative. This is why the scream must remain silent, and this is why the right amount of distance and closeness is created through the silence generated by Weigel's voicelessness. Creating a sound exchange with the audience, her scream is stuck in the throat, but it asks the audience to fix that—to articulate a sound for her. The audience's screams and counter melodies, which we compose in our minds when watching the play, become a requiem for the lost child. George Steiner further explains that it is a

silence which screamed though the whole theatre so that the audience lowered its head as before a gust of wind...It was the same wild cry with which the tragic imagination first marked our sense of life. (*Death of Tragedy* 354)

The silence gives birth to both tragedy and trauma; more specifically it is a re-birth of both a counter melody and an echo to traumatic experience. Due to the distancing effects employed, which leave the spectator emotionally affected but not overwhelmed, the audience is burdened by and experiences the trauma, but can arguably generate a counter melody at the same time.

Moreover, the fact that Brecht denies Mother Courage insight—even at the end of the play, she does not recognize the full extent of her loss—generates a moral vacuum, which the spectator feels compelled to fill. The first step towards transcending, processing, and healing trauma always involves recognition, understanding, and insight to counteract the unconscious coping mechanisms of repression and denial.

Edward Bond's *Saved*

Edward Bond, who, as Elizabeth Wright claims, “combines Brecht and Artaud” (17), draws in the audience in a similar way. He uses Brecht’s distancing techniques while adding to it the visceral and shocking intensity of Artaud’s representations of trauma. Bond is a didactic playwright, as Sean Carney has pointed out. Following Brecht’s didactic approach, he idealistically attempts to teach the spectator Socialist values by conveying an ethical understanding of the severity of the traumas he portrays. In the author’s note to *Saved*, Bond writes “[i]f we are to improve people’s behavior we must first increase their moral understanding” (7). The audience both recognizes and ethically reflects on the represented trauma. Carney explains that

the events he stages do not embody a meaning, he insists: the sense of them comes from the audience, and it is in this that a dialectical theatre must have a stubborn, optimistic faith in its audience’s ability to recognize, in the aesthetic form, the necessity and vision of justice that in fact exist only in the spectator’s mind. (“Edward Bond: Tragedy” 9)

The spectator takes on an important role and the director relies on his or her capacity to feel empathy. As Malcolm Hay and Philip Roberts point out, one wonders “who is responsible for

the events shown on the stage.’ The question ‘How did this come about?’ is not answered by the play. It is left to the audience” (39). Affectively engaging the audience with the visceral nature of the traumatic crimes committed, such as the horrifying act of stoning a baby on stage, Bond rejects complacency of any kind and hopes for the spectator, as trauma witness, to expose, recognize, and react to the severity of the traumatic events.

Like Brecht’s theories, Bond’s writings on theatre theory are extensive, and like Artaud, he idealistically believed in the power of theatre to effect change. He also believed in the possibility to counteract trauma. He explains: “[t]heatre, when it’s doing what it was created to do, demonstrates order in the chaos, the ideal in the ordinary” (*Edward Bond: Play 2* XIV). In his author’s note to the play, Bond makes clear that he thought of his play *Saved* as “irresponsibility optimistic” (5). The last scene is frequently referenced as the most hopeful scene in the play. The “almost wholly wordless pantomime” (Sean Carney, *The Politics and Poetics* 127) turns into a gesture of a body on stage fixing and repairing a chair—a healing image. I would like to add to this that leaving the scene silent and eliminating the sense of hearing, the spectator may focus his attention on the image of the body. In its physicality it is a marker of presence. Finally, the title of the play *Saved* suggests optimism and hope; the traumatized may indeed be saved. It offers the possibility for redemption and advocates Bond’s theatre as one that has the potential to heal.

While Brecht’s traumatized and traumatizing bodies on stage turn into V-effects that reach out to the audience, Bond’s bodies become *Theatre Events* that bond with and engage the spectator. As Carney explains, *Theatre Events* are

clearly moments of estrangement...Bond’s Theatre Events exploit the fact that what we take as given, the self-evident, the familiar, has at the

heart of it a radical strangeness. Bond's logic here replicates the theory of Freud's *Unheimliche*. Bond writes, 'it is always the familiar which is most strange... [B]ecause the familiar always has one hand on 'nothingness'... Ideology depends on the 'self-evident.' Yet always part of our experience appears strange to us and threatens the self-evident. It creates doubt, which leads to insecurity and strife.' ("Edward Bond: Tragedy" 10-11)

Bodies, for Bond, are always already traumatized *Theatre Events* as "the biological body is not identical with the body image... granted to the subject by society" (Elizabeth Wright 17). Also, the disturbing stoning scene in *Saved* reveals the characters' alienated, detached, and callous attitude towards the baby's body. The body, in Bond, is always an alienated body.

One of the reasons as to why Bond seems to believe in the ability of the body to better represent traumatic experience lies in the fact that he thinks of language as insufficient and limiting. The frequent use of silence in his plays is obvious—for example, the whole final scene in *Saved* is almost silent. At the center of the scene is a gesture of a body repairing a chair rather than dialogue, which reveals Bond's lack of faith in language. Moreover, Harry and Mary have not spoken since they lost their son during World War II. Richard Scharine argues that language, in Bond, "as a tool functions only to hold others at a distance" (61), and indeed, Harry and Mary have given up on the idea of communication. In his author's note to the play, Bond states that "we use words that still have moral connotations, but these are being lost and soon we could well be morally bankrupt" (7). Language appears empty and devoid of meaning; the characters in *Saved* most of all convey their inability to communicate with one another. Above all, their silence expresses their emotional numbness and feelings of boredom and ennui.

Hope can be located; however, within the non-cerebral realm of the body: the immediate and ephemeral physicality of the body on stage. Bond states:

I dislike anybody who imagines the answers to life are cerebral and that the problems are cerebral...I dislike that sort of cerebral activity that imagines problems exist somewhere out there and don't exist here.

(qtd. in Calder, "A Discussion with Edward Bond" 18-19)

The physicality and presence of the body in performance is one way to close the gap between the problems that "exist somewhere out there" but not here. Bond believes in the visceral immediacy that bodies represent on the stage, and therefore trauma can be best expressed through the body. As he notes in his letters, the "ghost [of trauma] must approach from silence" (Bond, *Edward Bond Letters* 15). And yet, the body speaks back and refuses to be silenced. The play ends with an image of a body making healing gestures. It is a body that has given up on language as a means to convey meaning, but instead attempts to repair and fix the all-pervading sense of alienation in the play through its very physicality and presence on stage.

The shocking and recurring denial of trauma throughout the play on the part of the characters places special responsibility on the spectator to see, hear, recognize, and acknowledge it. For example, during the stoning scene none of the characters intervene and try to prevent the horrific deeds from progressing. Moreover, Fred refuses to acknowledge his responsibility as a father. He does not feel that he should be held accountable for the baby's death after being sent to prison. In fact, the baby's existence is consistently being denied and silenced throughout the play. Richard Scharine aptly points out that "[t]he baby is killed because it never received what Pam lacked from her own parents—a human identity" (79). Malcolm Hay and Philip Roberts argue along similar lines that "the child in the pram is dead long before scene six" (51). The

spectator must thus counteract this denial, acknowledge the baby's existence in the first place, and finally subvert the characters' denial of the stoning trauma. Jenny Spencer argues that

Len watches rather than commits the most violent act of the play. Like Len, the audience of the play may be disturbed by the view, but stays put nonetheless... Like the audience, the essence of Len's action in Scene Six is 'to watch and do nothing.' (35)

However, I suggest that the traumatized body on stage engages emotional or affective responses at a visceral and shocking level. The audience's reactions are *emotional* reactions to the bodies on stage. The spectator thereby experiences and understands the portrayed trauma through his or her own visceral reactions to the traumatic events on stage. By first subjecting the audience to the unbearable cries of the baby in the television scene, during which the baby's suffering and cries are completely ignored while the rest of the family watches television, the audience may want to literally or figuratively leave their seats and get involved. This is also where the play's optimism and hope for healing emerges—it is located within the hope that the spectator recognizes his or her own ethics and capacity to feel empathy. In other words, the spectator may possibly judge the complacency and silence that occurs on the stage during the stoning scene. Moreover, the fact that the child's cries remain ignored can be indirectly read as a result of the aftereffects of the war, because the characters have become emotionally numb since the war and the loss of their child, which also instigated the battle of silence between the parents. The silent response to the baby's cries may possibly make the audience feel obligated to intervene—the spectator is encouraged to render external what remains internal. The silent sound that is heard internally is thus indirectly linked to the emotional numbness of the shell-shocked characters.

Still haunted by the cries of the television scene, the spectator condemns the horror of the sadistic act on the stage.

The most significant moment in the play during which trauma is successfully represented on stage happens when the body “speaks” but withholds meaning. Bond eliminates the sound or “voice” from the representation, thus involving and engaging the audience to make up for that missing auditory element. The baby’s body during the stoning scene manifests itself as an alienating *Theatre Event* because it remains silent. Although it screams almost unbearably loudly during the television scene, in which its mother ignores its screams, it remains completely quiet during the stoning scene. While the crying does show some agency, it also demonstrates the baby’s powerlessness and discomforts the audience by appealing to its capacity for empathy. The audience is even more engaged; however, during the stoning scene when the baby remains quiet. Bond engages the spectator in both scenes, but due to the gap in signification and the sense of alienation, which occurs during the baby’s silence in the stoning scene, the spectator becomes part of the performance in a more substantial way. Bond writes in scene four: “[s]lowly a baby starts to cry. It goes on crying without a break until the end of the scene. Nothing happens until it has cried a long while” (*Plays I* 46). The baby’s cries during the television scene, when it “screams with rage” (46) and “whimpers pitifully” (47), still haunts the spectator’s mind and fills in the blanks at the end of the scene when “the crying sobs away to silence” (52). This renders the trauma and torture more horrific, but also, paradoxically, more accessible. The “absolute” trauma would be that the baby’s cries could literally be heard during the stoning scene, too, and approach the spectator too closely, thus leaving him or her overwhelmed, paralyzed, and unable to act. Instead, the spectator processes the cries from a safe distance: in his mind. He is not viscerally too overwhelmed by the distress for him to process it

and comprehend it. Moreover, the silence is uncanny and unusual and thus a moment of estrangement, which forces the spectator to pay attention in a more forceful way than in the previous scene.

The audio recording of the Royal Court Theatre production from January 16, 1985, which was directed by Danny Boyle and is currently archived at the British library in London, reveals that the baby cries for an unbearable long time, indeed, and that its cries get even louder after the other characters ignore it. The videotape recording of the 2011 Hammersmith production, which I examined at the Royal Court Theatre archives, emphasizes the cries, too, albeit to a lesser extent. During an intense cry in the Royal Court production, it is actually hard to hear what the characters are saying. The scene is so unbearable that the spectator may possibly feel the urge to intervene. Malcolm Hay and Philip Roberts point out that “the pressure on the audience is to provoke blanket condemnation. Bond means the crying to be unbearable” (46). Moreover, later on in the scene, when the television is turned off, we hear the baby crying in a different, and more assertive way—the cries exposed through the silence of the TV turn into a countermelody of agency, expressing a refusal to be silenced. Most importantly, during the Royal Court production, the baby cries for almost fifteen minutes on stage, thus infiltrating and traumatizing the spectator’s ears. The prolonged baby’s cries are raw and forceful; during the stoning scene when the baby remains mute, the spectator remembers them. In other words, the baby’s body makes us fill the silence it emits. While emphasizing and exposing the cries in scene four, Bond does the exact opposite in the stoning scene. The missing element in traumatic representation generates a distancing effect and an ethical vacuum, which engages the audience. While the audience can hear the bodily sounds that the other bullies make on stage, such as “laugh[ing],” (64) “groan[ing],” (64) and “spit[ting]” (65), the baby itself remains silenced and

mute during the stoning scene. The silence encourages the spectator to articulate the sounds for the helplessly silenced baby.

The intensity and emotional rawness of the baby's silent and not so silent cries may inspire the audience to respond to the trauma in very visceral ways as well. In other words, the spectator feels, relives, engages, and responds to the trauma physically. Penelope Gilliatt describes the effect the production has on her body in a review in the *London Observer*: "I spent a lot of the first act shaking with claustrophobia and thinking I was going to be sick" (qtd. in Morgan 42). In fact, when the play opened in 1965 at the Royal Court Theatre in London, some spectators felt sick to the stomach and burst out into hysterical laughter. The sound recording of the Royal Court theatre production from January 1985, directed by Danny Boyle, demonstrates very similar audience responses. In fact, the spectators' recurring uncomfortable laughter is the sound that seems most prominent in the sound recording. It is also worth noting that other audience members felt extremely emotional and decided to walk out of the theatre. Christopher Innes explains that

the walkout rate after the first half was the highest the theatre has ever had, and I have never seen an audience at a traditional play so disturbed and stimulated. (169)

While it may express dissatisfaction with the plot of the play, the physical act of walking out of the theatre could also be seen as an engagement with the trauma—as a reaction to the traumatized events and an attempt to intervene and put an end to it. The idea that I would like to stress here is that the response to the play is a physical gesture rather than an intellectual response of some sort. While the act of walking out of the theatre can certainly not be seen as a way to heal trauma and may, in fact, suggest its opposite—that the audience remains shocked,

contaminated, and traumatized through secondary exposure—it is nonetheless an engagement with the witnessed trauma—a physical one—which at the very least, acknowledges and exposes rather than silences the severity of the trauma.

The silence of the stoning scene is followed by a bodily but somewhat ghostly, animalistic sound of a “curious buzzing” generated by the murderers’ bodies. It gets as close as possible to the trauma of the real. While attached and inherently linked to the baby’s and the murderers’ bodies since it is produced by the gang of young men, it is a sound that also stands on its own. Bond explains the significance of the buzzing:

I like to find those moments where the known experience frays over into something which cannot be pinned down to very common usage, but is somehow suggestive of the experience. Instead of being an identifiable gang, their behaviour is so horrendous that it blurs over into something that can only be described in terms of the animal kingdom, and that’s the buzzing of a swarm of bees. There’s a moment of panic and escape and of realization, but instead of coming to themselves and saying, what have we done, they don’t, they come into the realization of some animal state. I didn’t want the scene to escape into classical cries of horror. (qtd. in Malcolm Hay and Philip Roberts 50)

The young murderers’ bodies generate a sound that is animalistic and primal—it is the sound of inhumanity and great pain, and more specifically the sound of an unthinking mass, like a hive mind of insects, so to speak. By including the somewhat inaccessible and unfamiliar buzzing of a swarm of bees in the scene, Bond again generates a *Theatre Event*, which both distances the spectator and yet leaves him or her engaged and confronted with the somewhat unfamiliar and

uncanny “sound of trauma.” It is arguably even the sound of *objet a*—a placeholder for the silenced cries. Again, as pointed out earlier,⁴⁴ Žižek argues that the trauma of the real cannot be articulated through the realm of language, “it can only be shown, in a negative gesture, as the inherent failure of symbolization” (*Plague of Fantasies* 215). He writes that although *objet a* is “objectively nothing...viewed from a certain perspective, it assumes the shape of something” (*Looking Awry* 12). Most of all, however, the buzzing can be seen as the locus of hope in the play as it acts as a countermelody to the trauma of stoning. As an animal sound, it is foreign, needs to be imagined, and subverts the baby’s silence. It gets as close as possible to traumatic representation. It can be read as a response to the young men’s moment of panic, as Bond indicates, but because it is a “distanced” sound it manages to convey that response to the traumatic panic without actually overwhelming the spectator with the chaotic, overpowering sounds of trauma. Hay and Roberts point out that “[o]nly in the fourth draft is the child sedated and silenced” (50), but Bond’s final choice to leave out the child’s cries gives room to the curious buzzing to take on special significance.

In this context, it is worth noting that the loss of the child who died during the war overdetermines the present of the characters in the play. Despite the fact that the loss is not part of the actual dialogue, the trauma metaphorically echoes through the play—through subtext. The lack of communication makes the audience imply the subtext of a generalized unease based on the trauma of the war. The war trauma becomes a trauma of inheritance. The specific traumatic events remain largely hidden and dare to be mentioned only on the surface despite the fact that they are alluded to in the play through the shocking representations of emotional numbness, an

⁴⁴ See pages 16-18.

absence of an ethical conscience on the part of the characters, and the breakdown of communication and intimacy.

Conclusion

The characters' denial of their trauma as well as the missing bodily articulation—the absent voice—acts as a distancing V-effect. Brecht's *Verfremdungseffekt*, which has also been translated as distancing, estrangement, or defamiliarization effect, is a theatrical practice that makes elements of the performance seem strange or different by generating multiple, complex, and non-linear perspectives. Brecht's *Verfremdungseffekte* are always inherently political and are meant to leave the audience reflecting on the performance from a detached, critical distance. He describes it as “playing in such a way that the audience was hindered from simply identifying itself with the characters in the play” (*Brecht on Theatre* 91). Brecht believed that the spectator is in need of an emotional structure or distance to think about what is being presented in objective ways. Through the characters' denial of their trauma as well as the missing bodily sense—the sound—which acts as a distancing effect, Brecht and Bond need the audience to recognize the characters as dead and mourn the losses for the protagonists who are not capable of doing so themselves. The characters refuse to let them die and it is up to the audience to “murder” these ghosts, metaphorically speaking, so the trauma can be recognized, processed, and remembered. Since in both plays the true traumas—the losses and deaths of the protagonists' children—are not completely understood, recognized, and processed, their undead bodies haunt the stage through their ghostly presence. These ghostly bodies are estranging and alienating in the same way Brechtian *Verfremdungseffekte* distance the spectator. They are foreign, distant, and other:

uncanny.⁴⁵ Moreover, the characters' denial of the full extent of the traumas and their inability to declare the children as dead transform the losses themselves into estranging distancing effects and *Theatre Events*, which place pressure on the audience to be involved. Since the characters refuse to feel and convey the full psychological effects of the trauma, holding onto the undead, lost body is a means to grasp a physical marker of presence and the present moment. Bond's last silent scene in *Saved*, for example, shows that fixing and holding onto a piece of furniture is also a way of grasping, structuring, and containing the formless broken body. Just as the broken chair's legs need to be structured and fixed to bring about healing and a sense of hope, the spectator must fully give life to the "aborted" bodies on stage while also acknowledging their deaths in a way that can be affectively grasped. This last scene is thus not primarily a scene about a chair; it is most of all an image of a body repairing and healing. The spectator leaves the theatre with the image of a *body* that moves, forms, repairs, and heals. That being said, the chairs themselves are ghostly; they are markers of the absent human body for which they are designed. The fixing of the chair thus acts as a symbol of birth, and more specifically, as an attempt to fully give birth to the undead children that never fully came to life but rather remained silent ghosts. It also represents an attempt to fully give birth to the aborted narrative of trauma so it can be acknowledged, processed, and possibly, one day, healed.

The audience experiences these incomplete representations of trauma as estranging and distancing *Theatre Events*—as an uncomfortable yet familiar moment of defamiliarization.

⁴⁵ See Sean Carney. *Brecht and Critical Theory*. New York: Routledge, 2005. See pages 14-22 and 80-22. Sean Carney establishes a link between alienation effects and the concept of the uncanny. He states that "Freud insists that strange coincidences and unexpected, involuntary repetitions are the sources of the Unheimlich feeling...It is a familiarity which is experienced as an unfamiliarity" (17). The uncanny is "a manifestation of the return of the repressed" (20). He further argues that "[t]o relate Brecht's *Verfremdung* to Freud's *Unheimlich* is to make the *Verfremdung* a kind of psychoanalyst's intervention in the discourse of the analysand. In this sense the *Verfremdung* is the involuntary return of the repressed, a commonplace neurotic occurrence, which, through the Brechtian intervention, is noticed and thence becomes un-repressed...the point of Brechtian theory is to take incidences of the *Unheimlich* and *Unheimlich* them to a higher level" (20).

Traumatic events, on a psychological level, operate on a similar level as *Verfremdungseffekte*: the traumatized perceive their bodies as alien and other. On the stage, this experience is intensified because the *performance* of trauma is an estrangement in itself and because trauma is by definition non-representational. As a condition rather than an event, it can never be fully grasped and represented. The performed trauma is experienced as an estrangement because it is both real and not real at the same time; it inhabits a liminal space and oscillates between the realms of authentic pain and performative, staged pain. For the spectator it is traumatic as he is literally affected and arguably even traumatized. Yet, the trauma happens at a distance because the spectator remains aware that the events onstage are not real. The estrangement is further intensified because, in Brecht's and Bond's theatre, the audience is actively involved in the trauma through the "unsilent" silence that emerges from the traumatic bodies. The silence reaches out to the spectator, whose body may react, intervene, and compose a countermelody through sighs, laughter, or even the act of physically getting off one's seat and leaving the theatre. The sense of optimism with regard to healing trauma that one finds in both Brecht and Bond can thus be located within the spectator himself.

Brecht and Bond are arguably the most optimistic with regard to the potential to represent and speak back to trauma. Jenny S. Spencer points out that Brecht and Bond both

attempt to orient the audience toward action with plays that demand active interpretation in lieu of passive consumption. Both view reality as historical, contradictory, and subject to human intervention; and they write in order to change it. (*Dramatic Strategies* 6)

More specifically, I would like to add to this argument that Brecht and Bond believe in representing trauma in a way that reaches the spectator indirectly: from a sensory distance.

Rather than overwhelming and shocking the audience by targeting both senses at the same time (sight *and* sound), generating a sensory overload as a means to acknowledge the severity of the trauma, Bond and Brecht reach the spectator by eliminating one of the senses from traumatic representation—most frequently the sound, which the traumatized and silenced body refuses to emit. Responsibility is thus placed on the spectator to explore and engage with the gap; for example, by rendering Helene Weigel’s inner silent scream external and by “hearing” the mute cries of the stoned baby. Both *Mother Courage and her Children* and *Saved* thematize the denial of trauma on the part of the characters, thereby again encouraging the spectator to get involved and intervene.

In conclusion, Brecht’s and Bond’s representations of trauma work on both the nerves of the audience and its intellect. Brecht and Bond get us close and distant enough to process the experience due to the missing voice, which acts as a *V-effect* and *Theatre Event*. The horrors of war and loss are understood on a visceral and emotional level, but the spectator does not leave the theatre paralyzed and overwhelmed. He or she remains critically engaged with the trauma by filling in the blanks and by performing the screams for the silent bodies so their stories get heard and can be memorialized. Rather than generating a “single emotional lump” (Margaret Eddershaw, *Performing Brecht* 22), both Bond and Brecht believe in a theatre that does not overwhelm, yet viscerally affects the spectator enough for him or her to want to counteract the trauma, thus bringing about healing and social change. For example, by making the spectator “feel different emotions from those being experienced by the characters on stage” (Margaret Eddershaw, *Performing Brecht* 16), the emotion associated with the trauma can be contained, structured, and managed. Bond agrees with Brecht’s statement that “[th]e only anger that can help the people is the anger that lasts long enough to change the world order” (Peter Thomson,

Viv Gardner 42). Although it appears entirely critical at first glance, some of the spectators who angrily walked out of the theatre after the first production of Bond's play may indeed bring about social change through their reactions in the sense that the trauma is exposed and no longer silenced. While the walkout response could possibly be seen as avoidance and a refusal to endure and re-experience the trauma depicted on stage, it is most of all evidence of the fact that Bond's and Brecht's representations of the traumatized body engage affective responses at a shocking level despite the fact that both are frequently perceived as playwrights of the mind and reason. One can only speculate as to whether the act of walking out of the theatre is an avoidance response or a form of resistance, but it may be a powerful and possibly even performative response of one who speaks back to the trauma by literally turning one's back to it.

Both Brecht and Bond thus do not avoid emotional scenes in their portrayals of trauma, but add to them an awareness of the social realities they expose. Preventing the audience from arriving at a single, absolute, and totalitarian perspective on the events, Bond and Brecht give the spectator room to breathe and reflect upon the witnessed trauma. Again, the ultimate goal is to generate a conversation about the trauma rather than leaving the audience traumatized and paralyzed. Through their theories and techniques, such as *V-effects* and *Theatre Events*, Bond and Brecht implicitly suggest that affect and emotion associated with representations of trauma must be observed from a distance. The presentation of trauma is registered and recognized by the spectator, and the trauma is witnessed as a bystander. However, the pain and suffering are not relieved and reenacted in their full intensity on the stage. Representing the trauma by targeting both senses of the audience—sight *and* sound or the gaze *and* the voice— would generate such an “emotional lump,” which both Brecht and Bond find unhelpful when it comes to counteracting trauma. By eliminating one of the senses in performance and exposing a lack,

more specifically the sound of the performed trauma, Brecht and Bond get the spectator close enough and distant enough to process, structure, and counteract the painful experience. This sensory withdrawal serves a special function: the audience acts as *objet a*—the avatar of the trauma of the real—the missing voice. It comprehends the true horror of the trauma viscerally, but the distance inherent in the representation of trauma on the stage, which remains, leaves room for agency and processing.

Chapter IV:

When the Body Screams Back: Sarah Kane's *Blasted*

Introduction: Trauma and the Female Body in *Blasted*

Sarah Kane's productions have been described as "a type of theatrical shock therapy" (Wallace 89). By shocking the audience viscerally, Kane makes her spectators understand the way in which trauma physically impacts the victimized characters by forcing them to viscerally experience the trauma themselves—through their own bodies. Indeed, as Brannigan states, "Kane's [*Blasted*] does not just depict trauma, but seeks to induce trauma in the audience" (155), and the sound recording from the Royal Court Theatre production from 24 January 1995⁴⁶ supports this claim. In *Blasted*, the body is subject to traumatic, violent abuse; it simultaneously generates sonic reenactments and countermelodies to traumatic experience through deliberate and accidental bodily responses, which move the traumatized subject both closer to and further away from the trauma. While the traumatic narrative literally "stutters" verbally, it speaks fluently through the female body in performance. Trauma is reenacted through the body, but it is also counteracted. Critics have frequently compared Kane's play *Blasted* to Bond's *Saved* due to its graphic and often shocking depictions of bodies in pain. Bond himself praised the play, claiming that "*Blasted* changed reality because it changed the way we have of understanding ourselves" (Saunders, *Love Me* 190). This self-knowledge, as this chapter will illuminate, is always inherently linked to the body and, more specifically, to the female body as a site of—and response to—trauma. This manifests itself in the play through bodily functions and deliberate and

⁴⁶ I will refer to this recording throughout the chapter.

involuntary corporeal articulations, such as fainting, stuttering, thumb sucking, masturbation, and hysterical laughter, which have a soothing quality and take on a therapeutic function.

In *Blasted*, trauma results from recurring physical or psychological abuse and verbal or physical violence. It is depicted with regard to its psychosomatic effects and penetrates both the interpersonal-private realm and the impersonal-global realm. Kane covers a wide range of cyclical traumatic experiences in the play, including physical, sexual, and psychological abuse and war traumas, which are inscribed onto and linked to the body, and the female body, in particular. The bodies on stage appear as sites of trauma but also offer their own self-healing shock therapy. Focusing on the main character Cate's fits and her other bodily articulations, in particular, the second part of the chapter, which deals with the play itself in great detail, will draw on Laura Levin's and Elizabeth Wilson's psychoanalytic-feminist ideas to illuminate the way trauma and the traumatized female body in the play operate and engage the audience. Cate's fits are metaphorical manifestations of a double trauma: the impersonal-global traumatic experience of being bombed during wartime is always already physically inscribed onto her female body through the individual trauma of being a woman in an abusive relationship.

Kane perceived the world as inherently overwhelming and the bodies inhabiting it on the verge of destruction. She states: "[m]any people feel depression is about emptiness, but actually it is about being so full that everything cancels itself out" (qtd. in Sierz 110). She seems to conceive of trauma in a similar way to depression; her characters lack a certain distance from their traumatic experience that would enable them to process the "fullness" of traumatic experiences, and the emotional numbness associated with it, which "cancels everything out." Kane portrays this "distance" in her plays, and it is always achieved through a psychosomatic separation mechanism of the body itself. Cate's fits are such an attempt to create a distance. They give her

space from the trauma and prevent her from merging with her environment. Unlike in Brecht, where distance allows for a certain sense of objectivity, in Kane, distance and a slow pace at which trauma is re-enacted provide relief from pain and suffering.

In the first half of the chapter, which focuses on the reception of the play and Kane's theory of theatre and performance with regard to the depiction of trauma, I would like to suggest that the bodies Kane writes about, and Cate's female body, in particular, are both *traumatized* and *traumatizing*. They speak back to the spectators' bodies offstage. The second half of the chapter deals with the bodily articulations of trauma in the play and the recording of the Royal Court theatre production in greater detail. Building on Levin's claim that female bodies inherently lack distance and often "become formal extensions of the domestic space"⁴⁷ (21), I argue that Cate's recurring fits, her stuttering, and thumb sucking in *Blasted* are not only manifestations of *objets a*, but also unconscious and potent attempts to resist this "spatial predicament" (Levin 19), which creates the necessary distance to self-soothe and process trauma. The lack of physical space, by which I mean the lack of space that is not overdetermined by domestic demands, acts as a symbol for the lack of emotional space with regard to trauma processing. Cate's fits—for both the audience and for Cate—take her physically out of her environment and break the narrative and the conventions of linear realist representation. I would like to stress that this distancing mechanism occurs on the level of audience reception, too. The play narrates the full traumatic narrative through fragments and bits and pieces, which, again, serve as a form of distancing mechanism that allows the spectator to digest and stomach the potentially overwhelming depictions of pain through pauses, fragments, and broken narration. Langridge and Stephenson state that "[t]he play collapses into one of Cate's fits" (35); the play itself is, indeed, "broken" in

⁴⁷ It should be noted that, technically, the hotel room is not a domestic space. However, since Cate performs maternal, domestic tasks in the play, such as feeding Ian, Levin's concept is applicable.

terms of form, as Sean Carney has observed (*The Politics* 267). Saunders notes that

Blasted's collapse...into one of Cate's fits is significant, for these form the other principal doorway into the second part of the play, and contribute not only to the 'strange, almost hallucinatory authority' Edward Bond believes to be operating in *Blasted*, but are also the device that triggers the nightmarish suffering to which Ian and Cate are subjected to following the soldier's invasion of the hotel room. (*Love Me* 48)

I would argue, however, that this collapse into one of Cate's fits can be looked upon in a more positive light if one considers that the broken form renders the traumatic narrative easier to process for the spectator. In other words, the broken form heals through that sense of fragmentation, through that brokenness, and through the distancing mechanism it generates.

While my chapters on Beckett, Artaud, Brecht, and Bond have focused on the relationship between distance and closeness in relation to trauma, this chapter will thus look at the same ideas; however, from a psychoanalytic-feminist lens. I would like to suggest that Kane's play can be read as a feminist response to traumatic experiences, which recognizes the importance of the interconnectedness between mind and body. In the play, the female body is both a response to trauma and a locus of traumatic experience—it is victimized and hurt by trauma, but it responds to it, too. More specifically, the female body speaks back to the pain and suffering through a distancing mechanism that is similar to Brecht's and Bond's distancing effects and *Theatre Events*, and yet operates somewhat differently. Laura Levin argues that women "are constructed as environment...thereby providing the conditions for masculine self-differentiation" (18). She states that

if women are always already closer to thing-ness, always already

perceived as an extension of the material environment, this has much to do with their inability to access the privileges of self-delineation and mobility. (54)

Drawing on Levin's idea that female bodies inherently lack distance since women often "blend into the background" (19), I argue in the second part of the chapter that Cate's fits in *Blasted* are unconscious and forceful attempts to resist this "spatial predicament" (19), which creates the required distance to process trauma and begin the process of self-fashioning.

In addition to drawing on Levin, Elizabeth Wilson's theory of the female body provides a fruitful point of departure for my research on the psychosomatic nature of Cate's fits and her other bodily articulations. I wish to juxtapose the role of the female body in psychoanalytic-feminist thought with trauma theory. Historically, both feminism and more traditional forms of treatment of post-traumatic stress disorder, such as talk therapy, have neglected or deconstructed the "biology" of the female body through the idea that women are made rather than born. Some feminist scholars are now discovering and reconsidering the inextricable link between the cerebral and the corporeal.⁴⁸ Feminist critics, such as Karen Barad, Elizabeth Wilson, and Elizabeth Grosz have recently shed a new light on the realm of the embodied within feminist-psychoanalytic thought while exploring the link between somatic phenomena and psychological disorders. Wilson claims that feminist criticism has "often [thought] about the body as if anatomy did not exist" (*Psychosomatic* 69). Seeing the gut as an organ of the mind, Wilson does not examine the psychological in separation from the somatic. She explores the Cartesian mind—body dialectic through what she terms "gut feminism."⁴⁹ Wilson believes that attending

⁴⁸ See Bessel van der Kolk. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin: New York, 2014. See also: Elizabeth A. Wilson. *Psychosomatic: Feminism and the Neurological Body*. Durham: Duke UP, 2004.

⁴⁹ Elizabeth A. Wilson. *Psychosomatic: Feminism and the Neurological Body*. Durham: Duke UP, 2015.

to anatomy in mind-body relations does not lead to absolute reductionisms or render her project apolitical. Reacting against the dominance of reason (Grosz, *Space* 32) or deconstruction of the body within postmodern-feminist thought, Wilson argues that “the nervous system extends well beyond the skull, and as it so travels through the body it takes the psyche with it” (*Psychosomatic* 47). Wilson is thus more interested in overcoming the mind / body dualism in which the body, while acknowledged, remains secondary to the mind. Emphasizing psychosomatic connections in light of the experience of trauma, and with regard to the female body in particular, is helpful in analyzing Cate’s fits primarily because women have often been associated with the realm of the body, as Wilson explains. Interestingly enough, it is, however, exactly through her body—her fits and her physical acting out—that Cate “speaks back” and empowers herself. Although it is important to stress that Ian instigates many of the atrocities in the play and remains the main aggressor in the relationship, if one were to locate hope in *Blasted*, it would have to lie in Cate’s attempts at self defense, which, interestingly, are closely tied to her body, and her fits and stuttering, in particular. In other words, Cate subconsciously, and perhaps even performatively and deliberately, too, uses her own “female” anatomy as a weapon of transcendence to the suffering she endures, thereby deconstructing the Cartesian mind-body dialectic.

PART I:

Reception

Before developing the above mentioned argument further through a close analysis of the play both as literary text and in performance, I first would like to examine the audience responses

and critical reception of the play while also exploring Kane's theory of theatre, especially with regard to trauma. Critical scholarship has focused primarily on the reception history of various performances of the play, defending its academic merit for study and counteracting the harsh criticism voiced by some of the early reviewers who had labeled the work a "disgusting piece of filth" (Billington) or a "chamber of horrors" (Curtis) that makes one feel "sick and giggly with shock" (Kellaway). Clare Wallace explains that the effect of watching the play "was notably perceived as a physical assault" (91): a form of physical trauma. Sean Carney points out that "the violence in *Blasted* was decontextualized and sensationalized in the British press ("History" 275), and while the critics were horrified, stating that "women are not supposed to write such violent plays" (Aston, *Feminist* 79), another reviewer from the *Sunday Times* claims that "we need plays such as *Blasted*...to shock us out of our complacency" (Peter). Some spectators certainly did feel traumatized: during a performance at the Royal Court Theatre in 1995, some audience members walked out.

Although the play portrays the body as a therapeutic but escapist (manifested through Cate's fits) entity of self-protection that exists outside of time and thus outside trauma (as a cyclical repeated, temporal experience), the performances of the work offer hope for processing and pausing. The act of watching the play can physically be felt as an intensely visceral, cathartic experience. The experience is a form of shock therapy, indeed, but one that releases traumatic fullness, cleanses, and "resets" life. As the reviews of the early performances suggest, the play achieves a twofold effect: it allows us to understand the entire magnitude of the performed trauma by literally traumatizing us, and it engages us as witnesses to the trauma, literally "shock[ing] us out of our complacency" as John Peter in the *Sunday Times* from 29 January 1995 claims. The sound recording and reviews of the early performances confirm that the reenactments of trauma

in *Blasted* affect the spectator in a way that feels visceral and present. Iball argues that “Kane uses powerful theatrical images, many of which have invasive visceral qualities that provoke a felt reaction” (*Sarah Kane’s Blasted* 4). Laurens de Vos and Graham Saunders explain that Kane

pulls the spectator not into an experience of being there without being there’ but of *being there*... a spectator feels the violent affects of Ian’s sexual bullying... Kane’s image-infused writing aims to make us see and to feel the affects of violence not as a world outside of ourselves...but as inside our lives...*Blasted* outmonsters the monstrous to make it ‘real.’
(*Sarah Kane in Context* 19)

As one reviewer from the *Independent* illustrates, watching *Blasted* is an intensely uncomfortable, emotionally raw, visceral experience:

it is like having your face rammed into an overflowing ashtray...and then having your whole head held down in a bucket of offal. As a theatrical experience there is nothing wrong in principle with either of these ordeals. Provided, that is, if you feel something happening to your heart and mind as well as your nervous system as a result. (Taylor)

The sound recording alone is an intensely visceral experience; a type of sonic trauma that attacks our senses in a raw way. It is quite fitting, then, that the play is described as a play of “almost unparalleled distilled intensity, which is often unbearable to watch” (David Benedict). One reviewer from the *Observer* calls it “a cry from the heart,” stating that “it made [him] feel sick and giggly with shock” (Kellaway). The performance literally traumatizes the audience by secondary exposure. Laurens de Vos and Graham Saunders observe that

[l]ike Ian, in and out of the hotel bathroom, trying to get clean, the ‘dirt’ does not rub off. It sticks. Squirring with mounting hysteria...these shell-shocked reviewers also resonate with the vulnerability and fragility of Cate, whose body faints and fits under pressure. (*Sarah Kane in Context* 17)

In other words, the “contamination” of the secondary trauma haunts the spectator and cannot be as easily “washed away” as Ian’s atrocities although it may “stain” itself clean through avatars of the trauma—*objets petit a*. While these rather critical reviews could be seen as attempts to “intervene” in the traumatic cycle of contamination, they also attempt to prevent the traumatic experiences from being accurately represented in all their horrifying and disturbing manifestations. Ironically, this simultaneous act of getting close to—through the act of condemning the performance of trauma—and moving away from the trauma—through the act of warning potential spectators not to see the play—mimics the nature of trauma itself as an experience that is always out of reach.

The play has been studied in light of trauma theory before, albeit not extensively so. Peter Buse examines *Blasted* with regard to the question of ethical ambivalence. He states:

Perhaps what made reviewers (unconsciously for the most part) so uneasy about *Blasted* is that the soldier’s compulsive repeating of the same brutalities appears to be partly mitigated by his own trauma, which he is acting out again and again. (178)

He argues:

Blasted gives the perpetrator’s narrative, not the victim’s, and this is what makes it so troubling from the point of view of trauma theory, which is

usually concerned with the repressed memories of victims. (Buse 180)

Although the play explores both perspectives, the victim's voice is, in fact, quite prominent if one reads between the lines and considers the gestures and bodily articulations inherent in the play—the second part of the chapter will consider them in great detail.

Kane, the Remembrance of Trauma, and Healing

Kane committed suicide in her late twenties and experienced various traumas throughout her short life. She describes her first confrontation with mortality and her loss of faith in God as particularly difficult:

I was brought up as a Christian, and for the first sixteen years of my life I was absolutely convinced that there was a God [and] that I would never die. I seriously believed that Jesus was going to come again in my lifetime and that I wouldn't have to die. So, when I got to about eighteen and nineteen and it suddenly hit me that the thing I should have been dealing with from at the age of six—my own mortality—I hadn't dealt with at all.
(qtd. in Saunders, *Love me* 22)

She never managed to process and recover from her loss of faith.

By writing about both collective traumas (war traumas) and individual traumas (traumas of abuse), Kane stresses the importance of representation and remembrance:

There isn't anything you can't represent on stage. If you are saying you can't represent something, you are saying you can't talk about it, you are denying its existence, and that's an extraordinarily ignorant thing to do.
(qtd. in Bayley)

Trauma needs to be represented, written about, and performed in all its manifestations and visceral physicality, and yet Kane recognizes that it is an absolute, total experience that is outside the realm of accessibility—beyond a clear cause and effect logic. When Kane writes about individual traumas, such as abusive relationships, she also always depicts the collective trauma of war and vice versa, and the boundary separating the two becomes non-existent. The trauma of war, for Kane, is an absolute experience of complete chaos that cannot be properly expressed through conventional narrative structures. She states:

war is confused and illogical; therefore it is wrong to use a form that is predictable. Acts of violence simply happen in life, they don't have a dramatic build up, and they are horrible. (qtd. in Bayley)

Saunders points out that “looking back at those early reviews, what in fact really seemed to disturb the critics about *Blasted* was that they ultimately failed to consider or make sense of either its structure or its content” (*Love* 10). The play mimics the chaos and disorder that traumatic experiences imply; just as trauma is often illogical and incomprehensible because its origins are often diffuse and cannot be properly remembered—traumatic memories are malleable—the play refuses to be easily understood in terms of form and content. Trauma is rendered an all-encompassing experience that refuses to follow a concrete structure.

Similarly, the possibilities for healing and transcendence often do not follow a linear or clear structure. However, the idea of self-healing is inherently linked to Kane's belief in the notion of performance as a locus of hope and change, which she expresses as follows in an interview:

[e]xperience engraves lessons on our hearts through suffering, whereas speculation leaves us untouched...it's crucial to chronicle and commit

to memory events never experienced—in order to avoid them happening.

I'd rather risk overdose in theatre than in life. (qtd. in Langridge and Stephenson 133)

She claims that she “hate[s] the idea of theatre just being an evening pastime. It should be emotionally and intellectually demanding” (David Benedict). Similar to Brecht’s and Bond’s views on audience participation and responsibility, Kane’s audience, too, is expected to be actively involved. Even the simple act of walking out of the theatre itself can be seen as a way to engage with the trauma. At the very least, it can be seen as evidence that the performance has affected the spectator viscerally. Wallace explains that

[e]xperiential is the term Kane herself used for the theatre she wanted to make. This should be a theatre that has visceral impact, putting its audience ‘in direct physical contact with thought and feeling’ (Kane 1998 a), with truth as opposed to social commentary or diversion. It is a theatre that must be lived through, that is not merely a live art that may be affected by an audience... but one that is alive with the potential to stimulate and even transform those who are exposed to it. (“Sarah Kane, Experiential theatre and the Revenant avant-garde” 89)

It certainly does transform, putting its audience in physical contact with thought and feeling. Kane recognizes the potential for performance to intervene in traumatic experiences by momentarily interrupting the endless temporal cycle of traumatic reenactments. She states:

theatre has no memory, which makes it the most existential of the arts. No doubt that it is why I keep coming back, in the hope that someone in a dark room somewhere will show me an image that burns itself into my

mind, leaving a mark more permanent than the moment itself. (“The Only Thing I Remember is” 12)

Since trauma is essentially a constant reenactment of both accurate and false memories, the stage becomes a locus of hope and promises—a temporal break from the constant reliving of these memories. Since performance happens only once, forgetting becomes possible—if only for a few moments.

Performance and the Spectator

Kane values performance first and foremost because of the close connection between actor and spectator:

It’s always been the form I loved most because it’s live. There’s always going to be a relationship between the material and the audience that you don’t really get with a film...with *Blasted*, when people got up and walked out it was actually part of the whole experience of it. And I like that, it’s a completely reciprocal relationship between the play and the audience. (qtd. in Saunders, *Love* 13)

Due to this close relationship between play and audience, the representations of trauma she writes about seamlessly travel from the stage to the spectator. She further explains:

The direct communication with an audience I really like. When I go to a film, it doesn’t matter what I do. It makes no difference. But when you go to the theatre, and you just cough, it may alter a performance. As a member of an audience I like the fact that I can change a performance. As

a writer I like the fact that no performance will ever be the same.

(qtd. in Thielemans, *Rehearsing the Future* 14)

In other words, the spectator's own body, through the simple act of coughing, has the ability to intervene in and possibly even "alter" the various representations of trauma that are being reenacted on the stage. Since, as Ehren Fordyce explains, "Kane's plays are littered with characters who try, ineffectually, to refuse ethical responsibility" ("The Voice of Kane" 109), the spectator cannot help but step in, and the sound recording proves this in great detail. Kane explains in an interview with Nils Tabert:

The first previews of *Blasted* at the Royal Court—before I had any ideas of quite how extreme the reaction was going to be we had a couple of people walk out. . . . And now I think it's bound to happen. If it doesn't then it's probably because something is not working. I've seen productions of *Blasted* where there was no reason to walk out because somehow they never connected emotionally, you could completely distance yourself from what was going on. (qtd. in Saunders 14)

Since spectators who walked out of the performance were rarely willing to be interviewed—very few accounts exist—one can only speculate what lies behind this refusal to "sit through" the entire show. Although it could be argued that the act of walking out can be seen as an escape from the trauma—and as a refusal to engage with it—the walking out might also be seen as a way to say "no" to trauma and thus have redemptive valence.

PART II:**Impersonal and Interpersonal Trauma in *Blasted***

Before I will proceed with a psychoanalytic-feminist reading of the play, I will briefly summarize the plot in order to provide more context for my analysis. The play is set in Leeds, England. A young, fragile woman named Cate visits an older man named Ian—her ex-boyfriend—in his hotel room. Ian repeatedly attempts to belittle and abuse Cate. Cate stutters and suffers from fits and seizures, which horrify Ian. He rapes her overnight, pressures her into having oral sex, and she eventually retaliates by biting his penis. Cate manages to escape through the washroom window. The characters' world is suddenly and unexpectedly shaken because the room is hit by a bomb, leaving a large hole in the wall. An armed soldier appears at the door, telling Ian several shocking traumatic war stories. He ends up torturing and raping Ian, harming his already weak and terminally ill body. The soldier sucks out Ian's eyes and leaves him blind. One learns that the soldier lost his girlfriend in an act of murder, which he uses to explain the vengeful massacres and acts of cruelty he participated in on the battlefield. Cate returns with a dead baby in her arms and buries it. Ian has a nervous breakdown, screams out, cries, and masturbates uncontrollably. He devours the baby's corpse shortly before his death. During a surreal scene, Cate feeds Ian after he has died—the spectator is definitely aware at this point that the play is not realistic. The audience is left with the sound of the rain again, which closes all the previous scenes, too.

The cycle of abuse repeats and manifests itself in both parental and romantic relationships as Cate's traumatic stories of her upbringing and her past relationship with Ian reveal. Cate's father is abusive and may have indirectly caused her fits, which Kane hints at by encouraging the spectator to connect the two. Her traumatic relationship with her father leads her

to repeat the cycle of trauma yet again by entering into a similarly abusive sexual and romantic relationship with Ian. Perhaps, unconsciously, her self-destructive and at first somewhat incomprehensible attraction to Ian can be explained by her past childhood trauma. Her emotional investment in him could be seen as an attempt to “fix” the primary parental abusive relationship; by earning Ian’s love and respect, she, paradoxically, attempts to control the primary trauma through a secondary trauma. Of course, as the play reveals, such subconscious attempts to repeat the past and fix the original abusive relationship with her father must remain unsuccessful and, in fact, only intensify the trauma and increase her pain. In other words, “Dad” literally and metaphorically always remains offstage. He does *not* make an appearance in the play nor does he take up any narrative space; he cannot be “accessed”—he remains at a distance. Hence, Kane reveals that trauma can no longer be traced back to a specific event but instead contaminates and can be located, accessed, and released through the body.

Kane sees trauma as an omnipresent condition that passes from character to character, contaminating all aspects of life onstage and even offstage. Cate’s, Ian’s, and the soldier’s bodies are trauma sites that eat away at their existence like a tumor, which happens to be literally true in Ian’s case, because he suffers from lung cancer. His body is broken; it is falling apart: “[his] heart, lung, liver, and kidneys are all under attack and he is making inarticulate crying sounds” (24). Cate’s body, including her speech, is broken, too. She stutters and has repeated fainting spells and hysterical fits after her father’s return (10). She repeatedly “bursts out laughing, unnaturally, hysterically, uncontrollably” (9; 57), which shocks Ian, who is watching the breakdown of her body on the stage. She also frequently sucks her thumb in an attempt to sooth and self-heal. Cate generally responds to Ian’s sexual and verbal abuse through her body, using her fits as a weapon. Ian is terrified of the confrontation with mortality, which the fits represent,

as he cannot stand “not being” (10). Kane further describes how the trauma of war has corrupted both the soldier’s and Ian’s consciences, whose lack of empathy is self-destructive almost to the same extent that it is destructive. Ian is literally half alive, dying of a terminal illness, and the soldier, too, is self-destructive and shoots himself in the head. Both characters appear to be emotionally numb, sociopathic, and devoid of consciences given that they hurt, harm, and even destroy their own bodies and minds. Since Ian, too, is traumatized and harmed by the soldier — he rapes and tortures him—the spectator is unable to fully condemn any of the characters. For example, Kane explains that the soldier, too, is traumatized by the war to the extent that he has become completely emotionally numb: “I broke a woman’s neck. Stabbed up between her legs, on the fifth stab snapped her spine” (46). Saunders states:

the soldier’s function can be interpreted on many levels. He is certainly the integral link to the physical and mental abuse Ian perpetrates on Cate in the first part of the play, and this Kane attempts to communicate through the repetition of rape. (*Love Me* 46)

The repetition of rape yet again signifies the cycle of trauma. Helen Iball posits:

[t]he dialogue and events that follow present the Soldier as having committed far worse atrocities than Ian, but, contextually, demand a terrible justification for his behaviour as he perpetrates violence that is a repetition of that dealt to his girlfriend Col, who was murdered by a soldier. (*Sarah Kane’s Blasted* 21)

Carney, too, explains, that “when the soldier sucks out Ian’s eyes and eats them, it is both because the soldier is hungry and because this is what happen to Col” (*The Politics and Poetics* 271), his ex lover who died. Kane herself explains that she sees the soldier as a kind of personification of Ian’s psyche in some sense, and it was a very

deliberate thing. I thought the person who comes crashing through that door actually has to make Ian look like a baby in terms of violence—and I think that’s successful. It’s difficult because when you look at what Ian does to Cate it’s utterly appalling, and you think “I can’t imagine anything worse” and then something worse happens. (qtd in Saunders, *Love Me* 46)

Although Kane emphasizes Cate’s suffering, pain, and victimization, she also reveals in great detail that the cycle of trauma affects all the characters in the play. Saunders explains that the reluctance to be the moral voice for her own work comes from Kane’s belief that it is ultimately the audience alone who must take responsibility for what the play offers them. (*Love Me* 27)

Kane makes clear that in *Blasted* “no authorial voice is leading us to safety” (qtd. in Iball, *Sarah Kane’s Blasted* 3), and as a result, the audience no longer focuses on finding a clear source of the “primary” trauma.

Moreover, the sudden bombing scene in the middle of the play, if read in connection with Cate’s fits and her stuttering, acts as a metaphor for the “condition” of trauma and its various bodily articulations as a whole. The trauma of the bombing during the civil war of the former Yugoslavia is indirectly linked to the number of horrific, violent incidences of abuse that take place in the hotel room. Kane describes the unexpected traumatic experience of the sudden bombing:

what happens in war is that suddenly, violently, without any warning whatsoever, people’s lives are completely ripped to pieces...so I picked a moment in the play...and planted a bomb. (Saunders, *Love Me* 41)

The impersonal, global trauma of the war and hotel bombing mirrors Cate's individual, private traumas. All types of individual and collective trauma seem to be inherently linked for her. Iball explains:

Kane began searching for connections between rape in a Leeds hotel and the Bosnian civil war. 'Suddenly the penny dropped' that 'one is the seed and the other is the tree. I do think that the seeds of full-scale war can always be found in peace-time civilization.' (*Sarah Kane's Blasted* 9)

In other words, the trauma of war only magnifies and highlights the atrocities humans are capable of. By representing trauma as an omnipresent, contagious, and infectious disease, Kane exposes the cyclical nature of traumatic experiences as they travel from the page, to the stage, and then, finally, to the audience.

Overall, it seems that the traumas that are physically inscribed onto the characters' bodies cannot be washed clean despite all the rain, which poetically closes each scene. Trauma, paradoxically, "stains" the characters clean through blood and semen. These bodily signifiers can be thought of as avatars of the trauma of the Lacanian real—*objets petit a*—which I have explored in great detail in my chapter on Beckett. The trauma of abuse is permanently inscribed onto Cate's body through "impure" bodily fluids—*objets petit a*, as also Elaine Aston notes:

She describes the trauma of tasting the sperm and her own vomit, and the aftermath of being bathed "clean;" can never get the taste, the memory, the trauma of the rape, out of her mouth. She feels permanently soiled and damaged. It affects all her future relationships. ("Reviewing" 22)

The trauma of rape is attached to Cate's body through symbolic remnants and is represented through various *objets a*: her fits, her stuttering, and her recurring thumb sucking. These *objets a*

simultaneously generate echoes and countermelodies to traumatic experience, moving her closer to and further away from her own trauma. Moreover, as I will argue in the following few sections, they provide the necessary temporal and spatial distance to the various traumatic experiences to begin the process of self-fashioning, self-soothing, and self-protection.

Bodily Articulations and Abjection

Cate literally detaches herself from these traumatic experiences by becoming an abject body: through stuttering, fainting, fits, stammering, or hysterical laughter, which repel some of that “fullness.” Kristeva argues in *Powers Of Horror: An Essay On Abjection* that the abject is “what disturbs identity, system, order” (4). Located at the margins, it is a form of displacement and it draws us “toward the place where meaning collapses” (*Powers* 2). Since women can never fully expel the part of them that is abject, Kristeva suggests in *Black Sun: Depression and Melancholia*, they therefore may develop a severe form of depression. Women engage in a process of “impossible mourning” (44), which frequently “ends up in asymbolia, in loss of meaning” (42) and leads to “Todessehnsucht” (42) or suicide. Moreover, the superego unconsciously tries to sublimate, cleanse, or “purify” the part of the woman’s self that is abject. Kristeva conceives of this purification as a sublime form of catharsis related to “art [or] religion” (*Powers* 17), which can take on various artistic forms. This purification ultimately should be seen as an attempt to restore order, boundaries, and meaning. Drawing on Levin again, Cate’s fits could be seen as such an attempt at purification through distance—her superego acts as a distancing mechanism, which cleanses or purifies the part of her that is traumatic and abject. I will now explore Cate’s epileptic fits in greater detail. At first glance, they appear as manifestations of a physical breakdown or a form of bodily disintegration, which causes a series

of other traumatic experiences that repeat and intensify her primary trauma—vaguely related to the verbal and physical abuse she experienced through Ian and her father.⁵⁰ However, her seizures also open up a negative narrative space, which allows herself and the audience to engage with the trauma from a distance. Since the traumatic narrative is interrupted by her fits, the audience is “traumatized” in bits and pieces rather than at once, thus preventing the spectator from being entirely overpowered by the horrors he or she witnesses. Furthermore, it seems that Cate herself perceives these epileptic fits as a cleansing, purifying experience that exposes or disposes of the pain, a form of psychological detox that releases the “fullness” of trauma. It resets “life” through a form of amnesia for her—at least for a few moments. Again, it is her body’s psychosomatic attempt at composing a countermelody to the trauma rather than a posttraumatic symptom of harm, or an echo, so to speak. More specifically, it is an attempt at purification through distance. As will be explored in the next few sections, for her, the fainting spells represent a break from the experience of trauma—and thus, they place her at a distance from it. Laurens de Vos asserts: “[in] times of ontological uncertainty, the body serves as a last resort to prove the authenticity of the self” (De Vos, *Cruelty* 20), and these fits are authentic representations and manifestations of Cate’s traumatized self:

Cate’s body is literally out of order, it is broken, and it cannot be controlled. The binaries of body / mind and physical trauma / psychological trauma are disrupted when Cate explains the psychosomatic nature of her mysterious fits. She describes that they began after her father’s return. (10)

Cate views her convulsions as near-death experiences. For her, Ian, and the audience the paroxysms are traumatic confrontations with mortality, but, interestingly, they also help to

⁵⁰ Peter Buse, for example, also argues that Cate has been abused by her father: “The fits started, she tells Ian, ‘Since Dad came back,’ and we can guess from this that her father sexually abused her, if his reappearance brings on a crisis that is not fully addressed in consciousness” (181).

process and rework trauma. Cate declares that, during her fits, “the world don't exist, not like this. Look the same but—Time slows down” (22). She explains that she “can be away for minutes or months sometimes, then [she] come[s] back just where [she] was” (10). The recurring notion of time slowing down is noteworthy since trauma is inherently dependent on a repeated revisiting of the past. Cate says: “as it happens it’s lovely, I don’t think of nothing else” (23). Cate thinks of these fits as orgasmic; during them, she experiences the same pleasure she enjoys while masturbating. She states: “It’s like when I touch myself” (22). While the orgasmic feeling associated with the fits is certainly no long-term relief from trauma, it renders the intensity of the ongoing, current traumatic experiences more manageable. These epileptic moments enable Cate to interact with her trauma from a distance and through a slower pace. Cate’s strange, almost surreal fits, which recur throughout the play as extremely shocking bodily traumatic re-enactments, are thus manifestations of displaced pain but also replace the negatively charged intensity of past abuse with the more positively charged intensity of orgasm and masturbation, in particular. The fact that she is able to experience relief from pain and suffering through masturbation rather than sexual intercourse with Ian is significant, too, because it creates a space for her body—on its own, subconsciously and apart from the male gaze—to assert itself and counteract the sexual abuse she has to endure. She thus uses her body as a weapon to drown out the trauma through an orgasmic, masturbatory countergesture. It is through her own body that she renders Ian’s male gaze powerless and is able to confront her traumatic past. In a way, her intense orgasmic fits can be seen as an attempt of her body to counter the “intensity” and “fullness” her traumatized body generates; they create an alternative, protective space of self-soothing and self-protection.

Laughter, which often precedes her fits, is another way in which Cate responds to Ian's sexual assaults. It creates distance and release from the trauma and it is, in fact, primarily through laughter that she "screams back" to the verbal and psychological abuse to which he subjects her, rendering Ian speechless and powerless:

Ian: Put your mouth on me.

Cate: *(stares. Then bursts out laughing)*

Ian: No? Fine. Because I stink.

Cate: *(laughs even more). (7-8)*

Cate's frequent outbursts of laughter in the play appear to be moments of empowerment and acts of agency, which is especially evident in the sound recording. Kane describes one of these episodes as follows:

Cate: d- d- d- d- d- d-.....

Cate trembles and starts gasping for air. She faints. Ian goes to her, takes the gun and puts it back in the holster. Then lies her on the bed on her back. He puts the gun to her head, lies between her legs and simulates sex. As he comes, Cate sits bolt upright with a shout. Ian moves away, unsure what to do, pointing the gun at her from behind. She laughs hysterically, as before, but doesn't stop. She laughs and laughs and laughs until she isn't laughing anymore, she's crying her heart out. She collapses again and lies still. (27)

It seems that it is only through her hysterical laughter that she may be able to control the situation to a certain extent. She leaves Ian "unsure" and terrified, exposing his own vulnerability, his desperation, and his insecurities. It is also interesting that later on at the end of the play before his

death, it is, in fact, Ian who is “laughing hysterically” (59) in an act of despair—it seems almost as if her hysteria is contagious and contaminates him as he, too, is now traumatized and can only “scream back” to his own trauma through laughter.

Cate’s stuttering—just like her laughter—affects the development and progression of the traumatic narrative by creating a distancing effect, and more specifically by slowing down the narration of the events so they can be grasped. The stuttering is a sign of being traumatized, but it can also be seen as a break from traumatic experience in the sense that it slows down both the reenactment of past traumatic narratives and the occurrence of new traumatic events. If read as a psychosomatic symptom or a stress response to trauma, her stilted speech becomes a form of protest rather than an attempt at silencing her past trauma. Her stuttering forces her to pause and slows down the progress of the verbal articulation of the traumatic narrative. Moreover, the repeated hard consonants uttered through her stuttering could be read as an attempt to come to terms with the inner workings of repetition itself. In other words, they can be seen as an attempt to “outrun” and overcome the constantly repeating traumatic narratives—through repetition. The performance of these consonant sounds in the sound recording from the Royal Court Theatre production from 24 January 1995 seems to support this idea. The recurring consonant sounds generate an aggressive countermelody; the faltering articulations attack the listener’s ears in the sound recording, suggesting a sense of agency rather than an act of submission. The traumatic narrative can arguably be stopped by these fragments because they are stuck in the part instead of relating the whole traumatic story with all its horrifying details. Moreover, the stuttering could be Cate’s body’s way of trying to control an utterance. It may also be read as a way of protecting itself from a painful word or association; however, in doing so, it is also faltering and failing. The stuttering can thus be seen as both a form of agency and failure.

Another gesture that briefly deserves mentioning is Cate's sucking of her own "thumb" (4) at the beginning and end of the play, which again creates temporal distance from the ongoing traumatic abuse. Although the play does not comment on the larger significance of the thumb sucking, it generally connotes innocence and usually emerges during infancy. It is a childlike gesture and a calming, self-soothing, therapeutic habit, which can be seen as a way for Cate to metaphorically travel back in time to a pre-traumatic moment before the cycle of trauma and abuse were instigated. The thumb sucking can barely be heard in the sound recording, but it speaks through its sound of silence. It is a silent image, and the spectator has to imagine the sounds of saliva—*objets petit a*—in his or her head. Unlike in some productions of Beckett's *Not I*, which I have previously discussed and in which the sounds of saliva are audible, the sound recording from the Royal Court Theatre production encourages the listener to get involved by imagining the sounds in his or her head.

Ian and Cate

While Cate's traumatic narrative stutters verbally, her body's narrative does not. It does keep the full extent or experience of the trauma at a distance, and agency or control can indeed be located within the realm of her psychosomatic and possibly even performative bodily responses to the abuse. Ian attempts to silence her verbal responses, and he systematically tries to lower her self-esteem verbally by attacking, manipulating, gaslighting her, pushing her away, and simultaneously drawing her near through repeated, empty exclamations of love:

Ian: When are you going to stand on your own feet?

Cate: I've applied for a job at an advertising agency.

Ian: [*laughs genuinely.*]... You're stupid. You're never going to get a job.

Cate: I am. I am not.

Ian: See.

Cate: St-Stop it. You're doing it deliberately.

Ian: Doing what?

Cate: C-Confusing me.

Ian: No. I'm talking, you're just too thick to understand.

Cate: I am not. I am not.

Cate begins to tremble. Ian is laughing. Cate faints. Ian stops laughing and stares at her motionless body. (7-8)

Her stutter is an expression of being traumatized and consumed by the fear she experiences while interacting with Ian, and yet Cate controls Ian's body to some extent through her fainting and stuttering. Ian stops laughing along with the spectators in the sound recording during the latter part of the show. This change in behavior shifts the power dynamic in their relationship in that Ian and the spectators, rather than Cate, find themselves unsettled by her involuntary bodily articulations and her loss of consciousness. Ian explains that he finds her fainting spells disturbing because they remind him of his own mortality:

Ian: Can't stand it. [*He goes to the mini-bar and pours himself another large gin and lights a cigarette*]

Cate: What?

Ian: Death. Not being. (10)

Iball points out that Ian "is particularly disturbed by the likeness of Cate's fit to dying, which his own ill health makes him fear" (*Sarah Kane's Blasted* 19). Cate, on the other hand, is able to

handle these near-death experiences and has come to terms with her own traumatic fainting spells. In fact, she is not afraid of death and sees her fits as a welcome relief:

Ian: Stop fucking about.

Cate: [*collapses again and lies still.*] [*Ian stands by helplessly. After a few moments, Cate comes round as if waking up in the morning.*]

Ian: What the Christ was that? ...

Cate: Did I faint?

Ian: That was real?

Cate: Happens all the time.

Ian: What, fits?

Cate: Since Dad came back.

Ian: Does it hurt?

Cate: I'll grow out of it the doctor says. ...

Ian: Don't do it again, fucking scared me.

Cate: Don't know much about it. I just go. Feels like I'm away for minutes or months sometimes, then I come back just where I was.

Ian: It's terrible.

Cate: I didn't go far.

Ian: What if you didn't come round?

Cate: Wouldn't know. I'd stay there. (9-10)

While Ian is afraid of his body shutting down, Cate accepts the loss of control over her body, embracing the distance and amnesia associated with her fits. Ian is, in fact, so afraid of her fits that it stops him from sexually assaulting her. While her verbal response, "no," is not enough to

stop him from raping her, her raw laughter and stuttering frighten him to the extent that he gives up and leaves her alone, at least for a few moments:

Cate: I don't w-want to do this.

Ian: Yes you do.

Cate: I don't.

Ian: Why not? You're nervous, that's all. [*He starts to kiss her again*]

Cate: t-t-t-t-t-t-t told you. I really like you but I c-c-c-c- can't do this.

Ian: [*kissing her*] Shhh. [*He starts to undo her trousers*]

[*Cate panics. She starts to tremble and make inarticulate crying sounds.*]

[*Ian stops, frightened of bringing another 'fit' on.*]

Ian: All right, Cate, it's all right. We don't have to do anything. (14)

Although Ian is definitely the aggressor and Cate certainly the one being victimized in this relationship, her stuttering, again—just to reiterate—acts as a performative, psychosomatic symptom of protest rather than an attempt at silencing part of her traumatic narrative. While her stuttering forces her to pause, slowing down the progress of the traumatic narrative, the hard consonants “t” and “c” sound like an aggressive attack rather than an act of submission. She thus refuses to submit to him through both deliberate and involuntary bodily responses. Moreover, not only does she deliberately bite his penis during oral sex when he is most defenseless and least expects such a reaction from her, she also deliberately, performatively, and theatrically uses her own traumatized body and her “primary trauma” as a weapon to frighten Ian in an act of self defense. Since her fainting and stuttering are both a symptom of posttraumatic stress disorder and possibly even a theatrical performance of self defense, the boundary between accidental and

deliberate bodily responses becomes blurred. She thus defends herself unconsciously and consciously against the “secondary trauma” he is about to inflict on her.

Ian’s body on stage generates a very different effect. It is a terminally ill body, which shows scars of trauma. It is passive, has no agency, and ultimately moves towards annihilation:

He takes his first sip and is overcome with pain. He waits for it to pass, but it doesn't. It gets worse. Ian clutches his side—it becomes extreme. He begins to cough and experiences intense pain in his chest, each cough tearing at his lung. Cate wakes and watches Ian. Ian drops to his knees, puts the glass down carefully, and gives in to the pain. It looks very much as if he is dying. His heart, lung, liver and kidneys are all under attack and he is making involuntary crying sounds. Just at the moment when it seems he cannot survive this, it begins to ease. Very slowly, the pain decreases until it has all gone. Ian is a crumpled heap on the floor. (24-25)

Ian’s body is a Beckettian body in decomposition; it slowly wastes away and moves towards disintegration. While his body, too, is harmed and abused by the soldier, it strangely remains silent: “the soldier is crying his heart out. Ian’s face registers pain but he is silent. When the Soldier has finished he pulls up his trousers and pushes the revolver up Ian’s anus” (49). While Cate’s body affects the audience in a way that generates real visceral affect and uncomfortable laughter in the sound recording, Ian’s slowly decaying body lacks the ability to speak back to trauma—it slowly decays and rots from the inside out. Cate’s expressions of and responses to trauma are visceral, raw, and powerful: “Cate begins to cough and retch. She puts her fingers down her throat and produces a hair. She holds it up and looks at Ian in disgust. She spits” (33). The hair that she finds in her throat is a strong response to trauma—an *objet a*—it accurately

expresses and sums up viscerally the disgust and dirt associated with painful traumatic experiences. Her expulsion “provoke[s] a shudder,” as Claudia Fitz Herbert Nitebook in the *Independent* from March 24 1999 notes; the audience viscerally understands the trauma reenacted on stage by feeling the shivers of disgust literally running through their own bodies.

Moreover, it should be noted that in performance, the audience participates in this traumatic experience, but primarily in response to moments when Cate is abused—not Ian. Indeed, the sound recording of the production at the Royal Court Theatre from 1995 reveals that during Cate’s two-minute long screams and fits and her excessively long episodes of stuttering, which feel very slow and uncomfortable, the audience members cannot help but intervene in the traumatic event by producing their own bodily sounds, which, in a way, complete the words for her. The audio recording of the play reveals that the frequent awkward laughter on the audience’s part appears as a countermelody to Cate’s prolonged screams. The ill at ease chuckles sound strange and out of place. Just as Cate’s fits seem to emanate from a mysterious place, the waves of artificial laughter erupt from the audiences’ collective uneasiness.

Conclusion

This feminist reading, which has focused on Cate’s psychosomatic bodily articulations in particular, intends to advance the argument about the relationship between distance and closeness with regard to the workings of trauma, which I also develop in my chapters on Beckett, Artaud, Brecht, and Bond. The female traumatized subject in *Blasted* is thus depicted as being too close to the traumatic incident—the universe is too much for Cate. Drawing on Levin’s idea that women inherently lack distance and tend to blend into their environmental and social contexts, Cate’s fits can be seen as forceful attempts to assert herself and create the necessary distance she

longs for—she creates a time out of time, or perhaps even a time beyond time that provides space for her to process and self-soothe. Her fits act as temporary respites from this state of traumatic over-fullness, or in other words, they are an attempt at purification through distance. During her seizures, time slows down, and it does so, too, when Cate stutters—her stuttering works against the cyclical and repetitive temporality of trauma because it “outrepeats” its repetitions, so to speak. Through its fragmented nature, the stuttering impedes the completion of the traumatic story, thus delaying the traumatic narrative’s completion.

While the play certainly traumatizes the audience and generates several reverberations of the reenacted traumas, it is clear that it also creates countermelodies, as aforementioned. Linking back to Levin’s and Wilson’s ideas on the powers of embracing the female body, hope is, indeed, located in Ian’s physical decay—it “resides in the suggested dis-ease of a diseased masculine” (Saunders 25). It is striking that, as Iball asserts, *Blasted* is generally “motivated by hope” (*Sarah Kane’s Blasted 2*)—at least for Kane. Ian’s climbing into the “grave” with the baby can be seen as a hopeful gesture. Saunders argues:

[w]e encounter a theatre whereby the stage can become a makeshift grave for a man to huddle inside for comfort with the corpse of a dead baby; conversely it can also be the place where giant sunflowers miraculously sprout up through the ground. It can become a place where characters simultaneously undergo savage punishment and cruel suffering, yet it is also a place where we can witness moments of magic and bliss. (16)

De Vos and Saunders explain that

[h]ope, in *Blasted*, stems from the formal and feminist shifts that...keep the abuser, the rapist, at the scene of the crime; that include him in,

rather than release him from, the traumatic aftermath of his violent, sexual carnage. (24)

I suggest that hope lies in the idea of creating psychosomatic and possibly even surreal, utopian distancing mechanisms from the trauma by juxtaposing contradictions. In the attempt of “staining” oneself clean through fits, stuttering, and thumb sucking, the characters deconstruct the line between the unconscious and conscious realms by inhabiting the liminal non-place space between the living and the dead. By breaking down these solid binaries, a hopeful and surreal sense emerges that can only exist within the performative therapeutic space of the stage. Indeed, Carney observes that Ian “is neither alive nor dead, or...is both alive and dead and that this is possible only within theatre itself” (“The Tragedy” 293). If the theatre generates a safe and possibly even supernatural and spiritual space for the traumatized that may not be found in an afterlife with no God, hope for healing may indeed be found within the performative, bodily countermelodies of protest that emanate from Kane’s “shock therapy” of involuntary bodily articulations.

In conclusion, these distancing techniques, which I have explored in my Brecht and Bond chapter, too, take on a new meaning when read in the feminist context of Kane’s explorations and inscriptions of trauma onto the female body. More specifically, the psychosomatic nature of Cate’s bodily articulations—her *objets petit a*—raises the question as to whether Cate controls her fits—and thus Ian—in an act of self defense—and whether she does so deliberately or unconsciously. Are her fainting and stuttering perhaps simply performative gestures that can be play-acted? Can these bodily articulations and responses to trauma only promise healing within the context of a surreal play in performance? This uncertainty occurs in the play on many levels:

the boundaries between deliberate and accidental psychosomatic bodily articulations, primary and secondary trauma, and performance and audience are rendered unclear.

Conclusion:

Towards an Ethics of Authentic, Performative Empathy:

The Trauma Body as Costume

Exploring the connection between trauma and bodily articulation, and the idea of performance as a curative art form, this dissertation stresses the link between body and mind with regard to the various representations of trauma on post-war European stages. The bodily murmurs and countermelodies to the traumas—*objets a*—or the object voice, as Dolar calls it, manage to capture, structure, and articulate the rawness of traumatic pain where language fails to do so. In fact, the postwar European stage is haunted by echoes and countermelodies of *objets a*. Again, as Garland points out, trauma is a kind of wound: “[w]hen we call an event traumatic, we are borrowing the word from the Greek where it refers to a piercing of the skin, a breaking of the bodily envelope” (9). Trauma is lived and enacted upon by the body, and it is also counteracted through physical symptoms regardless of the physical or psychological source of the “primary” trauma. Rothschild stresses that “the body react[s] as if he was being, or about to be, attacked again...[t]rauma is a psychophysical experience, even when the traumatic event causes no direct bodily harm” (*The Body Remembers* 4-5). Although the body suffers from various posttraumatic symptoms and is a site of trauma itself, healing and processing happen through the body, as well. The body on stage acts as an anchor—a resource in trauma healing. It is a marker of presence—a marker of having survived trauma. The performance stage can then be conceived of as a platform for somatic intervention and resistance. Analyzing Beckett’s, Artaud’s, Brecht’s, Bond’s, and Kane’s drama as both literary texts and performance works through close readings, reviews, audio and video recordings, I have explored how trauma—both physical and psychological in

origin—interpenetrates multiple levels and journeys from the page, to the stage, and then finally to the audience.

This dissertation is the first major project to study these five playwrights together. Laurens de Vos has established links between Artaud, Kane, and Beckett, arguing that “they share a common worldview that is structurally embedded in their work” (*Cruelty* 26). More than a common worldview; however, their plays are grounded in the physicality of the body—a body that is depicted as a site of various individual and communal traumas. Although Brecht and Bond highlight the importance of “reason” in the theatre, like the other three playwrights, they engage the audience’s senses through their raw and visceral performances. All five dramatists convey the therapeutic value inherent in performance.

While acknowledging the importance of the work of Freud, Lacan, and Caruth, my project also reflects the current interdisciplinary emphasis on the body and physicality in body-oriented treatment approaches to posttraumatic stress disorder. Beckett, Artaud, Bond, Brecht, and Kane thematize and problematize issues with regard to the understanding, processing, representation, and healing of trauma that are only now being researched and explored by psychiatrists. This new emphasis on the body is not yet reflected in works on trauma in literary and theatre studies. Moving away from the realm of talk therapy and language as a means of representing trauma, then, my project takes an understudied approach: the body as an anchor of and cure to traumatic experience. Beckett’s, Artaud’s, Bond’s, Brecht’s, and Kane’s understanding of trauma is, in fact, similar to recent body-centered treatment approaches to trauma that are only now being researched by psychiatrists, psychologists, and Neuroscientists. I would thus like to suggest that Beckett’s, Artaud’s, Bond’s, Brecht’s, and Kane’s representations of traumatic experience speak to and anticipate these recent research and treatment approaches,

such as the previously mentioned experimental type of post-traumatic stress disorder therapy, which involves the physical act of walking towards one's trauma on a treadmill. The processing and transference of trauma occurs, firstly, through a form of self-healing, by reconnecting with one's body and listening to its "countermelodies," and secondly by instigating a visceral trauma exchange or transference with the spectator in the audience, who feels the trauma physically in his own body through secondary exposure.

Beckett, Artaud, Bond, Brecht, and Kane utilize the body as a voice to articulate their traumatic narratives and more specifically, by representing and dramatizing voluntary and involuntary posttraumatic symptoms on the stage. Somatic articulations, such as stuttering, tinnitus, hysterical laughter, breaths, and screams release trauma. While the body in performance sometimes emits traumatic echoes, repeating and re-iterating the trauma, some of the performances I have analyzed suggest that it is also capable of expelling various countermelodies of resistance. The spectator is, then, affected by the visceral rawness, intensity, and "fullness" of the representations of trauma as they reach out to him. Resistance or intervention is often only achieved if he, too, is viscerally affected and traumatized by the performance, and, in turn, ends up "speaking back" to the performance by screaming, coughing, laughing, or walking out of the theatre during the show. It can thus be assumed that these bodily "voices" can certainly perpetuate trauma, but they are often also manifestations of a therapeutic form of release and resistance, which suggests processing and healing rather than repression and denial. Beckett, Artaud, Brecht, Bond, and Kane approach their traumatic representations and transferences in a way that are, indeed, strikingly similar to recent body-oriented approaches to the treatment of posttraumatic stress disorder. The traumatized bodies stare back at the spectator in the same way in which the trauma therapist stares back at his patient in silence. I argue that in Beckett's,

Artaud's, Brecht's, Bond's, and Kane's work, the representations and release of the traumas occur through equal amounts of closeness and distance. This balance between distance and closeness is achieved in two ways: firstly, through communication and transference or, in other words, by engaging and contaminating the spectator, and secondly, through visceral and affectively intense depictions of bodily voices—*objets a*—that can access and expose what lies behind the surface of the traumatic narrative.

Trauma at a Distance: The Mind in Search of a Body

I would now like to explore this balance between distance and closeness with regard to the relationship between trauma and the body, and then, more specifically with regard to theatre, performance, and the problem of authenticity. Trauma, at a psychological level, always happens at a distance from the body. The traumatized no longer feel that they live inside their own bodies, because their bodies no longer feel authentic and real. Since trauma is too overpowering, chaotic, and extreme an experience, it cannot be understood and integrated into the concept of the self. It needs to be structured and contained. As a result, the mind now exists at a distance from the traumatized body, which dissociates itself and is rendered abject and strange. Kekuni Minton, Pat Ogden, Clare Pain explain these dissociations and distancing mechanisms that are at work in patients who suffer from posttraumatic stress disorder:

The hyperarousal... leads to a subjective detachment from emotions as well as an evacuation, so to speak, of emotional experience; remarks such as 'I just wasn't there' seem to suggest a reduction in, or respite from, the individual's emotional pain and suffering. Clients frequently describe depersonalization experiences: being outside their body, watching

themselves from a distance as though they were someone else. One client reported the following: ‘I would leave my body and watch her [herself, the client] from the crack in the ceiling. I felt sorry for her during the abuse. I wouldn’t go back into the body until it was all over.’ (*Trauma and the Body* 97)

Indeed, this mind-body split is explicit in the characters Mouth, Henry, and Cate in Beckett’s *Not I* and *Embers* and Kane’s *Blasted*. Caruth has pointed out that trauma is a belated experience. As I have mentioned before, she argues that trauma has “NO PLACE, neither in the past, in which it was not fully experienced, nor in the present, in which its precise images and reenactments are not fully understood” (*Trauma* 153). It is experienced through a temporal and physical distance; the traumatic experience’s temporal momentum must be slowed down and delayed to be processed, grasped, and represented.

The process of healing involves attempts to close that distance through journeys back into one’s body—by reclaiming, accepting, and re-affirming it as one’s own. As Beckett, Bond, Brecht, and Kane suggest, traumatic narratives can no longer be recognized as one’s own and attach themselves artificially to the body—often too closely, in fact—so they have to be pushed away and processed through distancing mechanisms. In Brecht’s, Bond’s, and Kane’s work, the body itself acts as a *Verfremdungseffekt* and *Theatre Event*. In Kane’s work, in particular, the trauma of being a woman in a patriarchal society results in attempts to create a space for herself outside the male gaze since the traumatized female body lacks distance. Pat Ogden, Kekuni Minton, and Clare Pain explain that “[p]eople with trauma related disorders suffer from both ‘feeling too much’ and ‘feeling too little’” (*Trauma and the Body* 16), and indeed, Kane, for example, conceives of trauma as a type of “fullness” that needs to be released. In Artaud’s work,

the traumatized subject wishes for a body without organs—a utopian no-place body that has not yet begun to exist. The traumatized organs of the body with organs can no longer be recognized as one's own; they are distant and abject, and, as such, they feel inherently alienating. All five playwrights raise the question as to how the traumatized subject can possibly journey back into his or her body.

Dolar's Object Voice: Reverberations and Countermelodies to Trauma

This distance between the body and the mind is most visible with regard to the “voice” of trauma—not its gaze. Dolar has suggested that there are many “manifestations of the voice outside speech” (*A Voice* 23) and that “the non-articulate itself becomes a mode of the articulate” (*A Voice* 24). I have distinguished between two main post-traumatic voices of the body: reverberations (echoes or murmurs) and therapeutic countermelodies. Only the latter promises avenues for healing and releases some of the intensity associated with traumatic experiences; however, I would like to emphasize that both voices instigate a “conversation” with the audience. Where language fails to represent trauma, the body steps in, speaks back, and offers the possibility of processing the overwhelming pain. In Brecht's work, for example, Weigel does so through her silent scream. Dolar accurately asserts that “not all voices can be heard...the most deafening thing can be silence” (*A Voice* 14). Indeed, the boundary between sound and silence and between accidental and deliberate voices often gets blurred. When is laughing and coughing deliberate and when is it accidental? Can these voices be play-acted? Especially with regard to all the accidental voices articulated by the spectators in the audience, the line is rendered unclear. Are they unconscious, authentic expressions of secondary trauma exposure, are they intentional voices of resistance and intervention, or are they, perhaps, even theatrical or performative

attempts to get involved in the performance? Especially in Brecht's work, the spectator often becomes part of the intimacy of the performance. Dolar states:

[i]f voice is a sound 'of what has soul in it' ... then coughing is a soulless voice, which ceases to be voice proper. Both coughing and hiccups emerge without the intention of the utterer and against his or her own will... Those voices, somatic and unattractive as they may be, are hardly ever simply external to the structure—quite the opposite, they may well enter into its core or become its double. We can easily see that there is a whole 'semiotics of coughing:' one coughs while preparing to speak... establishing a channel for communication proper; one can use coughing as bidding for time for reflection... as an ironic commentary... as an interruption of a difficult silence. (*A Voice* 24)

Moreover, Dolar further questions as to whether "hiccups [can] be a philosophical statement" (*A Voice* 25)—a question, which I have raised in my introduction earlier, too. I suggest that within the realm of the stage, they can be performative *and* authentic philosophical and psychological expressions of trauma processing, releases, self-healing, subjective agency, or transference.

Trauma as the Acousmatic Object Voice

I would like to argue further that for Beckett, Artaud, Bond, Brecht, and Kane, trauma is like the acousmatic voice Dolar speaks of, and again, to clarify, all of the bodily articulations I have analyzed can be seen as such deliberate or accidental acousmatic object voices. They are manifestations of *objets a*.⁵¹ Like the experience of trauma, Dolar states that the acousmatic

⁵¹ See Žižek again, whose argument I have discussed in my introduction: "Just as trauma can be grasped and partially counteracted through the usually hidden post-traumatic echoes, "one must be careful... not to miss the

object voice is “a voice whose source one cannot see... It is a voice in search of an origin, in search of a body” (*A Voice* 60). The bodily articulations of the traumatized characters are in search of a body because they appear alienating and abject. The bodily articulations—as *objets a*⁵²— are, in fact, “the voice [that] doesn’t stick to the body, it is an excrescence which doesn’t match the body” (61). The traumatized voice that is expelled and reaches out to the spectator cannot be integrated into the subject’s conception of the self. Dolar further explains that

there is no such thing as disacousmatization. The source of the voice can never be seen... It is absurd, this voice cannot possibly stem from this body, it doesn’t sound like this person at all, or this person doesn’t look at all like his or her voice. (*A Voice* 70)

Žižek points out that

[a]n unbridgeable gap separates forever a human body from “its” voice. The voice displays a spectral autonomy, it never quite belongs to the body we can see, so that even when we see a living person talking, there is always a minimum of ventriloquism at work: it is as if the speaker’s own voice hollows him out and in a sense speaks “by itself” through him. (qtd. in Dolar, *A Voice* 70)

Placing these ideas into the realm of the performance stage then, and in light of Beckett’s character Mouth in *Not I*, in particular and Artaud’s utopian non-representational breaths, it follows that at least Beckett and Artaud anticipate Dolar’s and Žižek’s ideas here. On the level of

tension, the antagonism, between a silent scream and a vibrant tone, that is, the moment when a silent scream resounds” (Žižek and Salecl, *Gaze* 93). For Caruth, too, trauma is a “voice that cries out, a voice that is paradoxically released through the wound” (*Unclaimed* 2).

⁵² According to Dolar and Žižek, the object voice is essentially a manifestation of Lacan’s *objet a*. Dolar explicitly states: “the object voice, the voice as one of the paramount ‘embodiments’ of what Lacan called *objet petit a*” (*A Voice* 11).

audience reception and the actors, too, the sounds and voices that emanate from the black space of the theatre and the seats of the spectators must convey this alienation and distance. For example, from the actor's perspective on the stage and due to the lighting in most theatres, the spectator's bodies cannot be clearly seen—the seats appear black and empty. Thus, the laughter and screams that emanate from that black space are the one of the acousmatic voice. It follows, then, that if there is no such as thing as disacousmatization, there is also nothing beyond trauma. While certain individual traumas can be processed, the trauma of the real persists. I would like to suggest that certain individual traumas can indeed be processed and healed to a certain extent, but the more abstract trauma of the real that Beckett and Artaud problematize in their works can only be healed through a symbolic utopian act within the realm of performance. In this context, it should be mentioned that my dissertation has occasionally employed the Lacanian real rather than the term trauma as some of the characters in the plays I have analyzed frequently suffer from a form of double trauma. They suffer from a general, abstract or existential sense of alienation while also experiencing specific, individual traumatic incidents. Some of the characters are inherently traumatized by the existence and inaccessibility of the Lacanian real—for instance, the trauma of being born in Beckett's plays is a good example. Beckett generally discusses trauma in more abstract terms; for him, it is often located offstage and can no longer be clearly remembered; however its presence manifests itself through physical and psychological symptoms of pain. The concept of the real is more appropriate in this case, because it acknowledges the problems inherent in the attempt to locate a clear source of the primary trauma. Yet, in Brecht's and Bond's works, in particular, the term trauma seems more fitting since the temporal boundaries of war trauma can be more clearly demarcated and grasped. As a

whole, this project problematizes the existence of a primary trauma more generally, too, while also gesturing towards the limitations of the term “posttraumatic.”

The Traumatized Subject as Actor: The Traumatized Body as Costume

How can the traumatized subject make his or her body a home that no longer feels like home? And how does he or she articulate suffering convincingly that can no longer be accepted as one’s own? Actors generally tackle this challenge on a daily basis. The experimental postwar stage—through its own performative nature and lack of authenticity—so to speak, offers therapeutic ways to journey back into one’s body, by affirming this lack of authenticity and the realm of performance. I would like to argue that, on some level, traumatized subjects—both onstage and offstage—are always actors. I also wish to suggest that the bodies they inhabit are diseased costumes they feel obligated to wear. The process of self-fashioning and reclaiming the body always happens at a distance—through this distance and through play-acting. In Beckett’s play *Not I*, Mouth pretends that she is inhabiting her own body, but in fact, she experiences it as alien and strange, as not real, as “Not I.” Henry’s tinnitus in *Embers* and Cate’s fits in *Blasted* are similarly interesting in that regard. The characters articulate psychosomatic symptoms of posttraumatic stress disorder that are not recognized as their own.

If traumatized subjects act as if they inhabit their own bodies but are painfully aware that it is a performance, perhaps the body—the traumatized body on stage that is—does “lie” (qtd. in Luger 49) after all, then, to respond to Martha Graham’s claim. In fact, in Beckett’s *Not I*, for example, the pain that Mouth performs on stage is both real *and* unreal at the same time. It lies but it also speaks the truth as Mouth articulates real suffering. As discussed in the chapter on Beckett, Billie Whitelaw, the actress, experienced real, physical, even excruciating pain while

performing her role in *Not I* in the way Beckett demanded, and yet, her performance of trauma is definitely a performance: an act. Art imitates life and life imitates art, and as a result, the boundaries between staged trauma and real trauma fall apart.

Closing the Distance: Traumatic Transference, Empathy, and the Performance of Authentic Pain

What about the possibility of self-healing then, which informs the analytical thought process of much of this dissertation? Do these accidental or deliberate voices and counter melodies of the body really ever self-heal and therefore manage to counteract trauma? Moreover, do Beckett, Artaud, Brecht, Bond, and Kane suggest “real” ways of transcending trauma that can also be applied to patients offstage who are suffering from posttraumatic stress disorder? In *The Political Unconscious*, Frederic Jameson states that “art constitutes a symbolic act, whereby real social contradictions, insurmountable in their own terms, find a purely formal resolution in the aesthetic realm” (79). I would argue that in the Beckett and Kane chapters, which focus on the idea of self-healing through unconscious bodily symptoms, such as tinnitus and fits, in particular, the body’s object voices are empowering expressions of subjective agency and resistance. The question as to whether fits and tinnitus can ever be perceived as positive experiences by the patient and have self-healing powers in the real world, too, is outside the scope of this dissertation; at the same time, it is striking that current body-oriented treatment approaches to trauma suggest the idea of embracing and observing rather than eliminating the various psychosomatic symptoms of post-traumatic stress disorder. I do want to stress that by no means do I wish to suggest that the body manages to shut all the traumas down on its own and that therapy is therefore no longer needed. What I do mean to suggest, however, is that, for

Beckett, Artaud, Brecht, Bond, and Kane —within the idealistic and sometimes even utopian realm of performance—the first stage of healing—the processing and representation stage—occurs *through* the body, and more specifically by listening to and reclaiming the body’s voices. Trauma cannot be completely counteracted and fully healed, but it can be articulated and communicated. Even moments of traumatic echoes of the body, which I call them when forms of trauma are repeated and perpetuated rather than counteracted, are helpful in the sense that they manage to articulate and represent pain in an act of memorialization.

Moreover, some of the moments in Kane’s and Bond’s performances when trauma is, indeed, induced in the spectator through secondary exposure—either accidentally or deliberately—again may be seen as an attempt to transcend and partially “heal” trauma through an act of transference. This arguably then leads to an understanding of the pain, and ultimately, to an increase of empathy on the side of the spectator. My project certainly acknowledges the body’s self-healing powers, but it also stresses that the character’s body on stage is in need of the spectator’s body to complete the healing. The character’s body affectively appeals to the spectator’s ability to help. More specifically, the audience intervenes through their own ethics and through their ability to feel the pain of the traumatized characters and actors on stage viscerally in their own bodies. In other words, the spectators become part of the therapeutic process through their own ability to feel empathy. Given Bond’s and Kane’s views on spectator participation and the large number of sociopathic characters in their plays—characters without a conscience and without empathy—it is tenable to speculate that one of the reasons as to why their performances are so unbearably traumatizing to watch is partly because these writers deliberately attempt to increase the spectator’s capacity for empathy through their violent portrayals of pain and suffering. By watching the horrors of trauma on the stage, the spectator

viscerally feels the pain in his own body and learns to relate to it. It renders the unfamiliar familiar. Beckett's, Artaud's, Brecht's, Bond's, and Kane's theatre then might not offer flawless solutions for healing, but their bodies on stage do perform ethical work. They provide an understanding of trauma, attempt to increase empathy in the spectator, and stress the importance of memorialization and remembrance. Most of all, they instigate a dialogue between the traumatized and the non-traumatized. Leslie Jamison argues in *The Empathy Exams* that

[e]mpathy means realizing no trauma has discrete edges. Trauma bleeds. Out of wounds and across boundaries. Sadness becomes seizure. Empathy demands another kind of porousness in response... Empathy comes from the Greek *empathia*—*em* (into) and *pathos* (feeling)—a penetration, a kind of travel. It suggests you enter another person's pain as you'd enter another country, through immigration and customs, border crossing by way of query. (5-6)

Some of the productions of Beckett's, Artaud's, Brecht's, Bond's, and Kane's works have achieved such an empathetic border crossing Jamison speaks of, and watching these plays definitely requires courage, openness, and "porousness." More specifically, it requires the willingness to viscerally feel another's pain—the ability to empathize. As mentioned in my introduction, Beckett's, Artaud's, Brecht's, Bond's, and Kane's works *create* distance on the part of the character so trauma can be processed, but they also *negate* the distance between character, actor, and spectator. Trauma has no discrete edges, indeed, and the object voices of trauma—*objets a*—do not either. Traumatic memories are malleable and can be manipulated. Whether or not the pain on stage is play-acted, real or authentic, and whether or not the traumatized body

ever manages to take off its diseased “costume,” so to speak, for Beckett, Artaud, Brecht, Bond, and Kane, trauma is a journey back into both the character’s own body *and* the spectator’s body.

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