‘The Absence of Presence’: Theorizing Unconsciousness Through the Phenomenology of Complex Trauma.

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This essay is dedicated to the memory of my late maternal grandmother, Shanta Belavadi, who passed away a week before the start of my senior year at Haverford. Ajji, I too love you.
“Here is a list of things that have helped me, in no particular order...Reading what other survivors have to say in our own words, and not literature by people writing about us, or mental health practitioners having opinions. Stories where survivors tell what happened, stories where they don’t, stories where they explain why they can’t sit with their back to the door in a restaurant, or why they can’t use dressing rooms, or how running marathons or planting orchards or knitting helped them save themselves—all the weird life hacks and tricks they have to get through things.”

Abstract

The lived experience of complex trauma survivors influences ontology by offering the opportunity to theorize paradoxes within the formation of consciousness. Using Emmanuel Levinas’ *Existence and Existents*, I develop an argument about how diagnostic criteria are an attempt to name the shape of complex trauma but they fail because of their fundamental ontological premises. This is because diagnosis works in the space of consciousness and assumes a certain type of temporal subject, which fails to recognize complex trauma survivors. Similarly, in philosophical literature about trauma, there is also an attempt to use dualisms or neat dialectics to theorize trauma. The fundamental nature of complex trauma, however, is that it resists resolution. Building upon Levinas' critique of Heidegger, I present an argument about how complex trauma survivors can open up a theoretical space to think about unconsciousness, and the liminal or not-yet subject.
Introduction

The word trauma is etymologically derived from its Greek counterpart, τραυμα, which can be translated as a wound, injury, or hurt. As a child, I was taught to describe wounds by telling stories. I have a scar on my right knee from repeated falls as a child, a scar on my nose from a go-karting accident, and a scar on my left forearm from a surgery. Similarly, Cathy Caruth’s book *Unclaimed Experience: Trauma, Narrative and History* (which is still influential in the field of trauma studies) opens with Tasso’s story about Tancred, which appears in the third chapter of Freud’s *Beyond the Pleasure Principle*. Tancred is stuck in the cycle of traumatic memory after accidentally killing his beloved Clorinda. He slashes at a tree in a magical forest after her burial, but blood pours from the wound and Clorinda’s voice complaining that her beloved has hurt her again is heard, since her soul was imprisoned in the tree. In this metaphor, repetition is at the heart of what Freud termed ‘traumatic neuroses.’ Linear temporal models frame the problematic of trauma in terms of presence. The violence of trauma is located in the inability of a survivor to access the present, because they are temporally trapped in cycles of traumatic memory. In losing temporal access to the present, the trauma survivor is also understood as losing access to their metaphorical presence. This is what I mean when I use the term ‘temporal subjecthood.’ I am alluding to the inextricability of the temporal present and presence in philosophical and psychological discussions of linear or shattering trauma.

I want to position my work at this contusion, the disjunctures of philosophical and psychological literature. If the problematic of trauma is not located in temporality, it is discussed as being outside of the realm of language. Unlike Caruth, however, I propose that the problem lies not with language, but with ontology. I have chosen to focus on complex

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trauma and the experiences of complex trauma survivors because complex trauma resists linear models of temporality unlike pictures of traumatic ‘shattering.’ This tale depicts a neat ‘before trauma’, the shattering or annihilation of the subject, and the ‘after’ of a never-ending cycle of traumatic memory. Discussions of complex trauma are additionally better suited to address survivors of intersecting systems of oppression like capitalism and colonialism, who have been mostly left out of existing models of trauma. In this paper, I will adopt Emmanuel Levinas’ notion of the *there is* in his book *Existence and Existents* to argue that the lived experiences of the complex trauma survivor open up possibilities to theorize unconsciousness and the not-yet subject.

Popular culture and media is invested in the ableist idea that trauma makes people strong and interesting by teaching them life lessons and building resilience. I struggle with this because this paper is based on the argument that the lived experiences of complex trauma survivors bring to light unique insights to arguments about philosophical and temporal subjecthood. It is strange to be writing this thesis in the midst of a global pandemic. Now more than ever we are relying on the knowledges of disabled people, Black and Indigenous people, colonized peoples, undocumented peoples, incarcerated peoples, transgender, nonbinary and queer folks, and working class people; particularly people who lie on the intersections between these systems of oppression. People who lie on the margins understand the brokenness of systems that produced these conditions. In the coming months and years, the material conditions of our world will shift, and many people will emerge from this crisis traumatized. I do not want to fetishize traumatic violence or the narratives of traumatized people. Instead, I hope to point out an insufficiency in the formulation of philosophical questions, and the subject who forms the foundation of our intellectual explorations. Another note: I offer the case of the complex trauma survivor as just that, an example. I think a complex trauma survivor is just one type of a not-yet subject, but that the framework has
greater ontological significance.

This paper is structured as follows: I begin by weaving together a picture of complex trauma using the narratives of complex trauma survivors. I go on to present and critique some definitions of complex trauma from psychological and philosophical literature in contrast to survivor testimonies. Then, I introduce Emmanuel Levinas’ philosophy of time in *Existence and Existents* to advance two arguments: firstly, that the phenomenology of the complex trauma survivor offers an opportunity to theorize the space of unconsciousness, and secondly, that the complex trauma survivor as a not-yet subject can access being in general or the *there is*.

**Depicting Complex Trauma Through the Phenomenological Descriptions of Complex Trauma Survivors**

In explaining complex trauma, I would like to focus on the phenomenology of trauma as experienced by complex trauma survivors rather than centering disciplinary understandings, whether they be psychological or philosophical. Philosophical and psychological accounts of trauma rarely center and uplift the narratives of survivors. In their first personal accounts, survivors highlight key ontological, epistemological and phenomenological features of complex trauma.

Interwoven within these accounts is that survivors have experienced multiple traumatic events; crucially, there is no singular moment of traumatic ‘shattering.’ It is within overlaps and comorbidities between and within traumatic events that complex trauma exists, or the interaction between the impacts of traumatic events. It is even difficult to neatly separate the repeated cycles of traumatic events into a simple succession of singular traumatic events. If we were to understand complex trauma within the linear shattering model, then it becomes unclear which cycle of traumatic memory the survivor would be stuck in, of all their
traumatic events. The ‘after’ of one event would be the ‘before’ for another. Thus, these timeframes of linear traumatic models would have no meaning at all. The origin of the complex trauma survivor as subject is multifocal, as demonstrated by the survivor testimonials offered by Dr. Judith Herman. Dr. Herman was one of the first psychiatrists and researchers to advocate for the recognition of complex post-traumatic stress disorder as a separate diagnostic category after having studied traumatic stress in female survivors of incest and domestic violence. She presents the narratives of her patients in her book *Trauma and Recovery*, where she advances a feminist argument for the recognition of Complex Post-Traumatic Stress Disorder (CPTSD). In one of these testimonies, Barbara, who was diagnosed with somatization disorder instead of CPTSD explains, “When the horrors first surfaced, I went through a psychological death.” The complex trauma survivor experiences a type of ontological death while still alive, undoing any simple notion of the birth and death of a subject.

This non-linear origin is linked to another central characteristic of complex trauma: the non-linear temporality of complex traumatic experience and memory. This temporally disjunctive nature is illustrated nicely by Dr. Cathy Kezelman’s account of the process of piecing together flashbacks, where survivors are ‘pulled’ back into the traumatic memory. Dr. Kezelman is a child abuse survivor and medical practitioner who is the President and Director of the Blue Knot Foundation, an Australian organization that advocates for child abuse survivors. She writes, “My first flashback scared the living daylights out of me as my mind took control of me and my body adopted a life of its own...It was hard to piece together-sensations, feelings, body reactions with very little context. I grappled with accepting horrors which seemed to be outside my realm of experience...My life became my memories, and the

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past subsumed the present to such a degree that my everyday life rarely got a look-in.” Dr. Kezelman describes being fully held in the past by flashbacks of child abuse to the point where she could no longer access the present. The fragmentary nature of traumatic memory and its stuck temporality confound the notion of the birth of a subject. There is no singular temporal origin of the complex trauma survivor as subject, since the events of trauma and flashbacks are not located in the present. In experiencing her body, memory and consciousness through flashbacks, Dr. Kezelman had to learn how to inhabit her life differently. With no possibility of withdrawal into a self before the flashbacks, in each flashback she had to unmake and remake her understanding of herself by configuring sensations, feelings and somatic reactions into a memory or narrative set in linear time. The distinctions between past and present fall apart when past can come into the present, since the flashback is neither fully past or present. Such distinctions, however, are necessary to the maintenance of linear temporality, which has a distinct past, present, and future. The work of piecing together narratives must be done in linear time in order to present symptoms to clinicians, loved ones, and other individuals, who exist in shared, linear clock time. This makes any piecing together an act of temporal translation, since the temporally liminal experiences of the complex trauma survivor needs to be configured to fit the linear temporality of others.

Another crucial characteristic of complex trauma is the survivor’s altered relationship with the world. In Esme Weijun Wang’s book *The Collected Schizophrenias*, she discusses having an illness that remains outside the diagnostic lines drawn by the Western psychological and psychiatric establishment. Wang has been diagnosed with several illnesses

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that are controversial or traditionally misdiagnosed: schizoaffective disorder, Lyme disease, and CPTSD. She is also a rape survivor. Wang’s description of her episodes of psychosis displays how the complex trauma survivor’s relationship with the world fundamentally shifts. She describes,

“It’s one thing to be able to say, “I saw blood dripping down the walls,” or “The landlord has installed cameras in my apartment,” but it’s another to talk about how it feels under the skin to see and believe things that aren’t real... The more I consider the world, the more I realize that it’s supposed to have a cohesion that no longer exists, or that is swiftly losing—either because it is pulling itself apart, because it has never been cohesive, because my mind is no longer able to hold the pieces together, or, most likely, some jumbled combination of the above. I can understand only one piece or the other, even though the sky is supposed to belong to the same world as the curtains, and the dog that enters the room draws my attention as an entirely new object to contend with... in this liminal space I am aware enough to know that something’s wrong. Something’s wrong; then it is completely wrong. In this way I have become, and have remained, delusional for months at a time, which feels like breaking through a thin barrier to another world that sways and bucks and won’t throw me back through again, no matter how much I struggle to return... The idea of “believing” turns porous as I repeat the tenets of reality like a good girl. When hallucinating, the idea of “seeing” or “hearing” something is similarly untrustworthy.”

In Wang’s episodes of psychosis, the world falls apart, or rather, pulls itself apart. Wang locates the source of the collapsing in both the world itself and her relationship with it. Nothing is given anymore, and she names this as everything being “wrong.” This space is liminal, and fragmentary. Her fundamental modes of connecting with the world, perceiving and knowing, become untrustworthy, to the point where she cannot trust her own sense perception reports. What does it mean then, to theorize a subject’s relationship with the world, when there are people who can experience the world as inherently fragmentary? Some of the most fundamental assumptions we make as philosophers, like the notions of subject-object distinctions and ‘normal’ sense perception and knowing, are undone by Wang’s testimony.

The complex trauma survivor’s altered relationship with the world can be further elucidated through the case of the structure of the colonial world. The processes of settlement and colonization by colonizers produce the settler and the native as subjects, and maintain these categories through the design of the colonial cities. The opening chapter of Frantz Fanon’s book *The Wretched of the Earth* is titled *Concerning Violence*. In this chapter, Fanon discusses the economic and political history of colonialism as the foundation for his discussion of decolonization, which he believes would be a violent, armed uprising of the colonized masses. The colonized subject is only created in relation to the colonizer, who does so violently. As Fanon asserts, “For it is the settler who has brought the native into existence and who perpetuates his existence. The settler owes the fact of his very existence, that is to say, his property, to the colonial system.”\(^6\) Colonialism is carried out not by invisible forces, but by human settlers who are hypervisible in contrast to the colonial subject who is negated and repressed. This dichotomy is made clear when considering the living conditions of settlers and natives. The settler’s cities are full of white foreigners; they are clean, spacious, well-built and well-lit. They invite visibility. On the other hand, the colonial subject’s village is understood as dirty and crowded. It must be repressed and forgotten, like the people who live within these spaces.\(^7\) Colonial trauma is thus inflicted on the level of reality. The colonial subject and settler live in different worlds, that are necessarily maintained as separate but not equal. It is also clear that this occurs when the colonial subject is vulnerable, because the settler’s violence is originary. It creates a type of subject, and continues to exert violence in order to maintain this system through the developmental stages of the colonial subject. The colonial subject is maintained through numerous forms of captivity, including economic exploitation, structural and systemic violence and crucially for Fanon, ideological control.

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\(^7\) Fanon, *The Wretched of the Earth*, 39.
Critiquing Psychological and Philosophical Definitions and Discussions of Complex Trauma

Having laid out how I understand complex trauma through the phenomenological descriptions of complex trauma survivors, I want to contrast this with the shattering or linear temporal model of trauma. (I will use the terms shattering and linear temporal model interchangeably.) Diagnostic criteria are an attempt to language the space of trauma, which seemingly is presented as the phenomenological realm that is outside language. Diagnosis functions as an institutional naming of a survivor, and is linked to access to psychological and psychiatric care, through insurance policies, for example. This system is premised on the notion that the complex trauma survivor cannot name themselves as this type of subject. The Amazon Prime television show *Undone*, which follows the story of Alma, a twenty-eight-year-old Mexican-American woman who sees visions of her dead father urging her to go back in time and save his life by catching his murderer, captures this characteristic of diagnosis. In a devastating moment during the third episode, Alma’s boss Tunde explains his decision to check in with her boyfriend about her recovery from the accident saying, “I’m not sure you’re the best judge of your emotional recovery right now, so I needed an outside opinion.”

How is it that people come to be seen as unable to understand their own emotional states? How is it that someone can better comprehend how one feels? Diagnosis is necessarily an evaluation by others of the survivor’s interiority. But how can one ever fully know the interiority of another person? I have found that psychological and philosophical disciplinary languages do a disservice to the phenomena and people I want to represent, so instead I want to appropriate these languages to build a critique of the notion of the subject

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8 *Undone*, season 1, episode 3, “Handheld Blackjack,” directed by Hisko Hulsing, written by Kate Purdy and Raphael Bob-Waksberg, featuring Rosa Salazar, Angelique Cabral, and Constance Marie, aired September 13, 2019, on Amazon Prime.  
https://www.amazon.com/gp/video/detail/amzn1.dv.gti.eeb681f4-19d0-de9d-571c-1ca3af9f94a9?ref=imdbref_tt_wbr_pvs_piv&tag=imdbtag_tt_wbr_pvs_piv-20
within the realm of consciousness and linear temporality. This is the theoretical significance of the complex trauma survivor’s subjectivity: an unsettling or critique of psychological and philosophical models of temporal subjecthood.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) is used by clinicians to diagnose PTSD, and research trauma. It is supposed to encompass the experiences of complex trauma survivors, since the separate diagnostic category of CPTSD has not been accepted into the DSM, despite numerous experts advocating for it. The DSM PTSD criteria has eight sub-categories, namely: exposure to actual or threatened death, serious injury, or sexual violence, intrusion systems related to the traumatic event, persistent avoidance of stimuli associated with the traumatic event, negative alterations in cognitions and mood associated with the traumatic event, marked alterations in arousal and reactivity related to the traumatic event, and stipulations that these symptoms must be experienced for at least a month, cause significant impairment in functioning, and should not be attributable to any other illness or medication.\textsuperscript{9}

The most curious part of this diagnostic criteria, however, are the quantitative and qualitative conditions required to reify a survivor’s experiences as a subject with PTSD. The structure of the diagnostic criteria itself reveals problems with the type of subject posited. Diagnosis requires symptoms to be experienced across the artificial boundaries drawn by diagnostic criteria: a certain number, in a certain combination, in a certain way, for a certain duration of time. This is clearly illustrated by stipulations that symptoms must be experienced for at least a month, and that several symptoms under each category must be experienced. People can be complex trauma survivors but cannot be institutionally reified if their experiences do not meet this exact permutation and combination.

There are other obvious ways in which these criteria do not reflect the phenomenological nature of complex trauma. Firstly, they assume the singularity of the traumatic event, whereas complex trauma is characterized by the multiplicity of traumatic events. Secondly, they name both the types of traumatic experiences that a subject should have experienced, and how the psychological impacts of trauma should have later manifested in the survivor’s understanding of themselves, their relationship with others, and so on. In the midst of this all, the trauma survivor as a subject becomes a composite of experiences and symptoms. Thirdly, the exclusion criteria functions to make sure that a survivor’s trauma related conditions cannot be better explained by other medical conditions or the physiological effects of a substance. The phenomenological reality of comorbidity is more complicated, since survivors do not experience their symptoms as distinct in this way. These rhetorical moves replicated across psychological and philosophical literature are quite unlike Caruth’s literature theory approach. She explains, “If Freud turns to literature to describe traumatic experience, it is because literature, like psychoanalysis, is interested in the complex relation between knowing and not knowing. And it is at the specific point at which knowing and not knowing intersect that the language of literature and the psychoanalytic theory of traumatic experience precisely meet.”

On the other hand, the process of creating diagnostic criteria is fundamentally a project of knowing. It seeks to neutralize what it cannot explain through the taxonomical categorization and labeling of the space of trauma. The rigid and ‘rational’ boundaries of symptom clusters annihilate the intersections of knowing and not knowing where mine and Caruth’s explorations are located.

Complex trauma survivors often locate their narratives within the mystical realm, which is more dynamic and embraces not knowing. Esme Wang’s _The Collected Schizophrenias_ additionally explores the psychiatric establishment from the inside, since

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10 Cathy Caruth, _Unclaimed Experience: Trauma, Narrative and History_, 3.
Wang once worked as psychological researcher. Like Alma, the protagonist of *Undone*, she understands the disjuncture between diagnoses and her experience of the world. She explains, “I am accustomed to the world of the *DSM*, which remains the heavy purple bible-o’-madness that sits on a clinician’s shelf. It is, like the Judeo-Christian bible, one that warps and mutates as quickly as our culture does. The *DSM* defines problems so that we can determine whether a person fits into them, or whether a person has lapsed out of the problem entirely—which is not to say that their life changes, even if their label does.”¹¹ She sees how the DSM’s approach cannot keep up with the dynamic nature of the phenomenology of mental illness. Her experiences will always be in excess of what such texts can capture. She understands her liminal status, and fully embraces her neurodivergence outside of the medical establishment’s understanding of it. Instead, she locates herself in the realm of the mystical, since her psychosis shifts her relationship with reality. As she asserts, “Our world values what is rational, and fears what is irrational: the raving homeless man on the morning bus; the murderous, delusional “psychos” we see on *Law and Order*-law and order being, after all, the ultimate institutions of rationality and reason. To understand the irrational takes looking beyond the surface, and is the realm of the mystical.”¹²

Though definitions of CPTSD have not been accepted into the DSM, clinicians have been drafting criteria in the hopes of future inclusion, and the creation of a common, descriptive language for the experiences of complex trauma survivors. Judith Herman’s diagnostic criteria for CPTSD has seven categories: “a history of subjection to totalitarian control, alterations in affect regulation, alterations in consciousness, alterations in self-perception, alterations in perception of the perpetrator, alterations in relations with others, and alterations in systems of meaning”¹³ The list of symptom clusters describe aspects of the

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¹³ Judith Herman, *Trauma and Recovery*, 121.
survivor’s relationship between themselves and the people around them. Six of these listed sections begin with the word “alteration,” already indicating that the complex trauma survivor is defined by their non-normativity. Trauma has rendered them different than both their pre-trauma selves, and the normative non-traumatized subject. In this way, an implicit human subject becomes the foundation of the diagnostic criteria. The notion of alteration suggests a neat before and after timeline for complex trauma as well, which mischaracterizes its fundamental temporal nature. There are only two places where survivors are recognized as people and not just their symptoms. The first is when Herman lists different types of complex trauma survivors in the first criterion. These include, “hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation.”¹⁴ Though recognized as people here, complex trauma subjects are still fully defined by their circumstances. The second instance is when under the fifth sub-heading, the criterion “unrealistic attribution of total power to perpetrator” comes with a parenthetical warning, “(caution: victim’s assessment of power realities may be more realistic than the clinician’s).”¹⁵ Here, the survivor is understood as having greater insight into their reality than the clinician. Yet, this knowledge is undermined by the process of diagnosis.

Both the DSM and CPSTD diagnostic criteria require the interpretation of a clinician since these criteria rather than naming a subject, name a list of conditions experienced by them. This is where the clinician enters the picture. They must conduct this process of naming, of constituting a subject, the complex trauma survivor. The process of diagnosis occurs between a clinician and survivor, with the former having the power to reify the

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¹⁴ Herman, *Trauma and Recovery*, 121.
¹⁵ Herman, *Trauma and Recovery*, 121.
subject’s experience of the world. These symptoms need to be recognized as true to the survivor’s experience, and then confirmed by a specialist. The clinician does not have access to the subject’s interiority where this trauma takes place, and neither should the survivor according to Herman’s criteria, where the alterations in consciousness cut off access to parts of the subject’s interiority. Survivors can say what happened to them and describe their symptoms, but it is up to the clinician to judge whether they are a subject according to the diagnostic criteria. The problems with this process can be revealed using Louis Althusser’s hail of interpellation, where the subject comes into being after turning around when hailed by a policeman. In the act of turning around, the subject recognizes that he is already a subject. Extending this framework, when diagnostic criteria disappears the complex trauma survivor, the clinician is armed with the wrong call. So, the complex trauma survivor does not turn around. Therefore, this is the type of subject who will not be turned around, who is not responsive to this form of subjecthood. The complex trauma survivor unsettles this model of subjecthood and is necessarily liminal. I will later juxtapose the notion of subject making through interpellation (as in diagnosis) with Levinas’ philosophical picture of making the subject through hypostasis.

The disjunctures within the psychological literature appear in philosophical discourses surrounding trauma. A philosophical paper that describes similar phenomena is Robin Chalfin’s Being Broken and Unbroken, where she examines the centrality of complex trauma to a Heideggerian model. She offers the following definition of corrosive trauma:

“Much useful literature is available on appropriate diagnostic categorization and clinical language surrounding the complex sequelae of such deprivation, but for the purposes of this discussion the term “corrosive trauma” is offered as a more phenomenological naming of the problem. Corrosion is a silent eating-away of matter; it is a gradual wearing, changing, and destroying of the texture or substance of a body. To look at traumatization is to contend with the particular phenomenon of
human cruelty, or human sadism, and this literal breaking down of the human mind
and body.”

While Chalfin does not refer to complex trauma or CPTSD in the above extract, her work is
an example of philosophical appropriations of these concepts. She notices how terms like
complex trauma do not capture the phenomenology of such deprivation under captivity.
Chalfin’s definition is intended to capture the phenomenology of trauma, implicitly
suggesting that this is missing from diagnostic criteria. Furthermore, Chalfin brings into
focus the harm doers and the human capacity for immense violence. I take her to be asking,
what type of subject can traumatize another person? Her allusions to Heidegger also
resonates with the Levinas texts that form the intellectual framework of this essay, and will
discuss later in this paper. A close reading of the latter half of this definition reveals what
Chalfin understands as the central features of complex trauma. She is interested in complex
trauma as a process, offering the metaphor of corrosion as a noun, rather than a more active
verbal form. Removed here are a perpetrator and a survivor, leaving only the “particular
phenomenon of human cruelty, or human sadism, and this literal breaking down of the human
mind and body.” This is a phenomenology whose language is passive, subjectless; the
disappearance of a subject is here a careful sleight of hand. Interestingly, Chalfin locates the
body as the source of this corrosion, and understands the corrosion to occur to some material
“substance.” Since the process is “silent,” the survivor can masquerade as a ‘normal’ subject
though they have hollowed out on the inside as a result of trauma. It is the clinician’s job to
break through this illusion, and reveal the true nature of the survivor’s ‘damaged’ state.

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Philosophical discourse about trauma is mostly centered around the ethics of temporality and rape trauma. One such exploration is Karyn L. Freedman’s paper *The Epistemological Significance of Psychic Trauma*, where she argues for “a reliabilist theory of justification, guided by a feminist coherentism,”¹⁷ which would allow us to accept survivor’s narratives about sexual violence as having epistemic worth. Crucially, Freedman writes as a survivor of rape. Another paper that explores similar themes is Constance Mui’s *A Feminist-Sartrean Approach to Understanding Rape Trauma*. Bringing together feminist and Sartrean philosophy to inform each other, Mui proposes that Sartrean ontology can be useful to understanding the shattering of the rape survivor’s relationships with others and herself. Mui is particularly interested in the rape survivor’s relationship with her body, and her being in the world.

The psychological impact of trauma that both these articles focus on is the shattered self and the shattered worldview, where survivors become distrustful of other people and see the world as fundamentally unsafe and unstable. These accounts, however, still reify a certain picture of the world and interpersonal relations. For example, a key part of Freedman’s argument is Aphrodite Matsakis’ “just-world philosophy” according to which “the world is basically fair, and so long as "you are sufficiently careful, intelligent, moral, and competent, you can avoid misfortune."¹⁸ Freedman explains how she accepted these assumptions before her rape, but could no longer sustain her belief in her ability to protect herself from any harm. There is a distinct before and after in this narrative, with the traumatic event of rape as the shattering middle. This linear narrative is not available to complex trauma survivors, who experience the shattering cyclically, thus obfuscating any narrative format with distinct start and end points. More importantly, what happens in this philosophical story to people who


¹⁸ Freedman, “The Epistemological Significance of Psychic Trauma”, 111.
have no ‘before trauma’? What about subjects who intrinsically understand the world as unsafe, like Black colonial subjects who inherit trauma, Indigenous peoples whose land was stolen, or child abuse survivors? If these cases are supposed to be exceptions, then Freedman’s survivor cannot be a universal subject. The safety that Freedman alludes to is based on repression of the sexual violence experienced by women (though she does acknowledge that men experience sexual assault as well). But if her subject requires the invisibility of other types of people, then is it not still an incomplete form of recognition? Freedman herself illustrates the high stakes of these claims: there is a great psychological cost to accepting the alternative worldview that the world is unsafe and unfair for women purely on the basis of their gender. As Freedman explains,

“Even if a woman is lucky enough to be able to embrace this worldview and still survive socially and economically, it is still easier to believe that the world is a basically safe place. Deciding to have children is easier, choosing a partner is easier, and going on trips is easier. Finally, and most significant for our purposes, it is easier not to have your beliefs about the world routinely dismissed.”

Complex trauma survivors who cannot choose between this alternative worldview and their safety experience the world as more difficult in everyday ways.

Gretchen Gusich’s article *A Phenomenology of Emotional Trauma: Around and About the Things Themselves* offers a noetic analysis of emotional trauma, which means that trauma is identified by an event’s impact on the subject, which varies widely depending on a person’s life experiences and environment She writes from the experience of her nephew Logan’s injury and eventual death in an accident. She lays out three essential features of trauma using Edmund Husserl’s theory of actions: disbelief, incongruence and temporal

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19 Freedman, “The Epistemological Significance of Psychic Trauma,” 120.
disorientation. These are inextricably connected, tying together the epistemology and temporality of trauma. Gusich concludes the paper by proposing that survivors of emotional trauma process it by “creating cognitive or evaluative distance from the traumatic event.” She illustrates this by comparing her response to her nephew’s accident to her sister’s. While Gusich’s reaction was philosophical, her sister Marni’s was scientific. She created phenomenological distance between herself and the incident to began to write this paper. Marni coped by monitoring Logan’s vitals, reading his charts, and corresponding with his doctors about his progress. Gusich thinks these responses are similar in that they are both attempts to create distance from the traumatic event. She believes that through the “transcendental reduction” of the phenomenological method “it becomes possible to reflect on the world and our involvement within it in a genuinely philosophical way, one that does not seek to displace our involvement with the world, but to clarify it. This is because phenomenology enables us to reflect on our world without being entrenched in it.” While Gusich does mention that philosophy and science are just two possible responses to emotional trauma, she sets up a fascinating dichotomy between the rational and emotional. The rational is the space of healing, whereas the emotional is the space of trauma. ‘Genuine’ philosophy is done by extricating ourselves from our world so we can clarify our relationship with it. Presumably, then, ‘fake’ or emotional philosophy might involve seeking to shift one’s involvement in the world, and to reflect on the world while being entrenched in it. The creation of cognitive distance may be impossible for the complex trauma survivor, since “No matter how much insight and understanding we develop, the rational brain is basically impotent to talk the emotional brain out of its own reality.” Both cases assume the

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21 Gusich, “A Phenomenology of Emotional Trauma: Around and About the Things Themselves,” 517.
epistemological status of traumatized people, whereas complex trauma survivors are often seen as incapable of being knowers, as I discussed at the opening of this section.

There has also been work done to negotiate the intricacies of traumatic temporality within medically established definitions like PTSD. In her paper *The Time of Trauma*, Mary Jean Larrabee uses Edmund Husserl’s philosophy to explore traumatic flashbacks. As she notes, there is a “limited sphere of human experience that many academic philosophers deem worth exploring.” She offers us the opportunity to reflect on what we mean when we use the words ‘time’ or ‘temporality’ philosophically, since we exist simultaneously within different forms of time. By, however, working within the framework of psychiatric diagnosis, Larrabee excludes complex trauma survivors, and mentally ill people who fall between diagnostic labels. In focusing on the experiential aspects of a trauma diagnosis and the normative framework of the experiences of war veterans, Larrabee considers the problematics of traumatic memory and temporality. She presents Husserl’s thought that inner temporalization of memories involves the simultaneous serial and non-serial flow of conscious experiences. She discusses the relationships between personal time (through consciousness) and public time; in each person, non-serial temporality and linear temporality exist together, and interact with each other. While serial ordering has a linear character, non-serial temporality is a more complex, dynamic picture where “this nonserial temporality would need a more complex image for this folding, such as the complicated interlacing flux of the whirlpool, moving up and down, with side ripples interweaving both forwards and backwards.” The latter is the time of trauma, since traumatic memories are organized in non-linear, fragmentary series. Therefore, traumatic memory stands outside clock time, and

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everyday experience. This model uses the notion of an “original trauma experience” which implies the singularity of a traumatic event. How would it function in the case of complex trauma, where there are multiple traumatic events? Moreover, even though she distinguishes serial and non-serial ordering, Larrabee describes traumatic temporality as if it is a distortion of serial temporality, not something fully different. This can be seen in the following passage, where Larrabee is delineating the temporal characteristics of the memory of a person who experiences PTSD,

“However, since the incursive strength of the trauma memory experientially splits the person as experiencer, then the temporality of this type of memory occurs more complexly, so that the experiencer finds past-as-past (as the remembered experience would be tagged in ordinary representative memory) and past-as-present (the past experience seemingly re-occurring as Now-experience, not as a remembered content within the mind), and present-in-reference-to-past and present-in-reference-to-past-as-present.”

The use of phrases like “past-as-present”, “present-in-reference-to-past” and “present-in-reference-to-past-as-present” still places traumatic memory within the discrete confines of linear time. Non-serial temporality becomes an imitation of linear ordering, rather than a distinct mode of experiencing memory. The inadequacy of the language used to express these nuances of traumatic memory and temporality testify to another form of complexity in writing about and theorizing complex trauma.

Diagnostic criteria function in the static temporal frames of past, present and future. Once again using Althusser’s notion of interpellation, diagnostic criteria represent the temporally wrong type of hail. Imagine here the policeman calling out to the subject, but like the 2006 romantic drama The Lake House, the protagonists Kate and Alex are communicating to each other despite Kate being two years in the past relative to Alex. The clinician cannot comprehend the experience of the complex trauma because the presentation

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of symptoms requires linear narratives set in linear time, which is not the temporal nature of flashbacks or complex trauma. Unlike the events of birth and death that are set in linear temporality, flashbacks are set in a temporality that is stuck and dynamic at the same time. Though some survivors compare traumatic experiences to a type of death, tracing the temporality of the complex trauma survivor subject complicates the regression of an already formed subject into a non-subject as visual metaphors of momentary trauma like ‘shattering’ imply.

The mischaracterization of complex trauma by philosophers and clinicians has great implications for the material realities of survivors. Herman captures the effect of this invisibilizing through the survivor testimonies. In chapter 6 of *Trauma and Recovery* she presents the case of Tani, who explains,

> “Denying the reality of my experiences—that was the most harmful. Not being able to trust anyone was the most serious effect...I know I acted in ways that were despicable. But I wasn’t crazy. Some people go around acting like that because they feel hopeless. Finally, I found a few people along the way who have been able to feel OK about me even though I had severe problems. Good therapists were those who really validated my experience.”

In claiming agency and selfhood by naming her harmful actions, the survivor also names her ontological erasure. She rejects the label of ‘crazy’ to instead claim supportive communities that recognize the challenges of healing. The stakes of diagnosis are high. Diagnosis by clinicians determines whether survivors can access the care they need, and whether their insurance will cover this care. Additionally, there are enormous economic costs to judgements of the DSM’s value. When it was first released, the DSM-V was retailing for $199, and the American Psychological Association (APA) spent anywhere between $20-25 million on producing it. The DSM has been facing new challenges in the last decade: the most useful part of the DSM for clinicians is the insurance codes, but those are available

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30 Herman, *Trauma and Recovery*, 128; emphasis my own.
online for free, making physical copies of the DSM obsolete. The United States has also adopted ICD-10-CM as its standard coding system, so the DSM has already lost out to its competitors. But more importantly, diagnosis becomes the metric by which others and survivors themselves measure the reality and validity of their traumatic experiences.

Introduction to Emmanuel Levinas’ Philosophy of Time

“In this book we find elucidations of quite unusual topics: “objects such as the night, unformed sensuous elements, the light, nutriment, clothing, a face; “subjective” states such as insomnia, sleep, horror, vertigo, appetite, fatigue, indolence.”

In advancing an argument about the temporal nature of complex trauma, I wanted to critically engage with philosophical accounts of temporality. I have chosen Emmanuel Levinas as my main interlocutor because he experienced complex trauma in his lifetime. His book Existence and Existents was mostly written when Levinas was a prisoner of war in a Stalag, though he had begun the preparatory work for his study of existence prior to his conscription in World War II. Many of Levinas’ family members were killed in the Holocaust while he was a prisoner of war. Levinas understood complex trauma in the way that only us survivors do. He wrote his way out of misery and darkness, so Existence and Existents represents a phenomenological analysis for the purpose of my paper. I focus only on Existence and Existents and not his later ontological texts that address the question of the Other for this reason.

Levinas’ Existence and Existents was published in 1947, and is the foundational work of his existentialist and ethical theory. The text is a critique of the Heideggerian picture of the relationship between being and Being, but Levinas is careful to qualify that he does not want philosophy to move back to a pre-Heideggerian ontology. He was suspicious of the negative

political implications of Heidegger’s ontological projects. Levinas studied under Heidegger for a semester, and was impressed by his theoretical work. He rated Being and Time as one of the top five philosophical texts of all time. Soon after, however, he learned that Heidegger had joined the Nazi party. As a Jewish man, this brought Levinas up against monumental questions: how can one engage with a text whose fundamental project is one’s annihilation? How does one understand oneself as a subject after or while undergoing this process of annihilation? These questions are central to the trauma survivor’s healing journey within a world that feels dangerous and structured for one’s destruction.

As the title suggests, Levinas’ ontology is focused on two main phenomena: existence and existents. Adopting Heidegger’s framework of the relationship between Being and beings, he sets out the relationships between existence and existents. The former represent consciousness in general (and has a spiritual/religious connotation for Levinas), while the latter refers to individual subjects whose consciousness emerges out of the relationship between existence and existents. Between these terms lies the there is, which in the original French reads “il y a.” The adverbial pronoun ‘y’ indicates a location, which references Heidegger’s notion of situatedness. For Heidegger, the subject is always located not in a necessarily material location, but in a kind of network of spatiality. Grammatically, it is an impersonal form that would appear in constructions like “There is a building over there.” or “There is a meeting of psychologists, clinicians and other stakeholders (and shockingly few survivors) every decade or so to write a new edition of the DSM.” The there is represents the anonymous fact of consciousness out of which the existent emerges. Levinas uses the ocular metaphor of light and darkness to elucidate the relationship between existence and the there is. Conscious existents live in the world of light where things are given. On the other hand, the there is represents the darkness from which the light illuminating the world, allowing it to
be known, emerges.\(^{33}\) Levinas is highlighting how we do not think enough about the background of the darkness of the night that allows the light of the day to come into being. The anonymous vigilance of the night, where it watches, is the absence of relationality. Since the relationship between the subject/existent and the other is the precondition for temporality, the there is has neither the subject nor this form of temporal relationship. Only after the moment of hypostasis can there be a subject with consciousness and temporality.

**Light, Darkness, and Unconsciousness**

Before exploring the originary scene of hypostasis, it is important to further situate ourselves within the notions of light, darkness, the world, subjecthood, the there is, consciousness and unconsciousness employed by Levinas. He explains how the structure of the world exists before the subject. The birth of the subject allows access to a world of objects that is simply waiting for the subject who can possess them. The subject inherits the world. In his ontological framework, the world is structured by the play of light and darkness, which structures the existents’ interiority (their unconsciousness) and exteriority (their consciousness). For Levinas, the ontological function of the world is “the possibility of extracting oneself from the anonymity of being.”\(^{34}\) The world opens the opportunity for the subject to be an I, differentiated from anonymous being. The subject as I is important. The subject who has consciousness is necessarily personalized. The I in the world has a particular structure that allows it to move towards and engage with objects. As he delineates, “Thus while the I in the world tends towards things it also withdraws from them. It is an inwardness. The I in the world has an inside and outside.”\(^{35}\) The outside of this subject is consciousness, for whom the world is given. The inside is unconsciousness into which consciousness can

\(^{33}\) Levinas, *Existence and Existents*, 44.

\(^{34}\) Levinas, *Existence and Existents*, 37.

withdraw. The possibility of this withdrawal facilitates the creation of a subject; the I emerges as they can withdraw from the world. This structure shapes the subject’s relationship with objects in the world, and its being.

The world, however, is only given to the subject through light. Objects exist for someone, but it is only through light that we can apprehend them and actually make them belong to us. Light makes the world given. Light is also an event of suspension, allowing the subject to withdraw infinitely, thus producing the possibility of detaching oneself from being. Consciousness is only possible with this exit hatch in place. In the night, “this universal absence is in its turn a presence, an absolutely unavoidable presence. It is not the dialectical counterpart of absence, and we do not grasp it through a thought. Nothing responds to us but this silence.” The world is no longer given, the I is depersonalized. In darkness, since objects are no longer illuminated, they no longer appear as given. Instead, the subject feels fully exposed to anonymous being. Thus, darkness invokes the feeling of horror, which is depersonalizing, because the exposed subject can no longer experience the world as given. This is much like watching a subject left in their dark bedroom, where in the light of day, every contour would be familiar and every object would be given. But in the dark, even the subject’s grandmother’s lamp, prescription medication and bookshelf curated to project a cohesive ‘personality’ appear unfamiliar.

Ergo, darkness is a necessary background for light to make the world visible. I take Levinas to be pointing us towards the necessity of unconsciousness for the existence of consciousness. It is clear that he believes that the unconscious has been seriously neglected by philosophy as a theoretical space, since he writes,

“Since the discovery of the unconscious-and this contradiction in terms is evidence of a considerable intellectual upheaval-philosophy has been conceiving of the unconscious as another consciousness, failing to recognize the ontological function of

the unconscious and its specific relationship with conscious clarity, with sincerity, which separates itself from the obscurity, depth, and ambiguity of the unconscious. The unconscious is interpreted in terms of consciousness, or the reverse. The unconscious appears as a possibility, a germ, or as something repressed...and the history of our civilization confirms this—that the world is the field of consciousness, and the peculiar structure that characterizes consciousness governs and gives meaning to all infiltrations of the unconscious in the world. It is “before” the world comes about that the unconscious plays its role.”

It is not sufficient to think of unconsciousness as the antithesis of consciousness; we must think about unconsciousness outside of this dialectic. This is certainly the case with diagnostic criteria, as they are based only on the notion of consciousness, and alterations in consciousness. As I will go on to argue, the complex trauma survivor experiences consciousness without recourse to unconsciousness, thus giving them access to being in general, or the there is. The complex trauma survivor as a subject brings to light the distinction between before subjectivity and the necessary conditions for subjectivity. The survivor isn’t what comes before subjection, but instead reveals the necessity of the anonymous there is to being a subject. For Levinas, the possibility of recognizing being in general only opens up when the subject is not given access to unconsciousness. This is a paradoxical type of closure: in the impossibility of accessing unconsciousness, the subject understands the structure of its world and the conditions of its birth.

Crucially, Levinas is proposing a shift in Heideggerian philosophy from the anxiety of nothingness to the horror of the night and the fear of being. Existence in the world is not inauthenticity, it is “but the amplification of that resistance against anonymous and fateful being by which existence becomes consciousness, that is, a relationship an existent maintains with existence, through the light, which both fills up, and maintains, the interval.” The subject here is not anxious about the nothingness of darkness, but afraid of being itself. Complex trauma should be understood as this reversion to nothingness, outside of the

38 Levinas, Existence and Existents, 28-9.
39 Levinas, Existence and Existents, 44.
dualism of presence and absence. The *there is* offers us an alternative framework. Levinas is critiquing models where the subject’s life is affixed through dualisms like presence/absence, consciousness/unconsciousness, and being/nothingness. Theorizing requires the resolution of trauma into neat frameworks; yet trauma appears and reappears as that which resists ontological study. Heidegger’s ontology is based on a subject’s linear progression between being and nothingness. He fixes human life between the start point of birth and end point of death. This is the life of the subject in linear temporality. Levinas offers phenomenologies of the event of subjecthood in an instant, which is constantly renewed. Presence is a process here; it is part of a cycle.

It is important to note that Levinas was averse to psychoanalysis, as discussed by Cynthia D. Coe in her chapter *The Ethical Significance of Time*, where she juxtaposes his theory of diachrony with the Freudian picture of the subject. She notes that Levinas,

> “characterizes psychoanalysis, in its focus on the opacity of the psyche, as a matter of “seeing or knowing,” an attempt to bring what is unconscious to light (NM 167). That is, in spite of its recognition of the multiple ways in which the psyche is heteronomous and not even transparent to itself, psychoanalysis remains beholden to the idea that disclosing the truth of the subject’s thought and behavior has therapeutic effects… Resistance to intelligibility is still treated as a puzzle to be deciphered, although that goal remains only ever partially achieved by the analysand. Rationality and self-transparency remain the ideal, and even if irrationality, fantasy, and repression structure much of our psychic lives, they remain sources of pathology to be corrected or managed.”

Levinas believed that any deviation from rationality and intelligibility is pathologized by the Western psychiatric establishment, since every part of consciousness must be brought to the light of rational scientific study. This picture misses the function that such ‘pathologies’ play in our everyday functioning. Complex trauma survivors allow us to problematize the assumption of a fully formed subject. They are not not-subjects, but *not-yet subjects*, between

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the thresholds of birth (subjecthood) and death (non-subjecthood). I posit that the illegibility
of trauma survivors and the philosophical significance of complex trauma lies in this
distinction. Their liminal status undoes the neat binaries of subject and object, Being and
beings, and alive subject and dead subject. Complex trauma unsettles the relationships that
constitute a world.

Hypostasis, Darkness, Insomnia and the Not-Yet Subject

The scene of hypostasis offers a picture of the experience of being a not-yet subject,
which, I suggest, mirrors the phenomenology of the complex trauma survivor. Levinas
proposes an account in *Existence and Existents* of the moment of hypostasis where the self
originates from itself, in its vigilance of the anonymity of the night. Here, Levinas focuses
particularly on the moment of origin of the subject, which he names the “hypostasis.” It is
through the movement between the *there is* and the subject that the latter comes to be. While
I will be focusing on *Existence and Existents*, themes of insomnia and the night also appear in
*Time and the Other*, where Levinas describes a similar scene of a moment of insomnia. He
offers this case when discussing possibilities of existing without existents, which he
eventually names as the “there is.”

As he explains,

“Insomnia is constituted by the consciousness that will never finish—that is, there is no
longer any way of withdrawing from the vigilance to which one is held. Vigilance
without end. From the moment one is riveted there, one loses all notion of a starting
or finishing point. The present is welded to the past, it is entirely the heritage of the
past: it renews nothing. It is always the same present or the same past that endures. A
memory would already be a liberation with regard to the past. Here, time begins
nowhere, nothing moves away or shades off…I am going to characterize the *there is*,
and the way that existing is affirmed in its own annihilation, by a vigilance without
possible recourse to sleep.”

In a state of insomnia, one cannot withdraw into the state of sleep, which is one of the

41 Emmanuel Levinas, *Time and the Other*, translated by Alphonso Lingis (Pittsburgh: Duquesne University
42 Levinas, *Time and the Other*, 48-49.
unconscious states where the subject can hide. Here, consciousness “will never finish”
because there is no space for it to retreat to. The temporal staticity of insomnia, where time
remains in either the present or the past, results from the lack of movement. Having a past
and a present requires the ability to move between consciousness and unconsciousness, for
the consciousness to be able to hide. The present is necessary for the consciousness of the
existents since “the present is the very fact that there is an existent.”43 Withdrawal into
unconsciousness is both prior to consciousness and a condition for consciousness. But when
this is denied, in hypervigilance, the subject encounters the there is that is central to Levinas’
onontology, or being in general. He defines the there is as, “This impersonal, anonymous, yet
inextinguishable “consummation” of being, which murmurs in the depths of nothingness we
shall designate by the term there is.”44 Being in general, or the there is, dissolves the notion
of interiority and exteriority. In Levinas’ thought experiment when we imagine beings
reverting to nothingness, the there is still remains. In traumatic hypervigilance, the survivor
comes into contact with the fact of being, which is being in general. This access confers upon
the complex trauma survivor a liminal status, since encountering the anonymous there is
requires depersonalization. The complex trauma survivor experiences both the subject as I
and the subject as a relation with being in general.

Similar themes appear in the accounts of complex trauma survivors, like Esme Wang
who began to wonder whether she might have PTSD after she began to experience terrible
nightmares. She initially attributed her symptoms to chronic illness, and assumed that PTSD
was limited to veterans or fictional characters. She describes the excruciating nature of
traumatic hypervigilance: “I’d sit up in bed shot through with terror, hyperventilating in the
dark. Some nights, I could startle from anything—a dog barking down the block; the

43 Levinas, Existence and Existents, 103.
44 Levinas, Existence and Existents, 52.
pronunciation of the word “elegant” in an audiobook. I usually startled up to twenty times a night, the hypervigilance increasing with each jolt until every inch of my body was reduced to raw nerve. I began to sleep sitting upright against the headboard, because being supine made my symptoms exponentially worse."45 The hypervigilance occurs in darkness, much like in Levinas’ account. While the body is the locus of Wang’s description, the inability to find comfort or stability is present in this narrative. The hypervigilance was often unexpected and left Wang feeling vulnerable and exposed to the anonymous night.

The compulsory wakefulness (not consciousness, since Levinas is careful to draw this distinction) of insomnia makes one aware of the anonymous night watching one. This experience of depersonalization is a necessary condition to reflect on one’s subjecthood. At the narrative climax of this vignette Levinas writes,

“"We can be more or less close to this limit. In certain awakenings of delirium, in certain paradoxes of madness, we can surprise this impersonal “consciousness” into which insomnia sinks. The fatality of these strange states, which it is impossible to recount, is due to the fact that they do not happen to me as their subject…Insomnia thus puts us in a situation where the disruption of the category of the substantive designates not only the disappearance of every object, but the extinction of the subject."46

One can surprise “consciousness,” which for the first time is in quotation marks in this section. The movement of surprising is fascinating, because it implies that the object/subject surprised is unaware and then comes into a certain state of consciousness. The play of surprise is in the suddenness of movement between not knowing and knowing. Most importantly, in this sentence, it is clear that the subject can surprise consciousness. Until this point, consciousness is impacting the subject, but we are now describing a reciprocal movement. The not-yet subject can impact the there is, and can notice the strange character of this state. This change in focus notably occurs after the introduction of the mad or delirious

46 Levinas, Existence and Existents, 63-4.
not-yet subject. The categories of subject and object fall apart, leaving only one who is not-yet a subject. Philosophers need to make a rhetorical move where the subject is produced in a moment where the categories of subject and object collapse into each other, and the subject finds their way out of this dark tunnel into the light of their own subjecthood. I want to direct our attention back to that one moment, where this switching happens. What would it mean for a philosophical origin story to omit this beginning? The answer lies within the traumatized subject, who represents this collapsing of interiority and exteriority. I believe that the conceptual scaffold of hypostasis offers resources to think about the temporality of complex trauma, and the subjecthood of complex trauma survivors.

The notion of the not-yet subject appears in J. Reid Miller’s book *Stain Removal*, where he delineates the necessity of the not-yet subject in Immanuel Kant’s ethical framework. Miller demonstrates that for the Kantian subject to be able to act freely, “the “not yet” must serve as the virtual threshold between the subject’s inaugural innocence as potentiality and its criminal possibility as corporeal.”⁴⁷ In Kant’s model, all subjects are born free until they act, at which point their actions are accorded ethical significance. There must be a separation between the pre-ethical subject’s freedom, and the legibility of their actions as good or bad. Yet, Kant’s views on illegitimate children contradict this framework, since he believed that children born out of wedlock could be put to death for having “stolen into the commonwealth.”⁴⁸ Miller raises the questions: how could it be that their coming into existence was a crime, when all subjects are supposed to be innocent before having committed any actions? What happens when one’s inaugural action is a crime? It is only through the separation of the moment of freedom and criminality by the moment of not-yet, that the subject’s freedom is earned. But the illegitimate child confounds this separation. In

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⁴⁸ Miller, *Stain Removal*, 41.
fact, a subject’s actions can only be read qua value; the narrative of the ‘free’ or ‘innocent’ ethical subject must be constructed in order to conceal how “Freedom here is won and lost in the same instant; or, rather, it is far from clear that the “not yet” meant to separate these two moments secures an agency sufficiently meaningful to prevent their collapse.”

Similarly, the complex trauma survivor is the not-yet subject, since they lie at the threshold between subjectivity and anonymity when experiencing the hypervigilance of insomnia, which is an encounter with the there is. For Levinas, the possibility of recognizing being in general only opens up when the subject is not given access to unconsciousness. The not-yet is hyphenated, the negation and the frame of temporality are always linked. A crucial distinction emerges between the ambiguity of Kant’s not yet and that of the complex trauma survivor as a not-yet subject: while the former is a rhetorical move, the latter is a radical opening of possibilities for theorizing.

In being restricted from retreating into the space of unconsciousness that Levinas’ scene of insomnia captures, the complex trauma survivor reveals the necessity of the movement between consciousness and unconsciousness for the subject to exist in a world where objects are given. The structure of the world exists before the subject. The birth of the subject opens access to a world of objects that is simply waiting for the subject; the subject inherits the world. Curiously, the ocular metaphor of racial arguments mirrors the play between darkness and light that is a central preoccupation for Levinas. For him, “Existing, in the whole of Western idealism, refers to this intentional movement from inwardness to the exterior. A being is what is thought about, seen, acted on, willed, felt-an object. Consequently, existence in the world always has a center; it is never anonymous. The notion of the soul, of an enclosed inwardness, is constitutive of the existence of the world.”

49 Miller, Stain Removal, 42.
50 Levinas, Existence and Existents, 29.
space of complex trauma, we can shift from philosophical discourses of trauma from
presence to those of potentiality. Philosophical subjecthood is a project of closure: to be
someone, one has to give the possibility of being anyone at all. But there are ways in which
trauma survivors can access (through anonymity and depersonalization) the radical
potentiality of being anyone at all, which is how I understand Levinas to be describing the
relationship between the insomniac and the there is. In non-linear temporality, this notion
becomes more complicated. Levinas’ critique of Western philosophical subject is useful, but
he replicates the same disciplinary errors that I locate in philosophical discourses on trauma.
Levinas sets up his world as structured by dualisms, even though he criticizes the under
theorizing of unconsciousness in philosophical literature. His philosophical discussions are
set in linear time, so they still inherit some of these problems.

Moreover, the temporal frame of the not-yet represents the hope for potential, and of
the possibility of a future where the subject can be redeemed. Trauma is often discussed only
in terms of temporal past-ness, but its implications for the future are just as relevant. There
becomes a closure of future possibilities, though Levinas is urging us to look at presence and
the present. It is important to note, however, that Levinas himself is not hopeful about the
possibility of reclamation of the future for traumatized subjects, since he rues, “Pain cannot
be redeemed...retribution in the future does not wipe away pains of the present. There is no
justice that could make reparations for it. One should have to return to that instant, or be able
to resurrect it. To hope then is to hope for the reparation of the irreparable; it is to hope for
the present.” 51 When eternity becomes the locus for salvation, the future becomes a
resurrection of the present. This leaves the survivor hoping for the reclamation of presence in
the present that is always already lost in the past.

51 Levinas, Existence and Existents, 93.
Conclusion

In conclusion, the lived experience of complex trauma survivors is an avenue to explore the paradoxes within the formation of consciousness and a world for subjects. An examination of diagnostic criteria and philosophical literature on trauma reveals how their fundamental ontological premises of human existence in linear time and the location of human existence in consciousness fails to capture the phenomenology of complex trauma. The fundamental nature of complex trauma specifically, however, is that it resists resolution. Building upon Levinas' critique of Heidegger, I presented an argument about how complex trauma survivors can open up a theoretical space to think about unconsciousness, and the not-yet subject. As philosophers, we must address our complicity in denying the reality of complex trauma survivors. One way to do this is to critique notions of the subject that are premised on the non-existence of traumatized people, like the linear dualisms of Heideggerian ontology. The misunderstanding of temporal subjecthood changes how complex trauma survivors understand themselves and others.

Ultimately, we theorize in time, so the types of temporalities we adopt as philosophers quite directly shapes the theories and modes of knowing we share as an intellectual community. When we widen our temporal horizons, we can practice philosophy as a project of radical imagination. Theorizing the space of complex trauma invites philosophers to radically imagine different objects, subjects, worlds, and temporalities. The essays of Black survivors of childhood sexual abuse in Aishah Shahidah Simmons’ Black feminist anthology Love WITH Accountability: Digging Up The Roots of Childhood Sexual Abuse help me conceptualize what it might mean for us philosophers to be creative in this way. Though the traumatic experiences of each author and the intersections of their identities are unique, they are all united in imagining futures without prisons, where community practices keep children safe. The transformative justice orientation of the anthology means that these survivors
believe in the ability of their harm-doers to change, and hold themselves accountable. I was particularly moved by the conclusion of Qui Dorian Alexander’s essay in the collection, *Thoughts on Discipline, Justice, Love and Accountability*:

“As we continue to reflect on the words and ideas that we hold to be true, are we giving ourselves the time and space to complicate those narratives? Are we asking more questions to dig deeper? Are we giving ourselves permission to be honest with how we react to those questions? I invite us all to think about words that we’ve grown to accept, the words that don’t sit right with us, and the words that prevent us from showing up for ourselves from a place of love. As we heal the wounds and the trauma that certain words hold for us, we can begin to re-create and reimagine our existences. We can begin to create new visions for our realities.”

Complex trauma survivors ask us to re-envision the world, and what it means to be human. The future is not a replication of the present, but instead gains a different temporal significance here. The future becomes a space of imagination, of plurality. Instead of the redemption of an individual subject, survivors demand instead that we change the world. In highlighting the importance of darkness as a necessary condition for light, complex trauma survivors require philosophers not to take anything or anyone for granted. This is what complex trauma survivors bring to light.

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