



## Spatialising skin: Pushing the boundaries of trauma geographies



Gail Adams-Hutcheson

Geography Programme, The University of Waikato, Private Bag 3105, Hamilton, Aotearoa, New Zealand

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### ABSTRACT

By focusing on the somatic qualities of trauma this paper addresses emotion and affect as a means to link together trauma's spatial, physical, subconscious and psychosocial dimensions. Its aim is to extend theoretical discussion on spatially located affectual moments of trauma by utilising the concept of skin. Skin is used here as a metaphorical and theoretical framework for examining ideas of boundaries and containment. A container is a deceptively simple idea but requires constant maintenance. Trauma, however, often threatens to spill over the boundaries of containers exposing the fluidity of boundaries both theoretical and material. Close attention is paid to the psychoanalytic idea of skin to extrapolate how trauma draws in ideas of surfaces and abjection. In some ways abjection exposes the fragility of borders, how they can be threatened from both without and within. When working across the skin, an examination of what bodies do in both the post-disaster environment (Christchurch) and in relocated spaces (Waikato) is undertaken to illuminate the theoretical premises of this work. People move toward others in order to share their experiences, thus, trauma is encountered as both: individual and social, interior and exterior, incorporating body and psyche rather than separating the terms.

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### 1. Breaking and remaking the skin of the collective: relocation

As this research is located in critical human geographies, the 'spatial turn' in trauma studies called for by Walker (2010) is timely and warranted. Traumatic experiences fuse the present with the past, and 'flashes' of the event are able to re-engage bodily senses which may remain both timeless and placeless. Quite literally trauma is able to remap time and place onto bodies. Geographers, then, are interested in this radical destabilisation of spatial connection between trauma, body and place. Crucially here I locate the body as a site of trauma. Emotional and feminist scholars have long argued for the importance of embodiment to geography (Davidson and Milligan, 2004; Longhurst, 1997, 2001; Sharp, 2009). Embodiment holds potential for providing fruitful contact between emotional geographies and trauma studies. This paper incorporates emotion and affect as a means to link together trauma's spatial, physical, subconscious and psychosocial dimensions. The body, then, becomes a place or location to explore the somatic qualities of trauma.

Focusing on the embodied qualities of trauma offers a challenge to dualisms such as individual/collective, embodiment/psyche,

interior/exterior and static notions of time and place. Emotion, affect and trauma move the body in particular ways, and are traced through drawing people into collectives. The changing power of a body and its ability to enter into relations with other bodies (collectives) shows the circulation and movement of emotion and affect (Ahmed, 2004). Emotion, affect and trauma enfold bodies into a process of becoming, as becoming something other than in the moments before (Massumi, 2002; Moss, 2014). This transformative potential of affect involves bodily reactions and intensities. Including emotion and affect means that ideas around movement are scrutinised, whether bodily (Spinoza, 2000) or through a sense of 'push' in the world or force of affect (Seigworth and Gregg, 2010; Thrift, 2004), the potential to be something other (Massumi, 2002), or indeed toward collective engagement (Ahmed, 2004).

Linking conceptualisations of trauma to theories of subjectivity developed through critical human geographies, in particular feminist and emotional geographies, the emphasis on emotion and affect draws a line to the role of embodiment in the transmission of trauma. In short, understanding trauma as occupying psychological and corporeal spaces is significant to reimagining trauma as a geographic phenomenon (Micieli-Voutsians and Coddington, forthcoming). Brennan (2004) outlines how affect may be transmitted from body to body, for example, being 'sapped', 'tired' or 'depressed' in the company of someone, while conversely feeling

E-mail address: [gaila@waikato.ac.nz](mailto:gaila@waikato.ac.nz).

'energised', 'inspired' or 'invigorated' by others. In this way affect is seen as a process that is transmittable, transmutable, picked up, transformed, re-shaped and re-shared. Similarly, trauma has the power to transmit through visceral registers from person to person and from generation to generation (see [Edkins, 2003](#); [Micieli-Voutsians and Coddington, forthcoming](#)).

Unconscious forms of communication link with ideas about the movement of emotion and trauma, the ways in which they move us both literally and metaphorically – we are also touched by experiences both through direct corporeal perception and through non-conscious mediation of those worldly experiences. [Clark \(2005, 385\)](#) captures well the affective relationships that are exposed in traumatic settings explaining that: “to experience a disaster is to feel your world fracturing or tearing. But to respond to someone in need is also a kind of rendering or opening of your world”. Often we are moved emotionally and physically. Reinterpreting psychoanalytical ideas, based on Freud's transference and countertransference, as tools for embodied engagement in research has been utilised in geography (see for example, [Bondi, 2014](#); [Hutcheson, 2013](#)). Here these same ideas allow scholars focusing on trauma to think about bodies and their boundaries as porous, pushing further out from the physical limit of the skin.

Throughout the paper trauma has been conceptualised as a wave of feeling that threatens to spill-over into the everyday. Emotional geographers' attention to daily practices are useful to illuminate that trauma can have a presence in the mundane. Trauma often fails to leave the body and is embedded in the everyday – it sticks to the skin. This consideration of trauma that sticks to the skin challenges the theorisation of trauma as a 'breakdown' or rupture – a momentary interruption in time and space – ([Caruth, 1995](#); [Freud, 1939](#)). Trauma does not so much interrupt, but rather may be embedded into the skin in various ways. In this analysis skin is placed as a central mode of relation, that is, to emotion, affect and bodies. Since our bodies are located in a context or a particular space or place, it becomes important to examine the interplay between embodied materiality, immateriality or non-human things, in this case, extreme earthquake events. The empirical examples are drawn from a project which centres on relatively recent earthquakes in Christchurch, Aotearoa New Zealand. In order to use skin as a theoretical beginning I outline the empirical work that organises this paper and provide a brief methodological note. Subsequently I discuss methodology and then present a critical discussion of the empirical examples considering several emergent themes in turn.<sup>1</sup>

## 2. Christchurch

In the early hours of Saturday 4 September 2010, residents in Christchurch, New Zealand's second largest city were shaken awake by a 7.1 magnitude earthquake. The earthquake and following aftershocks caused significant damage to buildings, and major flows of mud and silt from liquefaction. Notably, no-one was seriously injured or killed, but waking up in darkness to houses 'shaking like a wet dog' and the smashing of household items was considered traumatic by many. Bitterly for the people of Christchurch this was just the beginning of over 10,000 earthquakes in the region. Of this estimated total of earthquakes and aftershocks

400 have been more than magnitude 4, and over 40 have been more than magnitude 5 (see [Wilson, 2013, 210](#)). In 2011 there were three significant earthquakes (between 6 and 6.3 on the Richter scale) in February, June and December. Although the 22 February earthquake was the most destructive, resulting in the loss of 185 lives and \$20–30 billion NZD of damage. Fire broke out in the collapsed Canterbury Television (CTV) building where most of the fatalities occurred. The main open space, Hagley Park, became a make-shift triage centre and the central business district was closed swiftly by the New Zealand Army, Police and Fire crews. Local and international Search and Rescue personnel also arrived quickly working through large and dangerous aftershocks to find survivors.

Further impacting on local people was living for months and months on end with strong aftershocks which took an enormous emotional toll on the residents of Christchurch. It was said that while most people could cope with the first two major earthquakes and deal with the losses, the next two on 13 June 2011 and 23 December 2011 “particularly dented psychological resilience” ([Wilson, 2013, 211](#)). The last major jolt on 23 December 2011 was especially cruel, prompting a great deal of angst, doubt and (re)trauma among the people who stayed. The immanent possibility of another massive earthquake was a constant focus in conversation in the post-impact phase. The empirical work for this paper is based around people who relocated out of Christchurch (the Canterbury region) in the South Island to Hamilton (the Waikato region) in the North Island of New Zealand between February and July 2011. A number of geographically based studies examine the emotional and psychological impacts of varying types of disasters ([Convery et al. 2008](#); [Lund, 2012](#); [Morrice, 2013](#); [Pini et al. 2010](#); [Tapsell and Tunstall, 2008](#); [Whittle et al. 2012](#)), but few have incorporated the people who have left permanently. By including permanently relocated people, the permeable connections between trauma, memory and places are examined, thus sites of trauma are considered to be multi-located and changing (see also [Walker, 2010](#)).

### 2.1. Skin methodologies

The empirical work for this paper draws from a PhD project conducted between 2011 and 2014 which focused on relocation stories of people who moved out of Christchurch (Canterbury region) to Hamilton (the Waikato region) in the North Island. Respondents had few prior contacts in the Waikato region and largely chose the area due to its relative geological stability. Generally, participants had been renting in severely damaged areas of Christchurch, some houses were unliveable, and they tended to be from either end of the economic spectrum. Some families left with “just the shirts on our backs” ([Hutcheson, 2013, 483](#)), while others had sufficient funds to re-establish in affluent parts of Hamilton City. Out of the 19 families, only six relocated directly after the second massive earthquake on 22nd February. Relocation, then, was often considered to be a 'last resort' decision.

In order to locate potential respondents, the research was advertised in local and regional newspapers. In-depth and semi-structured interviews were conducted with 19 families, of which 18 were with households (encompassing approximately 62 people), and one individual. On the whole interviews were undertaken in October 2011 in the private homes of respondents, with only one couple deciding to meet somewhere else, and a single person in a disability day-care facility. A small focus group followed the interviews, the research, then, moved to less formal gatherings named 'spontaneous focus groups' and the construction of a semi-formal support group *Cantabrians in Waikato* ([Adams-Hutcheson, 2014](#)). Being able to give something back to the respondents in

<sup>1</sup> I realise that this paper is organised in such a way that creates a potentially problematic split between theory and empiricism. It is acknowledged that epistemology and ontology are far more embedded, intermeshed and mingle than is presented here. The separation of empirical examples from the theoretical discussion is done in such a way as to introduce my ideas more clearly. Empirical material makes clear how the skin expands trauma geographies to include spatial, physical, subconscious and psychosocial dimensions of relocation.

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