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## How to Make Love in a Graveyard: An Integrative Approach to Celebrating Trauma, Memory, and History Through Alain Resnais' Hiroshima, Mon Amour

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How to Make Love in a Graveyard: An Integrative  
Approach to Celebrating Trauma, Memory, and History  
Through Alain Resnais' *Hiroshima, Mon Amour*

Senior Project submitted to  
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May 2011

*I dedicate this paper to Bard College. Thank you for the challenge.*

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### Abstract

This paper is an exploration of trauma through the lens of Alain Resnais' 1959 film, *Hiroshima, Mon Amour*. Elle. We hypothesize that Elle develops Posttraumatic Stress Disorder (PTSD) after witnessing the traumatic death of her first love. Diagnosing Elle using the DSM-IV-TR criteria for PTSD, we demonstrate how she continues to fit the criteria for PTSD fourteen years later. Within this investigation, we target dissociation as an important factor in Elle's posttraumatic response. The issue of dissociation is discussed in relation to memory, and to a larger extent, historical trauma. Through an integrative approach, film analyses elaborate the elusive experience of trauma.

## Introduction

A traumatic event may alter a person's life in a matter of seconds, forever staining the memory and identity of the individual or individuals involved. Suddenly, one's sense of control and trust in the safety of the world is wholly shaken, and everything and everyone in it a potential threat. How can a single moment in time, a tiny increment in the timeline of one's life, have such profound impact on a survivor's interpretation of the world?

Scholars of trauma, ranging from psychologists to philosophers, scientists to artists, have pondered over the overwhelming nature of trauma for centuries. Whether a trauma is unique to an individual, or whether it is so widespread as to enter the realm of public history, it leaves shattered lives in its wake. When trauma strikes, it may be likened to a kind of explosion: One's consciousness is suddenly broken apart into fragments of the experience. In order to make sense of the trauma, this wreckage must be reconstructed into a cohesive form, but until these pieces can be pulled together, an individual is susceptible to experience disturbing flashbacks of the event. Failing to bring these various fragments to cohesion, their sense of self remains shattered. It is only after the process of reconstruction, taking the picture of one's entire

existence—past, present, and future—and recreating it from a new vantage point that the survivor can overcome the trauma.

Particularly in the last century, clinical psychologists have gained a great deal of insight into trauma, vastly improving the diagnosis and treatment of trauma related disorders. However, in many ways trauma remains a mysterious phenomenon in the general populace. Of course there are no shortages of media portrayals of trauma victims—men returning from war who are seemingly transformed from the stresses of battle. However, unless one has experienced a traumatic event, it is difficult to comprehend the extent to which trauma may affect an individual's life. The following paper is an exploration of trauma through the lens of the 1959 French film, *Hiroshima, Mon Amour*. The film and its protagonist are used to discuss trauma and its impact on a survivor's experience of the world, with a focus on the relation between Posttraumatic Stress Disorder, dissociation, and memory.

The paper begins with a historical review of trauma theory. Such background is necessary to give an overview of how the study of trauma has evolved throughout time. In order to understand something as elusive as the experience of trauma, Chapter 2 presents a psychological investigation of Elle, a woman who suffers from chronic PTSD. Through an in-depth analysis of her presenting PTSD symptoms, the reader comes closer to comprehending what is a much more complex disorder than that promulgated by the media. We continue this individualized course of study in Chapter 3, addressing the issue

of traumatic memory through the concept of dissociation. Finally, Chapter 4 serves as a bridge from our small scale study to the larger issue of historical trauma.

Using *Hiroshima, Mon Amour* as the vehicle for this exploration, this paper intends to show that the study of trauma is a valuable course of study, particularly in our contemporary world. It is through the comprehensive investigation of the film's protagonist, that we arrive at this newfound understanding of trauma.

This understanding is not based solely off of textbook definitions nor esoteric cinematic analyses, but an integration of these elements that will yield the desired level of engagement with the nature of trauma. I stress that this is not a clinical psychology review, nor is it a film analysis. It is an integrative investigation into the complex and often elusive experience of trauma, inspired by a relatable work of art. As one of the earliest films addressing the complex nature of trauma, memory, and history, *Hiroshima, Mon Amour* arguably remains the greatest cinematic source with which to evaluate the traumatic narrative.



## Chapter 1: Overview

### Introduction

To lay the groundwork for a discussion of trauma in the film, we expand the reader's comprehension of Elle's experience in Hiroshima. In beginning our exploration, a brief overview of trauma theory and the film are provided. The first portion of this chapter is a historical review of trauma, keeping in mind that the primary goal of this review is not to provide an exhaustive history of trauma theory. It is to explicate issues as they relate to Elle's experience in Hiroshima.

The second portion of this chapter provides an overview of the film, beginning with its production context. Such knowledge provides the rationale for using Elle's individual trauma as a means of representing the collective trauma of Hiroshima. The film revolves around Elle's confrontation with her

traumatic past, so in providing a synopsis of *Hiroshima, Mon Amour*, we track the development of this narrative throughout the course of the film.

### Historical Perspectives of Trauma in Psychiatry

The study of trauma has both medical and psychological origins. Theories relating distressing life experiences to psychological disorders had been documented in history's earliest writings, though ideas over the causes, symptoms, and treatment of trauma varied greatly with time (Schott, 2008). Now understood to be a physiological response to psychological shock, unexplained physical symptoms such as the inability to walk, uncontrollable shaking, and disturbances of vision, hearing, and speech were recorded as early as 1900 B.C. on Egyptian papyrus. Initially, this cluster of symptoms was documented only in women, marking the beginning of the belief that women's vulnerability to trauma was a sign of weakness—an unfortunate misconception that would continue for centuries. Hippocrates (430-367 B.C.) termed this condition *hysteria*, named for the Greek word meaning uterus. At this time, the uterus was viewed as an organ independent from the rest of the body. A woman who displayed "unnatural" sexual behavior (i.e. celibacy or excessive sexuality) was said to have a wandering uterus that meandered freely throughout her body. Hysteria was the result of the roving uterus deciding to attach itself next to the brain. Hippocrates prescribed marriage as the cure—a reflection of the severely misguided understanding of traumatic illness at this time (Phillips, 2007).

Understanding of trauma related illness continued to be riddled with confusion. The English surgeon Eric Erichsen noted that patients developed strange physical symptoms in response to railroad injuries. As early as 1866, Erichsen observed that victims of railway collisions complained of unexplained physical symptoms such as headaches, dizziness, paralysis, general malaise, and listlessness. He also noted that victims exhibited psychological symptoms: "He bursts into tears, becomes unusually talkative, and is excited. He cannot sleep, or if he does, he wakes suddenly with a vague sense of alarm" (Erichsen, 1886). Erichsen termed this condition "railway spine."

The psychological terror of railroad transportation was dually noted: "No ordinary accident can produce so great a shock, both physical and mental, as the violent concussion produced by the sudden arrest of a train which is traveling at great speed" (Erichsen, 1886). Train collisions and derailings were common, placing workers in a dangerous position. In 1889 it was estimated that one out of every 117 train workers was killed, and one out of every 12 workers was injured (Lerner, 2003). Though the psychological terror of railroad injury was dually noted, Erichsen makes no connection between the psychological shock and the subsequent development of unexplainable physical symptoms. These symptoms were similar to those observed in hysteria, yet Erichsen and his contemporaries considered hysteria a female condition and did not link the two. Consequently, syndromes such as railway spine and whiplash accompanied by strange physical symptoms were easily

misdiagnosed as organic illness as opposed to psychological illness.

Franz Anton Mesmer (1734-1815) was a product of an earlier period in which magical medicine reigned, demonstrated by his claim that hysteria resulted from a disturbed distribution of magnetic fluid present in all humans. Mesmer contended that only by redistributing fluids using rods imbued with a force called animal magnetism could patients be cured of hysteria. Patients sat directly across from Mesmer, staring fixedly into his eyes as he moved his hands down the patient's shoulders and arms. Through this "passing" of their body, patients were told that a cure could be brought forth (Ellenberger, 1970, p. 7). Though some of his patients reacted favorably to the treatment, most physicians regarded Mesmer as somewhat of a quack. Any success that Mesmer had is likely attributed to his patient's suggestibility. The close rapport with patients and assurance of their recovery likely accounted for his success. Despite his questionable theories, Mesmer demonstrated the effects of suggestibility on one's physical condition.

By the mid-1800's, hysteria had gained a great deal of attention, the primary subject in medical publications throughout Europe (Hunter, 1983). Naturally, different etiologies were developed to account for the disorder, one of which belonged to French physician, Jean-Martin Charcot. Charcot specialized in treating patients with abnormal physical symptoms, concluding that many of these patients were suffering from hysteria. Triggered by a traumatic accident in their past, he believed the physical effects that patients developed were a response to life threatening situations. Just as Mesmer

was able to cure some of his patients by placing them under hypnosis, Charcot believed that hysterical patients suffered from heightened suggestibility. They could more easily be placed into a “hypnoid state” (van der Kolk, 1996, p. 50).

As students of Charcot’s, Josef Breuer and Sigmund Freud were greatly influenced by his work, furthering the belief that trauma precipitated symptoms of hysteria. Their collaborative publication, *Studies on Hysteria* (1893-1895), is arguably the primary source used contemporarily to encapsulate early trauma theory. Their work with hysterical women may be summarized by their case study of “Anna O.”, generally regarded as the first patient of psychoanalysis. 21-year-old Anna O. came to Breuer suffering from an unexplainable ailment she had developed after her father’s death. Beginning with the common cough, she soon developed a number of unusual physical symptoms: paralysis of extremities on the right side of her body, contractions of muscles, intermittent deafness, disturbances of vision, and disorganization of speech. By the end of the 19<sup>th</sup> Century, these symptoms were generally acknowledged to stem from hysteria, but Breuer and Freud broke new ground with their pioneering treatment methods. Breuer developed a process which he called “the talking cure” to relieve her symptoms: “The psychical process that had originally taken place has to be repeated in as vivid a way as possible... and then talked through. This makes any phenomena involving stimuli—cramps, neuralgias, hallucinations—appear once more at full intensity and then vanish forever” (Breuer & Freud, 1893-1895/1955, p.

10). After asking Anna to vividly recall a series of traumatic memories while under hypnosis, one of her symptoms would suddenly disappear. Breuer came to the conclusion that in order to cure similar cases of physical suffering, the patient must provide a verbal account of the traumatic event.

These are the root circumstances which gave rise to our modern day understanding of trauma. In a little over a hundred years, the colossal body of evidence relating neurological and psychological theory had led to the belief that traumatic events can radically alter the mind/body relationship. The term trauma, particularly in the psychiatric literature, had taken on an entirely new meaning. Previously referring to a wound inflicted upon the body, the term had come to reflect our present day understanding of trauma as a wound inflicted upon the mind.

#### Freud's Perspective of Psychological Trauma: 1895- 1939

The next stage in the development of trauma theory is dominated by the research of Freud, whose theories of psychic trauma varied significantly over the course of his career. A discussion regarding the progression of these ideas is quite beyond the scope of this paper, therefore only certain issues of significance to *Hiroshima Mon Amour* will be reviewed.

As previously noted, Freud's earliest traumatic theories were put forward in *Studies in Hysteria*, which concerned the dynamics of trauma, repression, and symptom formation. To reiterate, Breuer and Freud posited that an overwhelming event may be forgotten, yet return in the form of

hysteric symptoms or compulsive, repetitive behavior. After the seminal publication of *Studies on Hysteria*, Freud's trauma theory diverted from his colleague on the basis of childhood experience. After listening so intently to the intimate lives of nineteenth century women, he came to the conclusion that major traumatic events of childhood were the root of the arguably more trivial adult traumatic experiences that appeared to have set off the hysterical symptoms. Freud (as cited by van der Kolk, 1996, p. 53) emphasized the role of childhood abuse as the source of later psychological stress, leading him to conclude that neurotic symptoms were more often a result of repressed, instinctual desires than of traumatic events. For many years, he completely abandoned the concept of the actual traumatic stressor as the causation of pathological behavior. However, Freud returned to traumatic etiology of neurosis in *Beyond the Pleasure Principle*.

After World War I (1914-1918), many of his patients were combat veterans suffering from symptoms similar to those seen in hysterical women (Herman, 1992). This was a war of unfathomable psychological stress, over eight million men died in four years, and with the horror of trench warfare it is no surprise that men were breaking down in large numbers. Of particular interest to Freud was the symptom of intrusive recollections. He marveled at the manner in which trauma repeated itself in the lives of these war battered men. According to Freud, traumatized individuals were prevented from accessing traumatic memories as a result of *repression*, the removing of unpleasant memories from awareness. Though an individual may repress

certain material, the memories continue to resurface in the form of intrusive flashbacks, forcing an individual “to repeat the repressed material as a contemporary experience, instead of remembering it as something belonging to the past” (Freud, 1920/1955, p. 18). In this sense, Freud suggests that repetitive flashbacks are not initiated by an individual’s own acts, but are rather indicative of a certain compulsion which the person is fated to endure.

After providing a brief overview of the history of trauma, we may now turn our attention towards *Hiroshima, Mon Amour*. To reiterate, this paper chooses film as the vehicle for exploration, a choice that is intended to make the experience of trauma as relatable and accessible as possible.

### Hiroshima, Mon Amour: An Alternative Representation

*Hiroshima, Mon Amour* was intended as a documentary to commemorate the bombing of Hiroshima and its tragic aftermath. Fourteen years after the bombing, a group of producers from Argos Films commissioned Alain Resnais to direct the film, a likely choice for such a project. Resnais had just completed a documentary marking the tenth anniversary of the liberation of the concentration camps, the resulting 1955 film, *Night and Fog*, awarding him great directorial acclaim. The intentions of *Night and Fog* are anything but subtle—Resnais means to sear the horror of the Holocaust into the minds of his audience. By berating the viewer with sickening images of mutilated bodies coupled with voiceovers of a concentration camp survivor detailing his experience, Resnais throws us into



the horror of the camps without a moment's respite. As film historian Michael Roth succinctly says, "There is no place to hide from its assault" (Roth, 1994). It is through aggressive visual, verbal, and musical language that the director warns us against the politics and culture that made the Holocaust possible.

His message was received loud and clear; to this day *Night and Fog* is still considered one of most startling films made about the Nazi Period. In 1991 French Nazi collaborator Paul Touvier was put on trial for crimes he had committed against humanity almost forty years previously. When charges were first dropped against Touvier, the French Minister of Culture Jack Lang immediately asked French television channels to air *Night and Fog*, his way of assuring that the horror of the concentration camps would not fade from memory (Roth, 1994). As time passed and the world's attention turned towards other national tragedies, Resnais believed that the value of commemorating the devastations of World War II had become of critical importance.

Resnais questions whether collective horrors of the past can be adequately represented with images. Further, if they cannot be represented, what does this say about our capacity to remember them? In other words, how does memory depend on representation? The following quote from *Night and Fog* illustrates Resnais' notion that the true reality of horror cannot be seen on screen:

How to discover the reality of these camps, when it was despised by those who made them and eluded those who suffered here? These wooden blocks, these tiny beds where one slept three, these burrows where people hid, where they ate furtively and where even sleep was a threat? No description or shot can restore their true dimension, that of an uninterrupted fear. One would have to have the very mattresses where they slept, the blanket which was fought over. Only the husk and shade remain of this brick dormitory (Resnais, 1955).

Resnais continually reminds the viewer that we can only see the “husk and shade” of the camps, the skeletons of the past, that we are seeing nothing of the reality of the camps.

Although Resnais accepted the directorial position for *Hiroshima, Mon Amour*, in a few short months he dropped the project. After gathering archival footage of the bombing he came to the realization that any documentary he made would be no better than the number of excellent Hiroshima documentaries already in existence. As he explained to the producers at Argos, “I’m very sorry, but I can’t seem to find a way to make a film about the atomic bomb that would be more interesting than the 15 or so documentaries that you showed me to educate me on the subject”(Jones, 2003). Resnais had all but abandoned the project before a friend of his suggested he collaborate with French New Wave writer, Marguerite Duras.

Duras was a natural choice for the project. Not only was she a well-established writer by 1959, but her autobiographical novels focused on issues of traumatic past, memory, and an obsession to revisit these memories. Who better to write a narrative on the atomic bombing than a woman who spent her entire career writing about the traumas of the past?

Both Duras and Resnais agreed that their film should not follow the typical documentary formula. How could they communicate the horror of Hiroshima? Most of the victims of the bombing were civilians, including innocent children. Those that survived the blast, who were not incinerated by the initial explosion or killed from falling debris, were not safe from death. Radiation poisoning, or “atomic bomb sickness” as it was regarded at the time, continued to take the lives of survivor’s. Estimates suggest that the final death toll was about 140,000, virtually half of Hiroshima’s 350,000 person population (Hogan, 1996).

Newsreel footage, photographs, and cinematic recreations of Hiroshima may represent the catastrophe, but they do not communicate the horror of such a trauma. From his previous forays in documentary filmmaking, Resnais learned that “if you tried to somehow show something very real on screen, the horror disappeared” (Jones, 2003). He concluded that documentary footage was not an appropriate means of portraying the magnitude of human suffering. But how could the artists commemorate Hiroshima without representing it directly?

The idea came to Duras a few days later, after overhearing a conversation between a French woman and a Japanese man at a restaurant near her apartment. The Japanese man wanted to order sushi, but the woman was concerned that the fish may have been irradiated. A small quarrel over whether or not the fish was poisoned from the radiation produced by the bomb almost 14 years ago alluded to atomic destruction. It was from this seemingly everyday conversation that Duras began writing her script for *Hiroshima, Mon Amour*, a script which in Duras' own words "[probes] the lesson of Hiroshima more deeply than any made-to-order documentary" (Duras, 1960, p. 10). Rather than attempting to represent the bombing itself, the artists used a traumatic narrative of a smaller scale. This narrative is a story about love, making the experience of the bombing more accessible and relatable for those who could not comprehend its tragedy.

#### The Traumatic Narrative of *Hiroshima, Mon Amour*

Hiroshima is the backdrop for a brief but intense love affair between a Japanese architect and a French actress visiting Hiroshima. Although both characters remain nameless throughout the film, critics refer to the Japanese architect as Lui, and the French actress as Elle in order to ease confusion. To reiterate, the narrative of the film is not focused on Hiroshima itself, but primarily on the story of Elle's past.

In 1945, Elle's life was also destroyed, but by a different kind of bomb. A traumatic event created a metaphorical explosion that shattered her

memory, identity, and perception of the world. Elle was 17 at the time, and had fallen in love with a German soldier stationed in her village of Nevers during the German Occupation. Unfortunately for Elle, there was a great deal of French resentment towards the Germans, to the point that any Frenchwoman discovered having relations with German soldiers was ostracized and publicly shamed. To avoid the judgments of her community, their relationship developed in complete secrecy. Arranging times to consummate their affair in the deserted countryside, Elle describes "At first we met in barns. Then among the ruins. And then in rooms. Like anywhere else" (Duras, 1960, p. 48).

With the end of the war approaching, Elle decided to run away with the soldier. On the very day that they planned to elope, Elle discovered the soldier had been shot shortly before she arrived to meet him. After watching the soldier die in her arms, she detached from the world. When members of the community found her with the soldier's body, they condemned her as a traitor and shaved her head in the town square. Elle was "too busy suffering" (Duras, 1960, p. 61) to feel their judgments. In the following year, Elle became maniacal, compelling Elle's mother to lock her in their cellar for periods of time. After a year spent in the throes of madness, she regained her sanity and immediately moved to Paris where she became a successful actress. Our story begins in present day Hiroshima.

When Elle arrives in Hiroshima, it is the summer in 1959. 14 years have passed since the atomic bomb destroyed more than 60% of the buildings

in the city (Hogan, 1996, p. 3), yet images of the newly rebuilt Hiroshima flash across the screen, a testament to the restorative power of time. These images are quickly followed by documentary images detailing the aftermath of the bombing—the city in ruins, victims with burned flesh hanging from their bodies, children navigating the rubble—horrible images of the past. Though time may conceal the scars of the past, memories of the trauma cannot be contained. Elle may have seemingly healed from the trauma, but during her visit to Hiroshima she will be confronted by her traumatic past.

We find our heroine lying blissfully in the arms of a Japanese man, cuddling, kissing, and giggling as though unencumbered by traumatic memory. We learn that she has met Lui the night before, thus their conversation begins as superficially as any between two strangers. Lui asks routine questions regarding her acting career and her life in Paris, to which Elle responds playfully. But when Lui breaches the topic of Nevers, her smile swiftly fades. Perhaps Elle is not as well adjusted as it appears.

As they leave the hotel a few hours later, Lui latches onto the subject once again, asking if she will ever return to Nevers. Already Elle appears to be losing herself in the narrative, admitting “Nevers is the city in the world, and even the thing in the world, I dream about most often at night” (Duras, 1960, p. 37). But before she lets herself revisit the past, she jumps into a cab and refuses the possibility of ever seeing him again. Lui cannot leave the mystery of her past unsolved, and he follows her to the set of her anti-war film. He invites her home with him, though it is essentially an invitation for her to

share her story with him. Perhaps she has resigned to relinquishing the trauma, for she follows him.

It is in his arms that Elle begins to narrate her past. Fragmented snapshots of her adolescence in Nevers flash onto the screen as quickly and erratically as they come to her. There is an image of the soldier walking across the town square, various shots of the deserted countryside in which they consummated their affair, and the riverbank on which her lover was killed. She has only begun to relive the trauma, but already she becomes lost in the remembrance of the past.

As their pillow talk gradually takes on a more serious tone, it becomes clear that Elle has developed a pathological response to trauma. The further Lui inquires into Elle's past, the more distant and melancholic she becomes. Flashbacks, presented as unwanted regurgitations of Nevers, increase in frequency and her attention to the present becomes progressively unfocused. Despite Elle's distress, Lui continues to draw the story out of her. In this manner, their romantic affair transitions into a therapeutic interaction. Much in the way that a psychoanalyst would question a patient in a therapy session, Lui facilitates a conversation that forces Elle to engage with her past in a manner that she has avoided for 14 years.

Even though Elle is exhausted from remembering, he pushes her to continue. It is with horror in her eyes that she recalls the discovery of the soldier's body—an image of Elle covered in his blood flashes on screen. Through a gradual process, the viewer comes to gather the rest of Elle's

fragmented memories into a more complete sense of the trauma. As these fragments cohere into a comprehensive narrative, Elle begins the process of putting her consciousness back together. Sharing her story with Lui opens up the possibility for individual and historical closure, for her story becomes so linked to the story of Hiroshima that by healing herself she is subsequently healing a nation. Through her story of the past, the experience of Hiroshima is in a sense relived, rather than simply represented.

This forms the basic traumatic narrative of *Hiroshima, Mon Amour*, one individual's story that is imbued with depth beyond the scope of her own personal tragedy. With Hiroshima in the background, her traumatic past becomes inextricably linked to the traumatic past of the city and its atomic destruction. Subtle reminders of the mass destruction do more than create an omnipresent sense of melancholy underlying her story. It highlights the way in which traumas of the past infringe upon the present. Analyzing three narratives spanning the expanse of time—the present day story of the lovers, Elle's adolescence in Nevers, and the tragedy of the atomic bombing—we begin our journey into the nature of trauma.

In the introduction we articulated why we chose to use a film for our exploration of trauma. While studying trauma through clinical textbooks certainly educates one on an intellectual level, it does not foster an understanding of trauma as part of the human condition. Clinical knowledge must be considered in light of an actually human experience before it can be internalized. But why choose *Hiroshima, Mon Amour* as the film to fuel our



exploration? Not only does the film reflect the complex nature of traumatic response, it portrays the *human* experience of trauma.

Elle's character in *Hiroshima, Mon Amour* represents an artist's insight into trauma, not a clinical psychologist.

This is partially due to the fact that Resnais and Duras would not have had access to the vast amounts of research that we have now. Diagnostic labels for people suffering from trauma were remarkably unclear in 1959. In developing Elle's character, Duras and Resnais would not have had the diagnostic criteria for PTSD to serve as a template for Elle's behavior in the film. It is likely that Duras used her observations living in France after World War II to write the character. Having survived the concentration camps Buchenwald, Gandershem, and Dachau, Duras' husband returned from the war emaciated and severely traumatized. She spent the next year nursing him back to health, no doubt gaining a great deal of insight into the effects of trauma.

Having survived the concentration camps Buchenwald, Gandershem, and Dachau, Duras' husband returned from the war emaciated and severely traumatized. In her autobiography, she expresses the horror of his situation: "There's so little of him left you wonder if he's really alive" (Duras, 1994, p. 20). Referencing not only his physical condition, but his spiritual condition as well, Duras understood that the war had withered his spirit. Trauma had turned her once fiery and radical husband into a hollow version of his former self. This firsthand experience provided Duras a great deal of insight into the

effects of trauma. Living in France at the time, Resnais also witnessed the traumatic effects of the war, and in this sense, Elle's behavior throughout the film is not based on preconceived notions of how someone with PTSD should act, but on artistic observations of the effects of trauma.

In the following chapter, we will begin to describe how Elle responded to the trauma, and how this traumatic response continues to affect her life fourteen years later in present day Hiroshima. Again, I stress that this exploration diverts from the standard mode of clinical investigation. I do not wish to define Elle by this PTSD diagnosis and risk relegating her existence to a textbook definition.

To its great testament, *Hiroshima, Mon Amour* prevents such an evaluation from occurring. Elle does not fit the typical "portrait" of the PTSD patient that is often promulgated by cinema, jumping at every sound as though it were a gunshot or screaming involuntarily in her sleep. Though she suffers from PTSD, she is also a woman with a seductive smile, one who laughs freely and carries on everyday conversations with ease. The film does not characterize her as a wrecked member of society or define all of her actions as pathological responses, but allows her to exist independently of PTSD. This is not the story of a woman with a pathological disorder, but a woman who has reacted to the traumatic death of her lover.

## Chapter 2: Understanding Posttraumatic Stress Disorder and Dissociation

Let me preface this chapter by reiterating the benefits of conducting a specific and detailed study of Elle's psychological makeup. Convincing the reader that traumatology is a valuable enterprise hinges on an acknowledgement that a traumatic event can drastically affect one's life. Throughout *Hiroshima, Mon Amour*, Elle's distressed behavior and emotions demonstrate the extent to which her life is altered as a consequence of trauma. Based on my understanding of her symptoms, Elle fits the criteria for PTSD.

There are a number of mental disorders that one may develop in response to trauma, but PTSD is of particular importance to this paper, whose larger goal is fostering a greater appreciation for the study of trauma in a modern day context. PTSD is the primary pathological response that a healthy individual may develop after traumatic exposure. While trauma at earlier ages tends to give rise to more complex symptomology and a wide array of psychological disorders (i.e. Obsessive Compulsive Disorder, Dissociative Identity Disorder), if trauma first befalls someone who is an adult, it is most likely to produce PTSD (van der Kolk, 1996, p. 318). The universal risk of PTSD in the general population cements its importance as a contemporary public health concern. Trauma may befall anyone at any time, and we are all susceptible to develop PTSD if the traumatic event is severe enough: "As traumatic events become universally brutal; more horrific, gruesome, and prolonged; and more threatening to life, the greater the likelihood that

negative sequelae will develop... Eventually all victims succumb to psychological distress" (Sutker & Allen, 1996). Further, some research indicates that approximately 25 to 30 percent of trauma survivors develop symptoms of PTSD after a traumatic stressor (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Compared to other trauma related disorders, the study of PTSD is particularly salient to this paper, whose goal is fostering a greater appreciation of PTSD. Trauma does not preferentially occur in a mentally ill population. Events such as natural disasters and car accidents, both worthy of eliciting a pathological response to trauma, may happen to anyone. Therefore, if there is one trauma related disorder of interest to the general population, it is PTSD. In light of this knowledge, this chapter explores the nature of PTSD, beginning with a brief review of how we have arrived at our modern understanding of this disorder.

### History and Background

Now recognized as a threat to public health, both in terms of its widespread prevalence and its debilitating effects, PTSD has gained a great deal of attention in the past fifty years. While the emotional strain associated with PTSD is significant, the societal and interpersonal consequences are far more considerable (Barlow, 2002). Research reveals that those with PTSD are more likely to report dissatisfaction with their lives, have difficulty raising their children, and struggle to sustain their marriages. Changing jobs frequently, earning less money, and using expensive medical services

inappropriately, they are at greater risk for financial danger (Koss, Koss, & Woodruff, 1991; Kulka et al., 1990). Clearly, living through a traumatic event leads to significant impairments in daily functioning. Given the debilitating nature of the disorder, placing PTSD at the top of mental health concerns is not an unwarranted notion. However, one might be surprised to learn that PTSD is relatively new in modern terminology.

As pointed out in Chapter 1, the effects of trauma have been observed for centuries. Historical depictions of PTSD can be found in the oldest literature in Western civilization, as far back as the story of Ulysses in Homer's *Iliad* and *Odyssey* (Shay, 1994). These stories offer glimpses into the battle stresses of the Trojan War, descriptions of soldiers who cannot adjust to their former lives after returning from the gruesome battle. In *The Iliad*, Achilles laments "My comrade is dead/Lying in my hut mangled with bronze/His feet turned toward the door, and around him/Our friends grieve. Nothing matters to me now" (Homer, 1990, Lines 19.222-26). In this instance, Homer refers to an emotional despondency that often accompanies PTSD. Many of the symptoms and behaviors that Homer describes are remarkably similar to those observed in individuals with PTSD today.

Over the years, PTSD has been labeled under a number of different names, including "traumatic neurosis", (Oppenheim, 1892) and "fright neurosis" (Kraepelin, 1896). However, many of the earliest labels for PTSD may be traced back to war. The psychological consequence of combat during the American Civil War was described in Stephan Crane's *The Red Badge of*

*Courage* under the name of “soldier’s heart”. Terms such as “shell shock”, “combat fatigue”, and “war neurosis” were all used to describe war related PTSD symptoms during World War I and World War II. In view of the early and clear recognition of this disorder, the reader may be surprised that PTSD was not acknowledged by the American Psychological Association until 1952, with the publication of the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I).

The DSM-I included a formal diagnostic category to refer to PTSD called Gross Stress Reaction (GSR). GSR was placed under the larger category of “Adjustment Reaction of Adult Life”, a category for adults struggling to transition to their former lives after difficult—though not necessarily traumatic—experiences. The diagnostic criteria were short, providing only three illustrations of adjustment reactions: (1) an unwanted pregnancy accompanied by depression and hostility, (2) a frightened soldier in combat, and (3) a prisoner facing execution in a death penalty case. Although the reader was directed to the appendices for additional examples of stressful life events (i.e. railway accidents, boat accidents, car accidents), the DSM-I provided a fairly incomplete understanding of PTSD as we know it today.

When the second edition of the DSM was published in 1968, Gross Stress Reaction was not included. No explanations were provided as to why it was omitted, and to this day, psychiatrists postulate reasons for its emission from the DSM-II. As John Wilson notes (1995), it is curious that there was not a more adequate definition of PTSD developed during these years, given the

vast number of nationally and internationally recognized traumatic events which occurred during the 16 year interval between the publication of DSM-I and DSM-II. Both the Korean and Vietnam Wars, the assassination of president John F. Kennedy, several major natural disasters, as well as a number of violent colonial wars and revolutions are all events one would assume to spark public interest in PTSD.

However, it was not until the 1980's that psychological trauma became a topic of serious debate in the realm of clinical psychology. This decade saw the inclusion of PTSD into the DSM-III, the formation of the International Society for Traumatic Stress Studies, and a whole new division in the Veterans Administration dedicated to studying post combat stress in veterans (Tal, 1996). Despite growing interest in trauma related disorders, when the DSM-III was published in 1980, exposure to traumatic events was considered a relatively rare occurrence, reflecting the commonly held belief that trauma seldom occurred in the general population.

Thirty years later, PTSD is now recognized as a much more prevalent disorder. The most complete general population study of PTSD was conducted in 1985, called the National Comorbidity Study (NCS). From a group of 5, 877 nationally representative individuals in the United States, researchers found an overall prevalence rate of PTSD of 7.8% in the general population (Kessler et al., 1995).

With this brief overview of the historical evolution of PTSD, let us return to our analysis of *Elle*, the primary focus on this chapter. Again, *Elle's*

experience of trauma is fully detailed to encapsulate the various complexities of traumatic response. Based upon my viewing of the film, Elle has PTSD. But before diving into an analysis of her behavior, a description of PTSD symptoms is provided.

### PTSD Symptoms

Though it is seemingly unsophisticated to classify and label human behavior (how can one presume to reduce the complexity of human behavior to categorical definitions?), this kind of systematic analysis is necessary for clinical investigation. That being said, there are patterns of pathological behavior that have allowed for the development of a standardized set of diagnostic criteria for PTSD. In order for a person to receive an official diagnosis, they must meet the criteria designated by the Diagnostic and Statistical Manual of Mental Disorders, currently in its fourth revised edition (DSM-IV-TR).

Included below is the most up to date list of criteria that psychologists use for diagnosing a patient with PTSD (American Psychological Association, 2000). The six diagnostic criteria (A-F) are specified, including the symptoms which fall under their domain. For an official diagnosis of PTSD, an individual must manifest the following: a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters (Criteria B, C, and D). Criterion E concerns the duration of symptoms, and Criterion F assesses an individual's level of function.



**Criterion A: Stressor**

A person has been exposed to a traumatic event in which **both** of the following have been present:

- (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death, or a threat to the physical integrity of oneself or others
- (2) The person's response involved intense fear, helplessness, or horror

**Criterion B: Intrusive recollection**

The traumatic event is persistently experienced in **one** of the following ways:

- (1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
- (2) Recurrent distressing dreams of the event
- (3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated)
- (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- (5) Physiological reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

**Criterion C: Avoidant/numbing**

A persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) Efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) Inability to recall an important aspect of the trauma
- (4) Markedly diminished interest or participation in significant activities
- (5) Feeling of detachment or estrangement from others
- (6) Restricted range of affect (e.g., unable to have loving feelings)
- (7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

#### **Criterion D: Hyper-arousal**

Persistent symptoms of increased arousal (not present before the trauma) as indicated by at least **two** of the following:

- (1) Difficulty falling or staying asleep
- (2) Irritability or outbursts of anger
- (3) Difficulty concentrating
- (4) Hyper-vigilance
- (5) Exaggerated startle response

#### **Criterion E: Duration**

Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

**Criterion F: Functional significance**

The disturbance causes clinically significant distress or impairment in social, occupational, or other important area of functioning.

***Specify if:***

**Acute:** if duration of symptoms is less than three months

**Chronic:** if duration of symptoms is three months or more

This criterion was included as it appears in the DSM-IV-TR to organize these symptoms in the most systematic way possible. To describe Elle's PTSD symptoms, it is helpful to have an organized list of symptoms which the reader may refer back to. With this list we see that there is a diverse range of symptoms in PTSD, ranging from those associated with hyper-arousal to those associated with numbing. It is counterintuitive to think that a patient might simultaneously manifest symptoms from Criteria C and D. How can one simultaneously experience hyper arousal and numbing? There is recent literature to suggest that there are in fact two subtypes of PTSD: One marked by hyper-arousal and intrusion symptoms, and the other by dissociative symptoms of amnesia, avoidance, and numbing. About 30% of those with PTSD show predominant dissociative symptoms (Lanius et al., 2010). When we begin an analysis of Elle's PTSD symptomology, we will find that she manifests symptoms from Criterion C, those which are primarily dissociative

in nature. But before we delve into such an investigation, let's briefly describe the relationship between PTSD and dissociation.

For the purpose of our discussion, dissociation may be understood as a defense against the overwhelming effects of trauma. When faced with a life-threatening situation, an individual is suddenly thrown into a state of upheaval—an onslaught of intense emotions in addition to the shock of experiencing an event completely outside of one's day to day existence may be too much to bear. Naturally, an individual under severe stress may wish to distance himself or herself from the event. The process of dissociation allows an individual to do so.

Though the following dissociative symptoms are rather diverse, they are all common reactions to trauma that constitute a dissociative experience—a state of distorted or limited awareness which cause a change in consciousness, memory, identity, or how one views his or her surroundings. Dissociative symptoms which occur during and/or immediately after the trauma are termed peritraumatic dissociative symptoms: *derealization*, a dreamlike sense that one's surroundings are unreal; *depersonalization*, a sense of being disconnected from one's body; *time distortion*, a sense that time is either slowing down or speeding up; emotional numbing; body numbing; lack of pain perception; the inability to move or speak; and the commonly reported "out of body experience" (Marmar et al., 1996). Traumatized subjects may report mentally leaving their bodies at the time of trauma, as though observing themselves from a distance. By experiencing the

event as spectators they may protect themselves from the full impact of the event.

When an individual dissociates, their cognitions becomes limited such that they may temporarily continue as if nothing has happened (Christianson & Nilsson, 1984). This seems like an appropriate manner of coping with the immediate effects of the trauma. However, there is a sizable body of literature suggesting that peritraumatic dissociation is associated with subsequent PTSD. It has even been suggested that peritraumatic dissociation may be the very reason why some people exposed to trauma develop PTSD and others do not (Breslau, Davis, Andreski, & Peterson, 1991; Davidson, Hughes, Blazer, Dan, & George, 1991). While researchers have identified several risk factors for PTSD, such as a history of exposure to traumatic events, exposure to multiple traumatic events, exposure to childhood sexual or physical trauma, and the subjective experience of fear for one's life (Breslau, Chilcoat, Kessler, & Davis, 1999; Freedy, Resnick, Kilpatrick, Dansky, & Tidwell, 1996) there is a great deal of evidence suggesting that if an individual experiences peritraumatic dissociation they may be more likely to develop PTSD. We will briefly summarize the literature to bring the reader up to date with the most current understanding of the link between dissociation and PTSD.

#### Peritraumatic Dissociation: Literature

Peritraumatic dissociation has been linked to the development of PTSD and PTSD symptom severity in various traumatized samples, including combat veterans (Marmar et al., 1994; Tichenor, Marmar, Weiss, Metzler, & Ronfeldt, 1996), emergency services personnel (Shalev, Peri, Canetti, & Schriber, 1996), and natural disaster survivors (Koopman, Classen, & Spiegel, 1994). However, whether peritraumatic dissociation is a direct cause of PTSD remains to be seen. Several studies have demonstrated that peritraumatic dissociation was not predictive of PTSD (Marshall & Schell, 2002; Holeva & Terrier, 2001), while more recent studies propose that there may be a mediating variable between the two, such as peritraumatic fears of death and feelings of lacking control (Gershuny et al., 2003).

There is another convincing body of literature suggesting that persisting dissociation (dissociation which continues for weeks after the trauma) may better account for subsequent PTSD than peritraumatic dissociation. Several groups of researchers have found that persisting dissociation is associated with subsequent PTSD (Briere, Scott, & Weathers, 2005; Murray, Ehlers, & Mayou, 2002; Panasetis & Bryant, 2003). As one can see, the relationship between peritraumatic dissociation and subsequent PTSD is rather ambiguous, though in reviewing the literature we have broadened our understanding of the connection between trauma and dissociation.

Now that we have briefly elaborated on the dissociative responses which characterize Elle's PTSD, we may begin our detailed and

comprehensive case study. The following section is a description of Elle's PTSD symptoms as seen throughout the film, *Hiroshima, Mon Amour*. Clinical descriptions of Elle's pathological behavior are integrated with examples from the film. In this investigation, film analyses provide a viable means to illustrate the complexities of traumatic response.

### Elle's Analysis: 14 Years in the Wake of Trauma

Elle is a 34-years old, living and working as a successful actress in Paris with her husband and two children. In present day Hiroshima, Elle's increasingly pathological behavior suggests she is suffering from PTSD. As described in Chapter 1, she developed PTSD after witnessing the death of a young German soldier whom she loved in her hometown of Nevers. In the year following this trauma, she displays dissociative PTSD symptoms involving avoidance and numbing. Fourteen years later in present day Hiroshima, Elle continues to manifest characteristic PTSD symptoms that are primarily dissociative in nature. To a lesser extent, Elle suffers from symptoms in Criterion B, notably intrusive recollections of the trauma.

The film depicts two time periods during which Elle presents characteristic symptoms of PTSD—the year immediately following the trauma, as well as 14 years later in Hiroshima. During this 14-year gap, the viewer has no basis with which to judge her progress. Elle provides no insight into her life during this period, except a few banal details: She moved to Paris, met her husband, and had two children. Did she recover from PTSD

after leaving Nevers, or did she continue to experience intrusive thoughts of the event over the next 14 years? Does her PTSD simply go through a latency period until she arrives in Hiroshima?

The only answer that the film provides to these questions regards her recovery process, when Elle reveals that she has not spoken with anyone about her traumatic experience in Nevers. It is difficult to imagine that without a support system to help her cope with the devastating loss, Elle could have gotten over the trauma as easily as she suggests. Outside of the hotel, Lui asks “When did you get over your madness?” (Duras, 1960, p. 37). Quietly, Elle responds “It went away little by little. And then of course when I had children” (Duras, 1960, p. 37). Though she attempts to put on a convincing performance in order to assure Lui of her mental stability, she cannot disguise the note of uncertainty in her shaking voice. This forced confidence can only suggest to the viewer that perhaps Elle never overcame her “madness”.

Further, Elle alludes to her nightly dreams of Nevers, implying that the trauma remains a constant presence in her thoughts. In her commitment to maintaining a seemingly normal lifestyle, she suppresses her memories without ever confronting them. Chapter 3 discusses the benefits of talk therapy and narrating one’s experience, though for now let it be stated that talking about the trauma is an essential step to recovery. Before coming to Hiroshima, Elle has never spoken to anyone about Nevers, and Lui is the only person with whom she shares her story. In light of this knowledge, we may



justly conclude that Elle has suffered from chronic PTSD for the past 14 years. Though her symptoms have changed with time, she fits the criteria for PTSD in both of the periods depicted in the film.

Witnessing the death of a loved one qualifies as a traumatic experience, but according to the DSM-IV, a precipitating traumatic event is not sufficient to make a diagnosis of PTSD. The victim's emotional response to the trauma must be taken into consideration before a diagnosis can be made. This goes back to Janet's theory of dissociation, which stressed the essential role that emotions play in determining pathological response. According to Janet, the intensity of one's emotional reaction to the trauma accounts for resulting psychopathology. He postulated that an individual who experiences "vehement emotions" (Janet, 1909) during the trauma is more likely to have a maladaptive response than someone who does not. Therefore, determining Elle's emotional reaction to the trauma is of great importance to understanding her PTSD.

Before we may fully understand how she reacts to the soldier's death, we will account for any precipitating circumstances that may have exaggerated her response. First of all, we must consider the great risks which Elle takes in order to continue her relationship with the young German. In carrying on this affair, she defies the wishes of her community and risks public scorn. Illicit relations between Frenchwomen and German soldiers were considered treacherous affairs by the French, who were none too pleased to have their country occupied by the German Army from 1940 to

1944. Under the rule of a foreign invader, the French felt cowardly and defeated. In an attempt to regain a semblance of control, any Frenchwoman suspected of an affair with a member of the enemy army was sentenced to public humiliation and taken into the center of town where her head was shaved (Novick, 1968, p. 4). When Elle continues to meet the soldier to consummate their affair, it is a great danger to her social standing.

In doing so she not only risks defiling her own name, but her family's name as well. Her father owns a drugstore that depends on the business of the community, and her affair with the soldier places the livelihood of her entire family in jeopardy. Further, the viewer understands her parents to be caring and attentive providers, suggesting that her affair with the soldier is in no way an act of rebellion. Her complete willingness to betray the family whom she loves testifies to the extent of her emotional attachment to the soldier.

If we are to truly understand her reaction to the trauma, we must stress that Elle is at an emotional high as she runs into the woods to meet the soldier that day. Recall that she plans to run away with him to be married, and as one would expect her journey through the deserted countryside is full of anticipation and joy. The film provides us a few snapshots of this journey, the moments leading up to her discovery of his body. Through a series of tracking shots we see Elle sprinting through wooded paths, hurdling over fences, and bounding through empty fields to reach her love. With her dress

billowing behind her, she comes to the top of a hill overlooking a riverbank where they have agreed to meet.



*Figure 1: Young in Nevers, moments before discovering the soldier's body*

Moment before she looks down to discover the bloody soldier writhing on the ground, this shot of Elle on the top of the hill reflects her emotional state. She is overlooking the precipice of happiness, embodying the unapologetically raw nature of being in love for the first time. With this single shot, Resnais justifies the suffering and anguish which Elle continues to experience 14 years later in Hiroshima. The soldier's death is a truly devastating experience, for she has given herself to their love entirely. We can only imagine how drastically her emotional state is about to plummet.

We never see the moment at which Elle discovers the body. Perhaps Resnais excludes us from this experience because her horror is beyond cinematic representation. Recall his words from Chapter 1, that "if you tried to somehow show something very real on screen, the horror disappeared." Even if we had seen the look of shock on her face, it is unlikely that the viewer would have understood the extent of her internal devastation. Rather

than attempt to represent the horror of such a realization, Resnais leaves it to the imagination of the viewer. While an insightful artistic decision, it does not aid in our PTSD diagnosis.

As the DSM-IV requires for a diagnosis of PTSD, the victim's response to trauma must involve intense fear, horror, and/or helplessness (Criterion A2), a judgment that we cannot concretely make in this case. However, based upon our analysis of the precipitating circumstances, we may reasonably infer that Elle reacts to the trauma with tremendous horror.

In fact, it seems likely that her horror is of such an overwhelming nature that she dissociated at the time of trauma. As we briefly noted, peritraumatic dissociation (dissociation which occurs during and/or immediately after the trauma), is a way of protecting oneself from experiencing the full impact of the trauma. Again, we do not see the moment at which Elle discovers the body and therefore cannot provide any specific example from the film to finalize this claim. That being said, Resnais provides a great deal of support for us to reasonably conclude that Elle dissociated at the time of trauma.

#### Does Elle dissociate during the trauma?

Upon witnessing the death of her lover, a man that Elle was prepared to marry, the viewer expects hysterical crying, shrieking, perhaps even anger from Elle. We do not expect to see her quietly lying over the body as she does. It appears that Elle is dissociated, and is likely experiencing a range of

peritraumatic symptoms. Based on her conversations with Lui, we will briefly describe the peritraumatic symptoms which Elle may have experienced at the time of the trauma.

After she discovers the soldier on the riverbank, Elle describes how she lays over his body through the night and into the next day, completely unaware of how much time has passed. This may be due to time distortion, a peritraumatic symptom in which the individual experiences time as speeding up. After spending nearly 24 hours in the same position, we must assume that her sense of time was severely altered. Further, Elle recalls that it rained while she was with the body, though she did not feel cold. If she were soaking wet for this long period of time yet felt nothing, it is likely that she experienced body numbing and/or lack of pain perception. Additionally, she did not eat or drink for an entire day. Clearly she felt disconnected from her body after the trauma, a condition called depersonalization. Later she describes the experience to Lui: "The moment of his death actually escaped me, because... because even at that very moment... I couldn't feel the slightest difference between this dead body and mine" (Duras, 1960, p. 65). Here, she articulates the experience of depersonalization. Not only is she *emotionally* numb to the pain of his death, so is her body.

After members of her community find her in the countryside the next day, we may presume that Elle is in a state of derealization, a dreamlike sense that one's surroundings are unreal. When they take her into the center of town she seems to be in a daze. Though the townspeople jeer at her, condemn

her as a traitor, and mock her shaved head, the judgments of the outside world are inconsequential to Elle since nothing around her feels real. It is in this state of derealization that she wanders the street for what appears to be a number of hours before finding herself in front of her parent's home. It is dark by this point, and her parents are at the window waiting for her. Elle's mother rushes to her, but when Elle falls into her mother's arms she does not appear to recognize her.

During the following year, Elle falls in and out of her dissociated state. She displays a limited range of affect (Criterion C), never crying but rather staring blankly at the walls in front of her. When Lui asks whether she experiences any anguish during this period, she responds, "No. I'm numb" (Duras, 1960, p. 61). Although during the vast majority of this period she is emotionally vacant, Elle mentions several episodes during the year in which she finds herself unconsciously screaming. These hysterical episodes scare her mother and she locks Elle in the cellar for fear she may be a danger to other people, but in the cellar Elle is only a danger to herself. Though she scrapes her hands along the rough walls of the cellar until they bleed, her face does not register the pain and we may again assume that she is depersonalized.

We have established that Elle dissociated at the time of trauma, and that her dissociative state continued into the following year. As we will find in the following assessment, most of the PTSD symptoms that she exhibits in present day Hiroshima are dissociative in nature. This pattern is supported by clinical literature.

If one dissociates at the time of trauma, they may continue to use dissociation as a coping mechanism to deal with other stressful life experience (Bremner, Steinberg, Southwick, Johnson, & Charney, 1993; Cardena & Spiegel, 1993; Chu & Dill, 1990; Saxe, van der Kolk, Berkowitz, Chinman, & Hall, 1993). Resulting in a chronic sense of disconnection from others and a subjective sense of “deadness”, the long-term consequences of dissociation may have deleterious effects on an individual’s wellbeing. In light of this knowledge, it may come as no surprise that dissociation remains the primary defense that Elle employs when faced with stressful experiences in Hiroshima. Further, we may begin to understand why the vast majority of Elle’s PTSD symptoms are dissociative in nature.

### *Intrusive Recollections*

While most of Elle’s symptoms fall under Criterion C, Elle also exhibits several symptoms from Criterion B. These symptoms refer to the intrusive nature with which trauma continually reinserts itself into the lives of traumatized individuals. Elle experiences several intrusive flashbacks throughout the course of the film (Criterion B1). These hallucinatory intrusions are conveyed cinematically as startling images inserted unexpectedly in present day Hiroshima. One such flashback occurs in the beginning of the film, as Elle is waiting for Lui to wake up in her hotel room. While sipping her coffee on the balcony, she glances over to Lui and suddenly

we are outdoors, zoomed onto an anonymous hand lying limply on the ground.



*Figure 2.a. Lui laying in bed triggers a memory      Figure 2.b. The Soldier's hand*

This is the first of a series of intrusive flashbacks that threatens to disrupt Elle's present day narrative. Lasting only a few seconds, this shot is highly disconcerting to the viewer who has no basis for Elle's story at this point. The unexplained visual flashback interrupt the film's narrative, suggesting that it is as unexpected for Elle as it is for us.

As we have mentioned, Elle admits to having recurrent distressing dreams of Nevers (Criterion B2). The viewer can only imagine the countless nights that she has spent plagued by horrific images of the soldier's dead body. She also appears to experience dissociative episodes during which she feels as though she were reliving the trauma (Criterion B3). As she relives these memories she often grabs Lui's hand, though the viewer has the distinct impression that Elle's attachment is not directed towards Lui, but towards the soldier. She clings to Lui like she had clung to the soldier 14 years ago on the bank or the river.



*Psychological stress to external cues resembling the trauma*

Watching a loved one die is an event universally accepted as a terrifying experience, a legitimate trauma known as a “true alarm” in clinical literature. Understandably, anyone exposed to this kind of horror is warranted to experience overwhelming emotions—grief, rage, and helplessness among them. PTSD develops when a victim develops aversions to situations that symbolize or resemble aspects of the traumatic event, aptly termed “learned alarms” (Barlow, 2002). When learned alarms are triggered, psychological stress ensues. In *Hiroshima*, Elle experiences intense psychological distress to external cues that symbolize or resemble aspects of the traumatic event (Criterion B4). So what is Elle’s learned alarm?

Though it is difficult to pinpoint exactly what aspects of Lui reminds her of the traumatic event, there are clear parallels between Lui and the German soldier. Notably both of these affairs are marked by extreme passion. Chasing Elle down after their first night together, Lui proclaims, “You give me a great desire to love” (Duras, 1960, p. 41). In an effort to stop herself from reciprocating the feeling, she deflects him by responding “Always... chance love affairs... Me too” (Duras, 1960, p. 41), as though Lui is nothing more than a one-night stand. When Lui counters that their affair is different, she promptly directs the conversation towards the weather. She does not wish to entertain the idea that Lui may be the closest she has come to “the taste of an impossible love” (Duras, 1996, p. 73). However as her emotional attachment to

Lui grows stronger, her subconscious warns her that Lui is dangerously similar to her lover in Nevers, and she risks the possibility of being re-traumatized.

### *Avoidant Behaviors*

Elle has learned to protect herself against the agony of Nevers by avoiding any reminders of the event (Criterion C1). For Elle, it is easier to stop thinking about Nevers altogether than to risk re-experiencing the suffering caused by trauma. As she explains, "It's sometimes necessary to keep from thinking about these difficulties the world makes. If we didn't we'd suffocate" (Duras, 1996, p. 70). For fourteen years she has managed to avoid any reminders of the event. Before coming to Hiroshima, she has not spoken of the trauma. Even those people closest to her in Paris—her husband, her children, and her friends—do not know about the soldier's death. Consequently, she has not had to confront the trauma in quite some time. But Lui takes such a profound interest in her past that she is forced to actively deter conversation away from the subject.

In the beginning of the film, Elle persistently avoids conversations associated with the trauma. If she answers Lui's questions it is only in the hopes of dissuading the subject from coming up again. However as the film continues and Elle begins talking about the trauma, we realize that she cannot simply be avoiding conversations of the past. Her avoidant behaviors are directed to something much larger, and the underlying source of her

distress is tied to the external cues that resemble aspects of her trauma. Recall that learned alarms are triggered when Lui reminds her of the soldier. In order to prevent the psychological distress associated with these alarms, Elle adapts avoidant behavior, a process which results from classical conditioning.

The importance of classical conditioning in the development of PTSD has been demonstrated in a number of studies (Keane, Fairbank, Caddell, Zimering, & Bender, 1985; Orr, Metzger, & Pittman, 2002). One of the fundamental laws of learning tells us that anxiety can be learned through a process of association. Classical fear conditioning occurs when a neutral stimulus is present during a fear arousing experience. Once the previously neutral stimulus becomes associated with fear it can elicit panic on its own. In order to prevent the pain and anxiety caused by these situations, an individual will avoid the stimulus associated with the trauma, a defining feature of PTSD in DSM-IV (American Psychiatric Association, 1994). We know that the fear arousing experience is witnessing the death of the soldier, but what is the neutral stimulus?

The neutral stimulus cannot simply be forbidden sexual interaction, as Elle admits to having had a number of one-night affairs before coming to Hiroshima. We find her in a blissful daze after her first night with Lui, with no indication that their physical intimacy is cause for panic. It is not until their relationship becomes more emotionally significant that her avoidant

behavior resurfaces. Has she developed feelings for Lui that resemble the feelings she felt toward the soldier?

When Lui invites her to his home, she exhibits some apprehension at the possibility of a learned alarm being triggered. Though she appears wary to go with him, her fear is not strong enough to keep her from following him. It is only after Elle has begun to share her story that she realizes her love for Lui is equal to the love she felt for the soldier. We see fear enter her expression at this moment, as a learned alarm is finally triggered and panic strikes at the possibility of losing yet another love.

For Elle, the neutral stimulus is being in love. Though a rather sweeping statement, it seems that passionate love is something which Elle has avoided since the soldier's death. Even though she is married, Resnais proposes that she was never truly in love with her husband. When speaking of her marriage, Elle calls herself "a woman happily married" (Duras, 1996, p. 46), referring to herself in the 3<sup>rd</sup> person as if she were gazing at her marriage from a distance, almost with a sense of indifference. It may be a happy marriage on the surface, but not likely one filled with passion.

### Numbing

Janet noted that traumatized individuals react to reminders of the trauma with responses that had been relevant to the original threat, but were no longer of adaptive value (van der Kolk, 1996, p. 52). When Elle dissociated at the time of trauma, she protected herself from the unbearable pain of the

situation by splitting her consciousness. This was an adaptive manner of coping with the trauma at the time, but in present day Hiroshima she continues to respond to reminders of the trauma by dissociating. There is a look that often appears in Elle's eyes that suggests she is dissociated. It is a far off look, as though she were seeing into the traumatic past. But however close she comes to reliving the emotional intensity of these memories, Elle often withholds herself from an emotional release.



*Figure 3: Dissociation and disconnection*

Elle turns to alcohol in the hopes of numbing her emotional arousal. Gulping down beer after beer as she sits in the bar with Lui, she becomes increasingly drunk as her narrative past approaches a cohesive whole. The subduing effects of alcohol again suggest an aversion towards emotional intensity.

This is an exhaustive description of the PTSD symptoms that Elle displays immediately after the trauma and 14 years later in Hiroshima. We have shown that her PTSD is primarily characterized by dissociative symptoms falling under Criterion C. As we have ascertained, dissociation complicates recovery to a certain degree. However, 14 years is an unusually

long period of time to have PTSD. Below are several factors that may have contributed to the maintaining of her PTSD.

### Emotional Support

One of the primary devices needed for recovery from trauma is a social support system. After betraying her country by sleeping with an enemy soldier, she is essentially shunned from the community. Any friends that she might have had will no longer speak with her. The responsibility falls to her parents, who prove similarly incapable of providing comfort. While Elle's mother clearly loves her, she has no idea how to handle her hysterical condition. Rather than attempting to talk with her, Elle's mother treats her as though she were mentally ill and incapable of conversation. The childish white nightgown that Elle wears in these scenes is a testament to the uncertainty that Elle's mother feels in how to best handle her daughter. By dressing Elle in what is essentially a hospital gown; the viewer understands that her mother sees her as infected or diseased. Instead of acknowledging that the soldier's death may have been a deeply traumatizing event for her daughter and the source of her hysterical behavior, she assumes that her irrational behavior is a sickness. Her mother interacts with Elle from a distance, perhaps for fear of becoming infected with the madness. As Elle explains, "Every night she looks carefully at my head. She still doesn't dare come near me" (Duras, 1960, p. 60), illustrating the notion that although she may be physically close to Elle, she is psychologically distant. In subsequent

chapters, the importance of talking about one's trauma, of constructing a narrative of the event, is identified as playing a vital role in one's recovery from trauma. For now let it be stated that her mother's distanced manner is not an appropriate method for treating Elle.

Elle's father provides even less support than her mother. In the wake of the German Occupation, French males suffered significant emasculation, fearing that their inability to stave off the German forces labeled them as cowards by the rest of the world. A French woman engaging in sexual relations with the very men who had shamed the French would have dealt a heavy blow to the collective male ego. As such, these women became the scapegoats for male frustrations after the war and were sentenced to public humiliation in the form of head shaving. For Elle to have her head shaved would have been a shameful experience for her father. Not only is his daughter a traitor and a polluted woman, she will certainly ruin his business.



*Figure 4: Elle's despondent father*

From this shot, the viewer senses the toll that the war has taken on her father. His eyes are expressionless, his frown wilted—there is no animation left in his features. In the background, we see the empty shelves of his drug

store, on the verge of bankruptcy after the disgrace that Elle has brought onto his name. Through this cold gaze, we feel a blatant disregard for Elle's recovery. The counter blocking the foreground of the shot speaks to the metaphorical distance that he has placed between himself and his daughter. Elle believes that while she is in the cellar, "They pretend I'm dead, dead a long way from Nevers. That's what my father wants. Because I'm disgraced, that's what my father wants" (Duras, 1996, p. 55). Clearly, she felt a great deal of shame from her father. When she moved to Paris, one of the reasons she did not share her story with anyone is because she associated the story with shame. Perhaps she assumed that her husband, a Frenchman, would look down on her as well. By this token, if her father had not reacted with such profound disgust to her relationship with the German, she might have felt more comfortable talking with her husband about the trauma, and with his support she might have recovered from her PTSD faster.

In the following chapter, we go one step further in discussing Elle's behavior, though we will conclude our case study. In accordance with the trajectory of this paper, we will extend our discussion of Elle's traumatic response into the next chapter, focusing on the concept of dissociation as a framework to discuss trauma in relation to memory.



### Chapter 3: The Remembering & Forgetting of Trauma

Chapter 2 introduced PTSD as the predominant factor contributing to Elle's distressed behavior in Hiroshima, providing a description of her presenting clinical symptoms as seen throughout the film. To reiterate, Elle's traumatic response is characterized less by PTSD symptoms promulgated by the media, such as an exaggerated startle response, and more by dissociative symptoms: avoidance, and numbing. In addition, we have identified several factors that may have contributed to the chronic nature of her PTSD. Now we continue our exploration of Elle's traumatic response with an emphasis on dissociation. The following chapter focuses on the complex interaction between dissociation and memory: How are Elle's memories affected by dissociation? In answering this question, we will demonstrate how these dissociated memories affect her present day behavior in Hiroshima.

Again, this paper hopes to cultivate an appreciation for traumatology by articulating the power of a traumatic experience. *Hiroshima, Mon Amour* presents us with an excellent opportunity to do so. At the heart of the film is the matter of time, and how one's past affects one's present. Memory is the process by which we may remember the past, but when dissociation occurs it alters one's ability to recall these memories. If the past cannot be remembered, it cannot be integrated into one's present.

We know that Elle has all but forgotten the trauma of her German lover's death before coming to Hiroshima, and it is only upon meeting Lui that the memory of the trauma resurfaces. She has several intrusive

flashbacks of the trauma, recollections that she reacts to with psychological distress. Based upon her reaction, the viewer infers that these intrusions are both painful and unexpected for Elle. This may be the first time she has remembered the trauma since it happened. Up until this flashback Elle has appeared quite at ease, seductive and flirty in her interactions with Lui. Now her eyes become more haunted than playful, her frown reflecting concern and uncertainty at the prospect of more unexpected flashbacks.

Eventually Elle succumbs to the inevitable confrontation with her past. At the urging of Lui, Elle begins the painful process of remembering the trauma. Much to the credit of Resnais, these memories cinematically represent the fragmentary quality of dissociated memory. She remembers the trauma in pieces; each of these memories lasting only a few seconds before Resnais quickly cuts back to the present. It is the disjointed nature of Elle's memories and the rapidity with which they occur that we may reasonably call them dissociated. Recall that dissociation may be understood as a way to fragment the traumatic experience such that the victim is not forced to interpret all aspects of the trauma at once. Dissociated memory reflects this same fragmentation. The trauma is not stored as a cohesive event, but rather as a series of visual snapshots.

### Forgetting Trauma

In the previous chapter we noted that the film does not depict the moment at which Elle discovers the soldier's body. Based on the precipitating

circumstances of the event we were able to infer that her traumatic response involved intense horror, but this scene is only one of the many pieces missing from our understanding of the trauma. The viewer is only privy to certain fragments of the experience, leaving entire gaps in her memory.

Dissociative amnesia is defined in the DSM-IV-TR as “an inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness” (American Psychological Association, 2000). Based on the film’s presentation of the trauma, for which we are only privy to certain fragments, we may conclude that Elle experiences dissociative amnesia. The earliest trauma theories observed the link between trauma and forgetting. Janet observed that an inability to remember the trauma had “frequently been found to accompany intense emotional experiences in the form of continuous and retrograde amnesia” (Janet, 1909b). In coping with the overwhelming nature of the trauma, the traumatic memory could be temporarily forgotten. But does recent literature support Janet’s theory? Does intense emotion impair memory for traumatic events?

Two hypotheses have guided the research of emotional stress on memory, the first positing that stress improves memory, but only up to a point of optimal arousal. After this point, stress begins to impair memory; the relationship is described by Robert Yerkes and John Dodson (1908) as an inverted-U function. However, subsequent research has proved this hypothesis wrong: high levels of stress do not in fact impair memory. A

second hypothesis from J.A. Easterbrook (1959) better fits the evidence. Easterbrook believed that high levels of arousal direct attention to central features of a traumatic event, while taking away attention from peripheral features. For example, a victim of sexual abuse may vividly remember their attacker's face but have no memory for trivial features of the experience such as the color of the attacker's shirt.

A study conducted by Elizabeth Loftus and Terrence Burns (1982) had subjects view either a violent or nonviolent videotape of a simulated bank robbery. After viewing the tape, subjects were given a memory test regarding certain aspects of the film. Over 90 percent of subjects in both groups answered 7 of 16 questions correctly. However, when asked to recall the number on a football jersey a boy in the videotape was wearing, 27.9 percent of subjects who watched the nonviolent tape gave correct answers compared to the 4.3 percent of subjects who watched the violent tape. Clearly, subjects failed to encode peripheral, not central, details of the traumatic event due to high levels of emotional stress.

Further clarifying the way in which people encode and remember traumatic events, Sven-Ake Christianson (1984) had subjects view a slide sequence, one of which depicted a boy being hit by a car. Two weeks later, subjects who had seen this version were better able to recall central features of the slides than subjects who had seen a more neutral version of the slide show. Alafair Burke found a similar conclusion: Subjects who witnessed a more emotional sequence remembered plot driven, central features better

than did subjects who witnessed the neutral sequence (Burke, Heuer, & Reisberg, 1992). Overall, research indicates that central features of the memory are retained at the expense of peripheral details, which fade or change with time.

When Elle arrives in Hiroshima, it seems that she has all but forgotten the trauma in Nevers. But can an individual truly forget such a horrifying experience? Confirming the presence of dissociative amnesia is difficult, as we do not know whether the missing traumatic information was encoded but somehow inaccessible, or whether it was never encoded in the first place. As the first systematic investigator of dissociation and related phenomenon, Pierre Janet was the first to theorize that dissociation played a critical role in determining how well a patient adapted to a traumatic experience. As we discussed in the last chapter, Janet implicated overwhelming emotion as the cause of traumatic memory being dissociated from consciousness (van der Kolk, 1996, p. 50). He also observed that if the memory was not in one's conscious awareness, it could be temporarily forgotten.

Although the memory might be dissociated from awareness, Janet contended that the memory continued to express itself in non-narrative form. He developed this hypothesis after his work with Irene, a 22-year-old woman who developed dissociative amnesia after her mother's death. Irene had been particularly attached to her mother, but could not remember any details of the day that she died, nor the three months preceding the event. She also experienced strange episodes during which she found herself unconsciously

reenacting the movements that she had made while attending to her mother on the day that she had died. Although she could not verbally recall the event, it appeared that the memory of the event was still being expressed. He concluded that she had not, in fact forgotten the trauma (McNally, 2003, p.177).

Recall that during the year she spent in Nevers, Elle had several episodes during which she found herself hysterically screaming. It is likely that these unexplainable outbursts were the result of the memory of the trauma being expressed in non-narrative form. Just as Irene found herself reenacting the movements she had made on the day that her mother died, Elle finds herself screaming because she had screamed when she discovered the soldier's body. These hysterical episodes may indicate that Elle had retained the memory of the trauma, despite her inability to verbally express it. Though she dissociated the traumatic memory from awareness, it was not forgotten.

Research on this topic indicates that deliberate attempts to suppress emotionally disturbing thoughts are not only inefficient, but they tend to backfire (Wegner 1994; McNally & Ricciardi 1996). Despite the strong motivation to forget traumatic material, research indicates that trauma survivors are no more capable of forgetting than anyone else, hence attempts to banish traumatic events from consciousness should not be confused with success at doing so.

As we have demonstrated, Elle's PTSD is inextricably linked to dissociation. Based on the lack of memories that she can voluntarily recall

from the trauma itself, we may infer that she suffers from dissociative amnesia. However, the reader may be confused as to how Elle's intrusive flashbacks may continue to occur if she has forgotten the experience. This observation has been supported by researchers who propose that PTSD may originate in an individual's ability to access dissociative states (Spiegel & Cardena, 1991). How can vivid, intrusive recollections of the trauma count as dissociative amnesia? Surely, constantly reliving the trauma cannot be equated with an inability to remember it? As illustrated by Janet's study of Irene, even though one may be unable to voluntarily recall the trauma, the traumatic memory is never truly forgotten.

### Remembering Trauma

We have discussed the dissociative processes by which Elle may have forgotten the trauma, or rather temporarily forgotten it, but we have yet to tackle the issue of how she comes to remember the event. This is an important matter to investigate, as remembrance is the process by which she eventually recovers from her trauma. The basis for Lui's therapeutic intervention in Hiroshima involves a psychoanalytic approach, based off of Freud's understanding of trauma.

Facilitated by Lui, Elle begins the process of narrating her experience in Nevers—her cure so to speak. As Lui encourages Elle to delve further into the past, it appears that he takes on the role of her psychoanalyst. Indeed, many critics note that the latter half of the film serves as a window into the

psychoanalytic talking cure (Davies, 2010). This psychoanalytic approach is predicated on the belief that a traumatized subject cannot move on from a traumatic event because of their inability to fully comprehend their experience. Both the enormity of the event, as well as its sudden disruption of normal life cause a rupture in one's reality, preventing the memory from ever entering consciousness—the moment of traumatic exposure is essentially a missed experience (Caruth, 1996). The traumatic memory remains inaccessible, surfacing only in brief flashbacks before quickly diving back to the unconscious. When all of these fragmented pieces fail to cohere into a comprehensible unity, the victim cannot make sense of the experience, becoming trapped in a cycle of repetition.

In this sense, traumatic memories are in a pre-narrative state of mind that has no representation. Before the trauma is narrated, it cannot exist in a form that the victim can access voluntarily. It is only through narrative construction, verbally recounting the traumatic event, that the memory gains a representational form (Sturken, 1998). When one has formed a narrative memory of the trauma, the past can be reconfigured into a form that will be integrated into the present. As is the goal of most therapy, integration is adaptive in that it allows the individual to push forward, to assimilate the memory into their personal history (Herman, 1992, p. 179). By creating a logical narrative, the experience can be processed, and eventually integrated into consciousness where emotional investment in the experience wanes and



the traumatized individual no longer experiences intrusive recollections of the traumatic memory.

Though both Janet and Freud considered narrative construction to be the ultimate goal of therapy, they had their own theories behind the approach. According to van der Kolk & van der Hart (1991), the fundamental theoretical difference between Janet's approach and Freud's regards repression: From Freud's psychoanalytic point of view, memories are actively repressed from one's consciousness, though from Janet's perspective, dissociation is not an attempt to repress the experience, but rather a natural response to overwhelming emotion. Repression suggests the extraction of memories from consciousness, and according to Janet, dissociation kept traumatic memories from ever reaching consciousness (Janet, 1904).

Janet advocated therapy that targeted dissociated memories. By asking the victims to create a coherent story of their trauma, the memories could be brought into consciousness where they would be integrated. He observed that traumatized individuals struggled to construct a coherent narrative of their trauma, "unable to make the recital which we call narrative memory, and yet they remain confronted by [the] difficult situation" (Janet, 1919/1925, p. 661). If the traumatized individual could not verbally articulate the experience, the memory was prevented from integrating with the rest of one's personal past. Thusly, the individual became "attached" to the trauma, fated to experience the memory in intrusive flashbacks (Janet, 1889).

In 1959 when *Hiroshima, Mon Amour* was written, conceptualizations of trauma were based on Freud's theory of psychoanalysis rather than Janet's theory of dissociation (van der Hart & Brown, 1992). Though both Freud and Janet stressed the role of synthesis and integration as the means by which individuals recovered from trauma, Freud termed his therapeutic process abreaction, a verbal reliving of the traumatic event that brings the memory into conscious awareness (Breuer & Freud, 1893-1895/1955). Over the course of the film, Elle constructs a story of her past through abreaction, verbalizing the narrative memory of the event. Broken by lapses in time, we only see fragments of her experience in Nevers. It is as though Elle herself has no timeline with which to judge the order that these events occurred. As she continues to speak of the trauma, the story gains a linear construction, but there are still gaps in her story.

Several research groups have studied the level of fragmentation and coherence in the narratives of PTSD patients. Asking patients to verbalize the memory of the traumatic event in as much detail as possible, the general finding is that narrative fragmentation is particularly common for individuals with PTSD. This finding is consistent with the work of other memory researchers who have postulated that PTSD narratives are reflective of disruptions in thought and memory (Foa, Moinar, & Cashman, 1995; Hembree & Foa, 2000). Narrative fragmentation is measured by the number of repeated phrases, speech fillers, and unfinished thoughts which disrupt the flow of one's story. Accurate chronological sequencing in one's narrative is

also taken into account. Further, Tuval-Masiach et al. (2004) found that trauma survivors that went on to develop PTSD communicated narratives that avoided peripheral details of particularly painful aspects of the trauma, details that are necessary for the formation of an accurate reconstruction of a traumatic event (Herlihy, Scragg, & Turner, 2002).

By the film's conclusion, the viewer is able to place the various fragments of Elle's memory into a logical sequence of events. The narrative has achieved sufficient coherence, chronological sequencing, and detail. But may we consider this grounds for recovery? There is evidence that narrative coherence is related to recovery from PTSD. For instance, Foa et al. (1995) evaluated the rape narratives of 14 survivors of sexual assault at the beginning and end of treatment, and found that decreases in narrative fragmentation over the course of treatment predicted improvements in PTSD symptoms.

However, we must note that an individual's ability to narrate their trauma may be a result of a third variable, such as cognitive ability (Gray & Lombardo, 2001). After all, certain individuals have higher levels of verbal intelligence than others, influencing their ability to provide a complex, articulate narrative of the trauma. By this same token, individuals that provide inarticulate memories of the trauma might be just as inarticulate in describing more neutral memories. Thus, we may make no conclusions as to how well Elle's coherent and verbally complex description of the trauma affects her recovery.

### Therapist and Narrative Construction

As we have established, memories are a series of visual snapshots, and in order to translate these images into words, a narrative must be constructed through therapy. The construction of the narrative becomes dependent on the therapist, whose job it is to facilitate this translation from image to narrative. As psychoanalyst Dori Laub writes, the listener is “the blank screen on which the event comes to be inscribed for the first time” (Laub, 1992). In this manner, the listener of a traumatic testimony becomes a primary witness to the event, “a co-owner of the traumatic event” (Laub, 1992).

When Lui assumes the role of Elle’s therapist, he becomes an essential part of the narrative that she creates of Nevers. Naturally, one’s therapist is expected to be caring and devoted, as Carl Jung stated, “Support and understanding of the therapist increases the patient’s level of awareness and consciously enables him once again to bring the autonomous dissociated traumatic memory under volitional control” (Jung, 1921-1922). However, there are limits to the encouragement that a therapist should give their patient. One cannot help but wonder how the intimate nature of Elle and Lui’s interaction complicates, and perhaps threatens to alter, her narrative.

There are several elements of Elle and Lui’s relationship that may affect her narrative. First and perhaps most importantly, there is an underlying sense of urgency in their interaction. Elle is leaving Hiroshima the next day, and Lui seems determined that she verbalize the trauma in their

last 24 hours together. Even when she is overwhelmed with emotion, Lui urges her to continue the narration and pours glass after glass of beer for her to drink. Much in the way that Elle seems to have an unquenchable thirst for alcohol, Lui has a thirst for details about Nevers. He is eager to know the story in its entirety, but in his frenzy for knowledge he pushes Elle too far. As we have demonstrated, Elle copes with emotional stress by dissociating from the experience. Upon Lui's urging, she narrates the experience of lying over the soldier's body, but she is not prepared to deal with the overwhelming emotion of the event and dissociates as a result. As she relives the horror of his death, she becomes lost in time, once again verging on madness. Not only has Lui pushed her into this disconcerting state, he has pressured her into providing a testimony that she is not ready to voice.

There is a danger in narrating the trauma before one is prepared to do so. Whether emerging in dialogue with a therapist or in group therapy sessions, patients in psychotherapy are encouraged to speak about their traumatic experience. Patients are told that talking is the means for recovery, and in this sense, talking becomes rewarded (Sturken, 1998). But what if patients are not ready to verbalize the trauma, and attempting to narrate the trauma prematurely leads to false memories? Lui encourages Elle to piece together a narrative that may not be completely true.

There is also the question of how their physical intimacy might color Elle's memories of Nevers and lead to a false testimony. After all, during the majority of the film she is in Lui's arms. She often remarks about the physical

similarity between Lui and her German lover—an image of Lui’s hand sparks her first memory of the soldier. Displacement is a common feature of memory, in which feelings regarding one event are transferred to another event (Sturken, 1998). Perhaps the distress that she feels in leaving Lui has been displaced onto her memories of the past, resulting in fabricated narration. Concurrently, the pain that she feels towards the soldier’s death may be a consequence of the anguish she feels in being separated from Lui the next day.

There is also a possibility that her memories of Nevers are affected by her location in Hiroshima. Psychoanalyst David Spence posits that the role of narrative fit may override the authenticity of recovered memories: “Conviction emerges because the fit is good, not because we have necessarily made contact with the past” (Spence, 1982, p. 32). Simply being in Hiroshima, a city with such a traumatic past, may have led her to create a narrative that mirrors its tragedy. Perhaps the narrative of Nevers is more a consequence of Elle being in Hiroshima than a reflection of what actually happened in her past. Let’s evaluate what the cost of these false memories may be.

There is a certain level of distortion that creeps into every memory. Returning to the issue of flashbulb memories, we see that memory distortions are rather inevitable, even in healthy individual’s. Obviously researchers cannot, arrange to be present when people receive shocking news, but they have used consistency of reports over time to measure the accuracy of flashbulb memories. If flashbulb memories are as lasting as they are believed

to be, then people should be able to consistently provide details that match those provided in the initial report.

Research shows that the longer the period between the initial assessment and the second assessment, the more distortion creeps into flashbulb memories. A study assessing memory for the announcement of the O.J. Simpson murder trial asked subjects to recall memories three days after the event, and then again either 15 or 32 months later. 98.4 percent of subjects at the initial assessment had flashbulb memories of the event, yet 15 months later only 50 percent of the memories matched the original reports. 32 months later, only 29 percent of the memories matched the original accounts. Further, these subjects continued to provide vivid flashbulb memories of the announcement, but their reports bore little resemblance to their original reports. One subject originally recalled hearing the verdict with his friends in a college lounge, then 32 months later recalled an equally vivid memory of hearing the news at home with his family (Schmolck, Buffalo, & Squire, 2000). Clearly, even a healthy individual's memories are not exempt from distortion. Further, Judith Herman, writes that, "The fundamental premise of psychotherapeutic work is a belief in the restorative power of truth-telling" (Herman, 1992, p. 178). If Elle believes that her memories are real, then they speak to a truth for her.

Resnais takes a similar stance. In an interview with Parisian journalist Joan Dupont, Resnais suggests that Nevers may be completely fictionalized: "You might even imagine that everything the [Elle] narrated was false; there's

no proof that the story she recites really happened" (Jones, 2003). In this manner, *Hiroshima, Mon Amour* is not concerned with the accuracy of Elle's memories as much as it is concerned with the experience of remembrance. Resnais seems to suggest that whether or not one's memories are real, the process of remembering is healing in and of itself.

After Lui enacts his treatment plan and Elle has purged herself of the horrors that occurred in Nevers, one would expect Elle to be pleased. After all, she is no longer trapped in a cycle of traumatic memory. Now that the memory has been integrated into the present she can think about Nevers without overwhelming emotion. However, it is precisely the loss of emotional investment in the memory that troubles Elle. We must remember that Elle witnessed the death of a man whom she loved, and while she does not want to remember the painful experience of finding him that day, she wishes to remember the German himself. After constructing the traumatic narrative, she cries out to him "Look how I'm forgetting you... Look how I've forgotten you!" (Duras, 1960, p. 73). Sharing her story with Lui has already caused the memory of the soldier to fade. For Elle, forgetting is not freedom from painful memory, but rather an experience of loss—both the symbolic death of her German love, and to a larger extent, the grave acknowledgment that any and every memory is susceptible to this same erasure. If her love for the German can be so quickly forgotten, does this not suggest the ephemeral nature of love itself? Perhaps the true source of Elle's distress is the realization that her love for Lui will one day be forgotten.



In this chapter we demonstrated how dissociation affects Elle's memories. Upon dissociating at the time of trauma, she experienced dissociative amnesia, accounting for her inability to recall central aspects of the trauma. She has also used dissociation to block memories from her mind. By constructing a narrative of the event, she brings her dissociated memories into conscious awareness where they may be integrated into her present reality. Questions of how dissociation affects memory can also be applied to the overarching narrative of the film—the story of Hiroshima. In our final chapter, we will elaborate Resnais' claims regarding historical trauma.

#### Chapter 4: The Remembering & Forgetting of Historical Trauma

##### Introduction

This final chapter expands our investigation of Elle's individual trauma to address the larger matter of collective trauma entangled in the film. The bridge between her traumatic narrative and the narrative of atomic

destruction is a crucial connection that has yet to be articulated, for it brings this paper closer to its overall claim: That the study of trauma is of universal importance in this day and age. Throughout this exploration we have shown the profound effects that trauma has had on Elle's life. Before coming to Hiroshima, she has lived a fragmented existence. One depends on their past to define their relation to the present, but Elle has dissociated her past from consciousness. Her search for identity in the wake of trauma is a compelling story, but ultimately just this—a story, a work of fiction. What gives the film its weight, what fills it with significance beyond an individual portrayal of trauma, are its larger implications regarding collective trauma.

*Hiroshima, Mon Amour* was not made with the intention of presenting a fictional story to the reader, but rather with the goal of extracting meaning from the bombing of Hiroshima. Recall that when Resnais was asked to make a documentary commemorating the atomic bomb, he told the producers at Argos Films that he could not do it—he had already explored the limitations of documentary knowledge in *Night and Fog*. Rather than satisfy the audience's desire to see the aftermath of Hiroshima as it really was, Resnais resisted this temptation and chose to explore what other kinds of connections to the past he could make in the most ordinary of conditions.

In his own words, Resnais wished to create "a macrocosm and microcosm" of suffering, a "funnel-shaped structure, moving from the infinitely vast to the infinitely small" (Burch, 1960). This structure does not use statistics to explore the subject of nuclear holocaust, but an example of

how one human life might be affected by trauma. From the very beginning of the film, the viewer recognizes that Elle is a catalyst for a narrative of far greater magnitude than one woman's battle with trauma. By simply referencing Hiroshima in its title, we understand the film's historical relevance before it has even begun.



*Figure 5.a. Atomic Dew*

*Figure 5.b. Lover's*

### *Sweat*

Above are the opening images of the film: various body parts—shoulders, elbows, hands—shot close-up, covered in an indistinguishable layer of matter. What we first perceive as two bodies clinging to each other in the wake of atomic destruction seamlessly transitions into the tangled embrace of two lovers. As atomic dew becomes the sweat of fulfilled love, Resnais sets the standard for the remainder of the film—Elle's narrative will always dominate the story of Hiroshima. He begins the movement that we alluded to before, transitioning from the macrocosm of suffering that is Hiroshima to Elle's microcosm of suffering.

The viewer may be surprised that the director begins in a banal hotel bedroom until we spy the name of the hotel: Hotel New Hiroshima. This is

one of the few direct references that Resnais makes to the narrative of Hiroshima. Of course there is the initial portion of the film that presents newsreel footage of the bomb and its aftermath, but comparatively this footage has a miniscule presence, a mere five minutes of the ninety minute film. This is one of Resnais' subtle achievements—although the bombing is rarely referenced directly, he assures that it is a constant presence in the viewer's minds.

The tragedy of Elle's past becomes magnified in our minds simply by virtue of its remembrance taking place in Hiroshima. Naturally, anything and everything that occurs here incites our greater collective memory of atomic destruction. Even with the concentrated focus on Elle's personal history, the horror of Hiroshima hovers over the entirety of the film like a heavy cloud, solemnly inserting its presence in both the narratives of Nevers as well as the present day love affair between the couple.

Hiroshima may cast its shadow over Elle's traumatic narrative, but it does not render her personal tragedy any less significant. Elle's story regards lost love, a more relatable experience than that of atomic destruction. The viewer can likely imagine the anguish of losing a loved one with greater ease than the horror of thousands of mutilated victims writhing in the wake of bombing.

Recall from Chapter 3 that Elle seemingly forgets her past through the process of dissociation. If Elle's story is so enmeshed with the story of Hiroshima, then what is Resnais implying about historical trauma? We will

now enter the arena of public consciousness, addressing the huge historical edifice that comprises our collective knowledge of past traumas.

### Forgetting Historical Trauma

In the previous chapter we explored the inevitability of forgetting, a consequence of dissociation. Now we must face what this means in terms of historical trauma. Just as Elle has all but forgotten Nevers before coming to Hiroshima, Hiroshima has dissociated the memory of atomic destruction from its awareness. The actual trauma has been glazed over, citizens and visitors choosing to focus on the future rather than being bogged down by the past. Apart from a few tourist attractions and various memorials throughout the city, the trauma has faded from consciousness. Even its inhabitants have moved forward, the streets are bustling with people on their way to work and school. In order to carry on with their lives, forgetting has become a kind of necessity.

Lui proclaims, "In a few years, when I'll have forgotten you, and when other such adventures, from sheer habit, will happen to me, I'll remember you as the symbol of love's forgetfulness. I'll think of this adventure as of the horror of oblivion" (Duras, 1960, p. 68). Resnais concludes that both love and horror can be forgotten. This is a universal quality that speaks to all of the stories found in the film—the story of Elle's German in Nevers, the story of Hiroshima itself, and the story of their present day love affair. All will be forgotten.

We may also employ the issue of dissociative amnesia to explain how we view Hiroshima from our contemporary standpoint. Given the volume and impact of wars and other atrocities in the last century, one would presume that these conflicts might have declined, yet violent wars continue to this day. How might we explain our inability to learn from events such as Hiroshima? Perhaps our tendency to avoid thinking about the bloody past is a defensive measure. Just as Elle dissociates to avoid thinking about her painful past, when looking back at Hiroshima we employ a similar defense to cope with our present day reality. Resnais posits that we distance ourselves from traumatic history because we must somehow continue living, necessitating that these memories are kept from everyday awareness. As one of the greatest atrocities ever committed against mankind, Hiroshima is a dark imprint on our nation's history. However, because we have relegated it to the inaccessible gallery of the past, it no longer causes us emotional distress.

In order to account for the fact that intolerable crimes are still committed to this day, we may look to the legacy of Freud. Encapsulating Freud's final exploration in trauma theory, *Moses and Monotheism* attempts to account for the historical trauma of entire cultures. Most notably, this text elaborates the concept of latency, how a memory of a traumatic event may be lost over time but eventually regained when triggered by a similar event. In this sense, he posited that national trauma engages and subsequently transforms memories of our past catastrophes. However, he goes on to say

that although we may recognize history as a complex web of crimes inflicted and suffered by humankind, because of the nature of repression, the lessons of these traumas can never be fully retained (Caruth, 1996). Perhaps this cognition is the very source of humankind's ambivalence to awarding appropriate significance to trauma. Just as Freud notes the inevitability of repression, in *Hiroshima, Mon Amour* Resnais suggests that forgetting is inescapable, due to the natural passage of time and its eroding nature.

### Rising to the Occasion

Although *Hiroshima, Mon Amour* was made 14 years after the atomic bombing of Hiroshima, the world was still reeling from the cataclysmic horror of World War II. Civilian involvement in World War II cemented it as a war of mankind against mankind, a war that somehow involved every nation. For the world to go about its business after such a universally shattering experience was a tall order. As one of the primary carriers of historical messages in our culture, visual media had a moral prerogative in the postwar era. To somehow define the horror of the war for those who had experienced it, and to a larger degree those who had no memory of the event, was a daunting task (Jones, 2003).

Resnais was one of the artists of the time who rose to the occasion. His cinematic aspirations go beyond the net of fiction, as he urges his audience to examine their own relationship to the past. In this sense, Resnais may be viewed as a morally responsible artist. However, rather than trying to teach

us the lessons of history, Resnais seeks to make a statement regarding man's attitude towards history: Though we learn from a composite of lessons drawn from experience, these lessons are easily forgotten. *Hiroshima, Mon Amour*, is a reminder that whatever insight we have gained from the past will fade from our minds. In this sense, Resnais makes the claim that trauma can never truly be prevented and people will inevitably suffer as a consequence.

We do not presume that traumatic situations can be stopped, but we do assert that subsequent pathology can be prevented. As we have established, in the immediate aftermath of a trauma, significant levels of dissociation appear to predispose an individual to develop PTSD and other trauma-related psychopathology. Whether or not there is a causal relationship between peritraumatic dissociation and PTSD remains to be seen. However, dissociation may be a mediating factor between trauma and subsequent pathology, meaning it serves as an important target for prevention and early intervention efforts. The question then becomes, who intervenes in a crisis situation, and how can they help manage traumatic stress?

Mental health professionals are seldom present at the time of traumatic exposure, and are rarely called on for immediate response. Trained to help those with already existing disorders, psychiatrists, psychologists, and social workers are consulted after the trauma has already caused its damage, when an individual seeks treatment for the various pathological responses they may have developed after traumatic exposure. Emergency services personnel—police officers, firefighters, ambulance staff—are the ones most frequently



called upon to help traumatized individuals, though their primary goal is to attend to the physical needs of the survivor rather than their psychological needs.

We are overlooking a key group of people who might be capable of preventing maladaptive responses to trauma. What about the strangers who happen to witness these traumas? Members of one's community serve a crucial presence in the aftermath of traumatic life events, and even without training a peer may be an invaluable support for a traumatized individual. There is no need to concern oneself with whether or not they are saying the right thing, for merely providing a source of companionship to a traumatized individual is a comfort. After all, a person who has just suffered a trauma is in a highly vulnerable state. Our instinctual reaction to fear is often to cry out for help, and in times of distress we want assurance of safety and protection (Herman, 1992, p. 61).

I was recently in a minor car accident and went to the hospital in the ambulance with another woman who had been involved in the accident. She was severely shaken by the event, (as she later explained to me her sister had died in a car accident), and in the ambulance she had begun to hyperventilate and show signs of panic. The paramedic riding with us knew that she was under a great deal of psychological distress, but he would only say "Panicking isn't going to help. Try to stay calm." This added to her stress, and she became increasingly panicked. Not knowing what else to do, I told her everything would be fine, and tried to remain supportive and caring. By the time we

arrived at the hospital she had calmed down, and in the process we shared a few stories with one another. Though I had no knowledge of traumatic debriefing procedures, my companionship was enough to keep her from feeling abandoned. The point of this story is not to suggest that I prevented her from developing PTSD, but that by simply being a supportive presence, we can help one another. Members of a community can shield one another from the detrimental effects of trauma by being aware that all one needs to do in the aftermath of trauma is exhibit compassion.

### Concluding Remarks

To begin, let me acknowledge that the scope of this exploration is perhaps beyond a paper of this length, or a paper of any length for that matter. We have proposed to explore the experience of trauma, a phenomenon that is as unfathomably large as it is difficult to articulate. Further, we have chosen *Hiroshima, Mon Amour* as the vehicle for our discussion, a notoriously complex and incomprehensible study in itself. As film critic Eric Rohmer once said, "*Hiroshima* is a film about which you can say anything". Therefore, let us agree that both of our subject matters, the study of *Hiroshima, Mon Amour* and the study of trauma, resist a sense of definition. However, in bringing these two courses of study together, one refracts the complexities of the other, and despite the challenge that this exploration presents, it is through such a lofty endeavor that the enigmatic nature of the posttraumatic experience might be communicated.

The film presents three narratives—the story of the present day lovers, Elle’s story of Nevers, and the story of Hiroshima. In an effort to truncate this exploration, we chose to focus on Elle’s individual posttraumatic response. As the paper progressed, we operated by way of expansion—we began with Elle’s individual experience of trauma, explaining that Elle develops PTSD after witnessing the death of her first love. We noted that most of her PTSD symptoms are dissociative in nature, marked by avoidance and numbing. Further, we demonstrated how dissociation is linked to her PTSD, noting that she dissociated during the trauma and continues to employ dissociation as a means of coping with other stressful events. In the following chapter, we showed how dissociation affects her memory. Elle has all but forgotten the trauma until arriving in Hiroshima, and her inability to remember central aspects of the trauma suggest that dissociation keeps the painful memories from her mind.

Despite her attempts to banish the traumatic memory from consciousness, Elle continues to experience intrusive flashbacks of the traumatic event. It is through the process of narration that she is able to integrate her past memories with the present and put a stop to the cycle of traumatic memory. By stopping these intrusive flashbacks she no longer feels overwhelmed with emotion when confronted by reminders of the trauma. But despite this triumph, Elle continues to suffer as she realizes that the soldier’s memory is slowly fading from her memory. She reaches the sobering conclusion that if she forgets the memory of her first love, she will inevitably

forget Lui as well. Resnais suggests that at the very instant that love occurs, it becomes threatened by erasure.

We connected this notion to the larger narrative of *Hiroshima*, exploring the consequences of forgetting in terms of historical trauma. Books, monuments, documentaries, and anniversaries may attempt to prevent us from forgetting the historical trauma of Hiroshima, but just as love is forgotten, so too can atomic destruction. The film concludes that historical traumas will inevitably fade from public consciousness, becoming replaced by new tragedies. Forgetting trauma, or as Lui refers to it, “the horror of oblivion” (Duras, 1960, p. 68) is a necessity in Resnais’ cinema, for in order to carry on towards the future we must distance ourselves from the painful past.

This is where my paper diverges from *Hiroshima, Mon Amour*. Resnais concludes on an ambiguous and rather fatalistic note, positing that both personal and historical memories are susceptible to an erasure that breeds a never-ending cycle of trauma. Our contemporary existence is based in a global culture that multiplies traumatic circumstances, and in this sense, we might agree with Resnais. Problems associated with war, violence, criminal assault, and disaster do not show signs of declining. Embedded in this existence there remains a culture of death—the tragedies of Hiroshima and Auschwitz still very much a part of our history. How can we learn from our mistakes if the horrors of World War II have all but receded into the past? Elle’s words ring as true today as they did in 1959:

Listen to me. I know something else. It will begin all over again. Two hundred thousand dead. Eighty thousand wounded. In nine seconds. These figures are official. It will begin all over again. It will be ten thousand degrees on the earth. Ten thousand suns, they will say. The asphalt will burn. Chaos will prevail. A whole city will be raised from the earth and fall back in ashes... (Duras, 1960, p. 24).

This paper acknowledges the challenge of preventing history's traumatic cycle, but we have articulated how being aware of trauma's profound impact on a human life might, at the very least, cause these rates to decline. In the final portion of this paper, we emphasized the crucial role that one's community plays in the experience of trauma. Targeting dissociation as a major mediating process between trauma and subsequent psychopathology, we proposed that intervening in the immediate aftermath of trauma can alleviate a great deal of suffering. We expressed that one does not need formal training to help a traumatized individual. Simply being aware that one's sympathy and support can provide an invaluable source of comfort to a survivor is sufficient. Applying this same line of reasoning to historical trauma, we demonstrated that an awareness of the detrimental effects of trauma on one's humanity may lead to greater compassion for its survivors.

Hiroshima is a city where the shadows of the dead linger in every alley, where the vestige of a corpse remains scorched onto a building in the very epicenter of the city. In this sense, Elle and Lui's relationship is something

akin to “making love in a graveyard” (Luchting, 1963). But in the graveyard that is Hiroshima, there is possibility for redemption. In the fourteen years that have passed since the atomic destruction, Elle finds Hiroshima has revitalized. The city has been rebuilt, homes and buildings have been constructed and another generation of Japanese citizens calls Hiroshima its home. New life is created in what was once the site of nuclear destruction. Being in Hiroshima, one cannot help but feel invigorated to be alive, and rejoice in the indestructibility of the human spirit. In this city, one is moved to reflection, to meditate on the past and on the present. When viewed in these terms, as much as Hiroshima is a memorial to destruction, it is a monument to creation. It has a past, but it also has a very definite future.

The same can be said of Resnais, who refused to simply recreate the bombing. He chose to create an entirely new story instead of re-scripting another, and as a result his film probes the lesson of Hiroshima better than any traditional documentary could have done. By this same token, this paper has taken creation as its moral prerogative. Rather than simply review the psychological literature, we chose to reconstruct this knowledge into a more accessible exploration of trauma. We do not attempt to explain trauma as it is presented in psychological textbooks. Instead, we have chosen to create a new approach to the study of trauma.

This exploration is intended for all readers, regardless of whether or not they have experienced trauma or have a background in clinical psychology, to appreciate the value of its study. We chose the film as our

vehicle so that the reader could better relate to the experience of trauma. Let's consider a well-known quote from Joseph Stalin: "A single death is a tragedy. A million deaths is a statistic". Just as Resnais uses Elle's story of lost love to make the issue of atomic destruction less daunting and more relatable by stressing its humanity, we use Elle's story to make the claim that the experience of trauma is in fact a universal struggle, one which anyone may comprehend by the simple virtue of being human. At some point in our lives, most of us question who we are in relation to our past in an attempt to determine our place in the world. After all, it is man's search for meaning in life that defines the human condition. This paper argues that the challenges facing traumatized individuals are the same challenges facing humankind.

We have attempted to bring the experience of trauma out of the realm of textbook definition, and place this psychological knowledge in light of one human's life. Historical trauma is in many ways a statistic more than it is a tragedy, and in order for the atrocities committed against mankind to decline, the profound effects of trauma must be acknowledged. This paper's intention was to demonstrate the universal importance of the study of trauma, by communicating that we are capable of preventing human suffering.

In the wake of destruction, Elle has been given the opportunity to redefine herself in relation to her past, in relation to Lui, in relation to Hiroshima, and more importantly, in relation to the world. She has formed a more fully realized sense of self, and in the process opened herself up to the possibility of new love. Similarly, we have created an alternative

understanding of trauma that may expand the reader's awareness that its study is of universal importance. Compassion for the survivors of trauma may lower the rate at which our history's bloody and traumatic past reoccurs, and when love can be made in a graveyard, it is cause for celebration.

#### References

- American Psychological Association. (1952). *Diagnostic and statistical manual of mental disorders* (1<sup>st</sup> ed.). Washington, DC: Author.
- American Psychological Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text rev.). Washington, DC: Author.



Barlow, D.H. (2002). *Anxiety and its disorders* (2<sup>nd</sup> ed.), New York: Guilford Press.

Bremner, J.D., Steinberg, M., Southwick, S.M., Johnson, D.R., & Charney, D.S. (1993). Use of the structured clinical interview for DSM-IV dissociative disorders for systematic assessment of dissociative symptoms in Posttraumatic Stress Disorder. *American Journal of Psychiatry*, 150(7), 1011-1014.

Breur, J., & Freud, S. (1955). Studies on hysteria. In J. Strachey (Ed. And Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2, pp. 1-305). London: Hogarth Press. (Original work published 1893-1895)

Breslau, N., Chilcoat, H.D., Kessler, R.C., & Davis, G.C. (1999). Previous exposure to trauma and PTSD effects of subsequent trauma: results from the Detroit Area Survey. *American Journal of Psychiatry*, 156, 902-907.

Breslau, N., Davis, C.G., Andreski, P., & Peterson, E. (1991). Traumatic events and Posttraumatic Stress Disorder in an urban population of young adults. *Archives of General Psychology*, 48, 216-222.

Briere, J., Scott, C., & Weathers, F.W. (2005) Peritraumatic and persistent dissociation in the presumed etiology of PTSD. *American Journal of Psychiatry*, 162, 2295-2301.

Burch, N. (1960). Interview with Alain Resnais. *Film Quarterly*, 13(3), 27-29.

- Burke, A., Heuer, F., & Reisberg, D. (1992) Remembering emotional events. *Memory and Cognition*, 20, 277-290.
- Cardena, E., & Spiegel, D. (1993). Dissociative reactions to the bay area earthquake. *American Journal of Psychiatry*, 150, 474-478.
- Caruth, C. (1996). *Unclaimed experience*. Baltimore: Johns Hopkins University Press.
- Christianson, S.-A. (1984). The relationship between induced emotional arousal and amnesia. *Scandinavian Journal of Psychology*, 25, 147-160.
- Christianson, S.-A., & Nilsson, L.-G. (1984). Functional amnesia as induced by a psychological trauma. *Memory and Cognition*, 12, 142-155.
- Chu, J.A., & Dill, D.L. (1990). Dissociative symptoms in reaction to childhood physical and sexual abuse. *American Journal of Psychiatry*, 147, 887-892.
- Davidson, J.R.T., Hughes, D., Blazer, D., Dan, G., & George, L.K. (1991). Posttraumatic Stress Disorder in the community: An epidemiological study. *Psychological Medicine*, 21, 1-9.
- Dauman, A. (Producer), & Resnais, A. (Director). (1955). *Night and fog* [Motion picture]. United States: Criterion Collection
- Davies, R. (2010). Screenwriting strategies in Marguerite Duras's script for Hiroshima, mon amour. *Journal of Screenwriting*, 1(1), 149-173.
- Duras, M. (1994). *The war: A memoir*. New York: New Press.
- Duras, M. (1960). *Hiroshima, mon amour*. Paris: Gallimard.

- Easterbrook, J.A. (1959). The effect of emotion on cue utilization and the organization of behavior. *Psychological Review*, 66, 183-201.
- Erichsen, J. (1866). *On railway and other injuries of the nervous system*. London: Walton and Maberly.
- Ellenberger, H.F. (1970). *The discovery of the unconscious*. New York: Basic Books.
- Foa, E.B., Moinar, C., & Cashman, L. (1995). Change in rape narrative during exposure therapy for Posttraumatic Stress Disorder. *Journal of Traumatic Stress*, 8(4), 675-690.
- Freedy, J.R., Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., & Tidwell, R.P. (1994). The psychological adjustment of recent crime victims in the criminal justice system. *Journal of Interpersonal Violence*, 9, 450-468.
- Freud, S. (1955). Beyond the pleasure principle. In J. Strachey (Ed. and Trans.), *The standard edition of the complete edition psychological works of Sigmund Freud* (Vol. 18, pp. 3-64). London: Hogarth Press. (Original work published 1920)
- Freud, S. (1962). Heredity and the aetiology of neurosis. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 3, pp. 189-221). London: Hogarth Press. (Original work published 1896)
- Homer. (1990). *The Illiad*. R. Fagles (Trans.) New York: Penguin Books.

- Gershuny, B.S., & Thayer, J.F. (2003). Relations among psychological trauma, dissociative phenomenon, and trauma-related distress: A review and integration. *Clinical Psychology Review, 91*(7), 44-51.
- Gray, M.J., & Lombardo, T.W. (2001). Complexity of trauma narratives as an index of fragmented memory in PTSD: A critical analysis. *Applied Cognitive Psychology, 15*, S171-S186.
- Hembree, E.A., & Foa, E.B. (2000). Posttraumatic Stress Disorder: Psychological factors and psychosocial interventions. *Journal of Clinical Psychiatry, 61*(7), 33-39.
- Herlihy, J., Scragg, P., & Turner, S. (2002). Discrepancies in autobiographical memories—implications for the assessment of asylum seekers: Repeated interviews study. *BMJ, 324*(7333), 324-327.
- Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.
- Holeva, V., & Terrier, N. (2001). Personality and peritraumatic dissociation in the prediction of PTSD in victims of road traffic accidents. *Journal of Psychosomatic Research, 51*, 687-692.
- Hogan, M. (1996). Hiroshima in history and memory: An introduction. In M. Hogan (Ed.), *Hiroshima in history and memory* (pp. 1-10). Cambridge: Cambridge University Press.
- Hunter, D. (1983). Hysteria, psychoanalysis, and feminism: The case of Anna O. *Feminist Studies, 9*(3), 464-488.
- Janet, P. (1889). *L'amnésie Psychologique*. Paris: Alcan.

- Janet, P. (1904). L'amnésie et la dissociation des souvenirs par l'émotion [Amnesia and the dissociation of memories by emotions]. *Journal de Psychologique*, 1, 417-453.
- Janet, P. (1909). Problemes psychologiques de l'émotion. *Revue Neurologique*, 17, 1551-1687.
- Janet, P. (1925) *Psychological healing*. New York: Macmillan. (Original work published 1919)
- Kent, J. (2003). Time indefinite. Retrieved from Criterion Collection Website. <http://www.criterionco.com/asp/release.asp?id=196&eid=317&ion=essay>.
- Jung, C.G. (1921-1922). The question of the therapeutic value of abreaction. *British Journal of Medical Psychology*, 2, 13-22.
- Keane, T.M., Fairbank, J.A., Caddel, J.M., Zimering, R.T., & Bender, M.E. (1985). A behavioral approach to assessing and treating Posttraumatic Stress Disorder in Vietnam veterans. In C.R. Figley (Ed.), *Trauma and its wake*. New York: Bruner/Mazel.
- Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychology*, 52, 1048-1060.
- Koopman, C., Classen, C., & Spiegel, D. (1994). Predictors of posttraumatic stress symptoms among survivors of the Oakland/Berkeley, California firestorm. *American Journal of Psychiatry*, 151, 888-889.

- Koss, M.P., Koss, P.G., & Woodruff, W.J. (1991). Deleterious effects of criminal victimization on women's health and medical utilization. *Archives of Internal Medicine*, 151, 342-247.
- Kraepelin, E. (1896). *Psychiatrie: Vol. 5 Auflage*. Leipzig: Barth
- Kulka, R.A., Schlenger, W.E., Fairbank, J.A., Hough, R.L., Jordan, B.K., Marmar, C.R., & Weiss, D.S. (1990). *Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Bruner/Mazel.
- Lanius, R.A., Vermetten, E., Lowenstein, R.J., Brand, B., Schmal, C., Bremner D.J., & Spiegel, D. (2010). A dissociative subtype of PTSD: Clinical and neurobiological evidence. *American Journal of Psychiatry*, 167, 640-647.
- Laub, D. (1992). Bearing witness or the vicissitudes of listening. In S. Felman (Ed.), *Testimony: crisis of witnessing in literature, psychoanalysis, and history* (pp. 57). New York: Routledge.
- Lerner, P.F. (2003). *Hysterical men: War, psychiatry, and the politics of trauma in Germany, 1890-1930*. Ithaca: Cornell University Press.
- Loftus, E.F., & Burns, T.E. (1982). Mental shock can produce retrograde amnesia. *Memory and Cognition*, 10, 318-323.
- Luchting, W.A. (1963). Hiroshima, Mon Amour, time, and Proust. *The Journal of Aesthetics and Art Criticism*, 21(3), 299-313.
- Marmar, C.R., Weiss, D.S., Metzler, T.J., & Delucchi, K. (1996). Characteristics of emergency service personnel related to peritraumatic dissociation

- during critical incident exposure. *American Journal of Psychiatry*, 153, 94-102.
- Marmar, C.R., Weiss, D.S., Schlenger, W.E., Fairbank, J.A., Jordan, B.K., Kulka, R.A., Hough, R.L. (1994). Peritraumatic dissociation and posttraumatic stress in male Vietnam theater veterans. *American Journal of Psychiatry*, 151, 902-907.
- Marshall, G.N., & Schell, T.L. (2002). Reappraising the link between peritraumatic dissociation and PTSD severity: Evidence from a longitudinal study of community violence survivors. *Journal of Abnormal Psychology*, 111, 626-636.
- McNally, R.J. (2003). *Remembering trauma*. Cambridge: Harvard University Press.
- McNally, R.J., & Ricciardi, J.N. (1996). Suppression of negative and neutral thoughts. *Behavioral and Cognitive Psychotherapy*, 24, 17-25.
- Murray, J., Ehlers, A., & Mayou, R.A. (2002). Dissociation and posttraumatic stress disorder: Two prospective studies of road traffic accident survivors. *Br J Psychiatry*, 180, 363-368.
- Novick, P. (1968). *The Resistance versus Vichy*. Baltimore: Columbia.
- Oppenheim, H. (1892). *Die traumatishen Neurosen*. Berlin: August Hirschwald.
- Orr, S.P., Metzger, L.J., & Pittman, R.K. (2002). Psychophysiology of post-traumatic stress disorder. *Psychiatric Clinics of North America*, 25, 271-293.

- Panasetis, P., & Bryant, R.A. (2005) Peritraumatic versus persistent dissociation in acute stress disorder. *Journal of Traumatic Stress, 16*(6), 563-566.
- Perry, C. [Review of *Memory, trauma treatment, and the law*]. *International Journal of Clinical and Experimental Hypnosis, 47*, 366-374.
- Phillips, K. (2007). Capturing the wandering womb. *The Haverford Journal, 3*(1), 40-55.
- Resnais, A. (Director). (1959). *Hiroshima, mon amour* [Motion Picture]. France: Criterion Collection.
- Roth, M. (1994). You must remember this. In R. Rosenstone (Ed.), *Revisioning history* (pp. 92-97). Princeton: Princeton University Press.
- Saxe, G.N., van der Kolk, B.A., Berkowitz, R., Chinman, G., & Hall, K. (1993). Dissociative disorders in psychiatric inpatients. *American Journal of Psychiatry, 150*, 1037-1042.
- Schmolck, H., Buffalo, E.A., & Squire, L.R. (2000). Memory distortions develop over time: Recollections of the O.J. Simpson trial verdict after 15 and 32 months. *Psychological Science, 11*, 39-45.
- Schott, H. (2008). Psychological trauma from the perspective of medical history: From Paracelsus to Freud. . *International Journal of Ethics and Science and Technology Assessment, 6*, 191-202.
- Shalev, A.Y., Peri, T., Canetti, L., & Schreiber, S. (1996). Predictors of PTSD in injured survivors: A prospective study. *American Journal of Psychiatry, 153*, 219-225.



- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York: Atheneum.
- Spence, D. (1982). *Narrative truth and historical truth: Meaning and interpretation in psychoanalysis*. New York: W. W. Norton.
- Spiegel, D., & Cardena, E. (1991). Disintegrated experience: The dissociative disorders revisited. *Journal of Abnormal Psychology, 100*, 366-378.
- Sturken, M. (1998). The remembering of forgetting: Recovered memory and the question of experience. *Social Text, 57*, 103-125.
- Sutker, P.B., & Allain, A.N. (1996). Assessment of PTSD and other mental disorders in World War II and Korean conflict POW survivors and combat veterans. *Psychological Assessment, 8*, 18-25.
- Tal, K. (1996). *Worlds of hurt: Reading the literatures of trauma*. Cambridge: Cambridge University Press.
- Tuval-Mashiach, R., Freedman, S., Bargai, N., Boker, R., Hadar, H., & Shalev, A.Y. (2004). Coping with trauma: Narrative and cognitive perspectives. *Psychiatry, 67*(3), 280-293.
- Van der Hart, O., & Brown, P. (1992). Abreaction re-evaluated. *Dissociation, 5*(4), 127-140.
- van der Kolk, B.A., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress, 8*, 505-525.

- van der Kolk, B.A., & van der Hart, O. (1991). The intrusive past: The flexibility of memory and engraving trauma. *American Imago*, 48, 425-454.
- van der Kolk, B.A., van der Hart, O., & Marmar, C. (1996). Dissociation and information processing in posttraumatic stress disorder. In B.A. van der Kolk (Ed.), *Traumatic stress* (pp. 303-327). New York: Guilford Press.
- van der Kolk, B.A., Weisaeth, L., & van der Hart, O. (1996). History of trauma in psychiatry. In B.A. van der Kolk (Ed.), *Traumatic stress* (pp. 47-74). New York: The Guilford Press.
- Wegner, D.M. (1994). Ironic processes of mental control. *Psychological Review*, 101, 34-52.
- Wilson, J.P., & Keane, T.M. (Ed.). (2004). *Assessing psychological trauma and PTSD*. New York: Guilford Press.
- Yerkes, R.M., & Dodson, J.D. (1908). The relation of strength and stimulus to rapidity of habit-formation. *Journal of Comparative Neurology and Psychology*, 18, 459-482.