

Understanding Trauma in Nandini Sahu's *That Elusive Orgasm of An Incest Victim*

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ABSTRACT

Nandini Sahu's narratorial oeuvre vociferously yet delicately contributes towards the study of the female psyche and the body from a nuanced feminine perspective. *That Elusive Orgasm of an Incest Victim*, for instance, charts the anatomy of the psychological trauma of the victim, Jhumpa. This paper attempts to course through the inexpressible, unintelligible, and indescribable vestibules of trauma responses evident and resident in the tangible and intangible portions of the female body. It explores the traditional and pluralistic models of trauma that seek to delve into the problematics of the linguistic representation of the experience of the traumatised consciousness. The paper asserts the potential of the voice of Sahu's Jhumpa as a critical document in pluralistic critical trauma studies given its narrative from a cultural physio-psychoanalytical perspective.

Keywords: *Trauma, physiological analysis, psychoanalysis, body politics, consciousness.*

Violence precludes trauma. Nandini Sahu's *That Elusive Orgasm of an Incest Victim* (2023), ventures into narrativizing Jhumpa, the incest victim and being a witness to her physiological and psychological response to a traumatic incest at the age of sixteen by her Babai, her biological father, for three years. Sahu subtly charts the trajectory for a psychoanalytical reading of the narrative by her choice of terminology that succinctly echoes Trauma Studies, "An elusive orgasm that was indefinable, subtle, intangible, indescribable, fulfilling and soul-searching" (Sahu). Debra Jackson, in *Answering the Call: Crisis Intervention and Rape Survivor Advocacy as Witnessing Trauma* posits, extending Cathy Caruth's theory, that the psychological response of a person to events that are life-threatening are oftentimes "unintelligible", "indescribable, unspeakable, or inexpressible" delineating linguistic failure or inadequacy due to the incredibility of the traumatic experience (210). The long-term causal affective as well as cognitive and physiological wounds, despite the healing of bodily wounds, bring about "dissociation" generating a "splitting of mind from body" (Jackson 209). The initial wave of criticism of trauma studies in the 1990s saw the popularization of the concept of trauma as an event that was unrepresentable, bringing to the fore the contradictions inherent within experience language. In trauma's pluralistic model which followed the traditional trauma model pioneered by Cathy Caruth, trauma is looked upon as an event that fragments

consciousness, thereby problematizing a direct linguistic representation. Wherein unspeakability is not the defining feature but one among the many features of trauma.

Sigmund Freud's theories on experiences of trauma guide the psychological concepts in Trauma Studies. He emphasizes that suffering is "unrepresentable" given the severity of the suffering, rupturing even meaning (Balaev 360). Freud's *Beyond the Pleasure Principle* (1961) asserts that the theory of psychoanalysis does not hesitate in its assumption that the course that is taken by mental events is regulated automatically by the pleasure principle wherein the "production of pleasure" is the "avoidance of unpleasure" (1). Expanding on this Freudian claim of the mental events being subject to regulation by the pleasure principle, an obstruction or disruption to it by a "an external agent", trauma, has the capacity to shock the system which is unprepared and a defensive internal action takes place against overstimulation (Balaev 362). By this explication, trauma could be understood as the "unpleasure" that is meant to be avoided. In contrast to Freud's claim of the unrepresentability of this unpleasure incapacitating meaning and linguistic comprehensibility of the subject of trauma is Henry Krystal's claim in *Trauma and Aging: A Thirty Year Follow-Up* that the intensity of the stimuli is not the cause of adult psychic trauma rather this state of trauma initiates when it recognizes danger that's inevitable and it surrenders to the danger, a surrender pattern which is similar to "freezing, playing possum or panic inaction" seen commonly across the animal kingdom (80). Sahu's Jhumpa responds similarly when she submits to her Babai's touches which were "uneasy initially" where initially he touched her "tenderly" and then rushed into her "vigorously" but he assured her that she needed to close her eyes and "surrender to the Goddess" (Sahu). Despite it being painful and traumatic the act was performed ritualistically every single day henceforth for three long years, from where she had no escape and in the confession box Jhumpa confessed that she did not mind it anymore saying, "I like whatever he does to my body" and sleep eluded her "unless Babai does it and puts me to sleep" (Sahu). This response of "freeze" and "tend and befriend" also features in the trauma analysis developed by Dr. Stephen Porges, a professor of psychology and bioengineering and the founding director of the Traumatic Stress Research Consortium of Indiana University. Termed as the 'polyvagal theory', also known as the Dr. Porges's theory, it sees a connection between the evolution of the "autonomic nervous system and emotional expression" (Wolf 128-29), creating and understanding of the dynamic interaction of bodily states and mental constructs with environmental triggers that occasion discordant behavior. Naomi Wolf in *Vagina* (2012) elucidates that the amygdala, a portion of

the “triune brain” that deals with issues of survival, takes control when we feel threatened and either has a fight or flight response (one of amygdala’s response to threat) to which Porges introduced the freeze and befriend response to understand the tricking of the predator to make believe that the prey is dead already (129). Wolf recognizes this ‘detach’ reaction from her work with survivors of trauma, especially those who had been sexually abused in their childhood where she found the “out of body experience” common during assaults and from this “disembodied state” the child knew how to leave the body (129-30). Does Sahu then make us, witnesses to Jhumpa’s confession, privy to the fact that Jhumpa was narrating an ‘out of body experience’, a ‘freeze’ and ‘tend and befriend’ to survive, tricking not only her predator but also herself into believing that “I like whatever he does to my body”? This trauma response in the event of immediate danger which is inevitable and inescapable an affective process is initiated, which Stern (1951) has called “catatonic reaction.” A brief paralysis of initiative is followed by varying degrees of the immobilization of the victim that culminates in unchallenged obeisance. This is followed by a process of numbing where the pain responses become dysfunctional leading to what Eugene Minkowski (1946) called “affective anaesthesia,” and Robert Lifton (1967) extended the idea to “psychic closing off” (Krystal 80). The subconscious deferral of Jhumpa’s sleep till the act was done could be read as a period of anaesthetizing the mind and the body as a response to impending harm and danger which Freud terms as “fear”, not fright. Jhumpa’s body and mind were in perfect cognizance of the ritualistic incestual act therefore they, in tandem, psychically closed off possibly leading her to believe that she looked forward to Babai’s act to sleep, to sleep when the violence had run its course and there occurred a significant physiological and psychological survival.

In *Vagina* (2012), in the section ‘The Traumatized Vagina’, Naomi Wolf seeks to understand, through various interdisciplinary approaches, how rape and early sexual abuse alter the functioning of the vagina. Jhumpa’s husband Abraham, in Sahu’s story, confides in Grace, Jhumpa’s friend who also performed the role of a crisis interventionist in the survival of the incest victim, that they hadn’t consummated their marriage for a very long period and even when they did Jhumpa was sexually distant and mentally absent. This “elusive” (ness) of the orgasm that sets the story into motion brings us to question how the vagina functions, how it responds to forces like Babai and Abraham. Dr. Burke Richmond, one of University of Wisconsin’s neurologists, explains to Wolf that sexual trauma and rape can indeed stay in the vagina and in the female brain. Rape and early sex abuse change the functioning of the

sympathetic nervous system (SNS) which helps in activating the fight-or-flight trauma response (Wolf 109). The SNS is also thought to be instrumental in the preliminary stages of female sexual arousal (Rellini and Meston). Rellini and Meston designed a study published as *Psychophysiological Arousal in Women with a History of Child Sexual Abuse* (2006) where they investigated the hypothesis that there was a high incidence of difficulties in sexual arousal found in women with a history of Child Sexual Abuse and Post Traumatic Stress Disorder (CSA + PTSD). The study concluded that the physiological sexual response of women with CSA and with CSA+PTSD to erotic stimuli differed from the response of control women. The resultant sexual problems proved detrimental to the survivor's ability in developing a healthy and satisfying intimate relationship which was crucial to facilitating healing in the survivor. Pertinently, Bутtenheim and Levendosky in *Couples Treatment for Incest Survivors* (1994) describe a sexless marriage as one of the manifestations of the difficulty that the survivor faces with sexuality. Citing Bутtenheim and Levendosky, Kathryn Hall in *Sexual Dysfunction and Childhood Sexual Abuse: Gender Differences and Treatment Implications* argues that a sexually dysfunctional relationship involving a sexual abuse survivor or an incest survivor is "an elaborate mutual reenactment of the original incest" (Wolf 361). This explains Jhumpa's inability at arousal and orgasmic satiation despite being in a safe relationship with Abraham. In her struggle with her "bodies' sexual resistance and refusal", her vagina, which according to Lousada is partly designed for pleasure, reflects the pain and trauma of the rape resulting in vaginal numbness or vaginismus, a physiological reaction to a psychological trauma (Wolf 125).

In *That Elusive Orgasm of an Incest Victim* (2023), Sahu places Jhumpa, strategically between the two masculine figures of Babai and Abraham to highlight the nuances of religio-cultural conception and treatment of abuse/violence, trauma, and silence. Also crucial are the feminine figures of Mai, Grace and Ninny and their roles in the silencing and the voicing of trauma commenting/critiquing on a plausible web of sisterhood facilitating the reclaiming of the lost selfhood of the incest survivor, through witness and testimony. As "critical trauma studies invokes an ethics of intellectual and moral engagement" we look at the aspect of agency of speech which is disrupted in Jhumpa's case due to "trauma's production of silence" (Caruth 5,10,11). Caruth's imposition that trauma may render the subject voiceless and in that silence is poured the urgency to speak and to act, to expedite recovery and healing (11). Testimony therefore becomes crucial but in the process of testifying, re-telling of the story, "to heal" from

the trauma, the need to heal obstructs the story. The labor and effort of recuperation, the measure of one's "healing" agency or ability lies in moving as "close" as possible to the event and in determining what requires to be "memorialized in objects of historical and psychological inscription" (33). The memorialization to testify is problematized by Debra Jackson in *Answering the Call: Crisis Intervention and Rape Survivor Advocacy as Witnessing Trauma* wherein she posits a concern that even though trauma survivors are the firsthand witnesses of the traumatic episode and therefore may be the most reliable source of testimony about what occurred, the nature of trauma causes a disruption in the survivor's ability to fully comprehend the full extent of the experience (207). Cathy Caruth, the trauma theorist, extends concern that when the victim/survivor recalls through a "compulsive repetition of the experience", what haunts the survivor is not only the reality of the event but the incognizance of the ambit of the violence (Jackson 207). So, for Jhumpa to have testified in the confession box in church to an invisible entity, "Oh God", plays a dual purpose of being heard, one to God and second, most importantly to herself, the first original witness to the violence and an aural witness to her testimony. This re-assertion through speech aids the reclamation of the self and attempts a restoration of the lost "I" of her body that, according to her has "...been soul-dead since my childhood" (Sahu). This too is complicated because, according to Caruth this is the paradox of trauma, where "the most direct seeing of a violent event may occur as an absolute inability to know it; that immediacy, paradoxically, may take the form of a belatedness" (Caruth 208; Jackson 207). Jackson opines that even as survivors attempt to reconstruct the fragments from memory into a story, "trauma resists representation" (210). This is where Sahu makes Grace and eventually Ninny and to some extent even Abraham intervene as witnesses to the trauma and responsibly exercise the "ethics of intellectual and moral engagement" (Caruth 5). Debra Jackson sensitively outlines the aids to compassionate and empathetic listening to the stories of the victim, a special technique called "witnessing trauma", a particular way of listening wherein the witness is able to "hear" what language cannot adequately articulate. The intersubjective process of witnessing the survivor's testimony involves a shared responsibility for the reliving and re-experiencing of the traumatic event and simultaneously assisting the victim in reclaiming her subject position by helping her to extricate herself from the event providing the narrator of the testimony the required distance to empathize with her own self. Jackson terms this as "emotional contagion" and "empathy", where the former is the involuntary emotional response witnessed in Ninny's sensitivity towards Jhumpa and empathy, a consciously cultivated cultural skill (211-15). Ninny meets Jhumpa's unabashed nudity and

cultural inconsideration towards the conduct of the body with “We didn’t judge her. She was a survivor, and we were glad she started talking” (Sahu). Ninny’s respite in Jhumpa’s breaking the silence again, irrespective of its relevance and significance, converges with Dori Laub’s emphasis on the importance of “recognizing, respecting, and meeting silence when listening to testimonies of trauma” which comes from a place of understanding trauma on a personal level being a Holocaust survivor and from a professional space of psychological understanding being a practising psychoanalyst. Laub states that silences of these kinds bear witness to the “impossibility of testimony” even to oneself therefore the required empathy (Jackson 214). Abraham, Jhumpa’s husband, the one most affected by the traumatic aftereffects of the rape survivor’s body appears to aptly perform Laub’s instructions without being in the know of the details of her traumatic past. Grace met Jhumpa’s silence with empathy and tact by allowing her a safe space to at least be able to testify to her own self while recording it tacitly for legal purposes. Extremely pertinent to the notion of survival in trauma is testimony and Jhumpa does testify in the confession box with a triumphant “Today I am relieved after confessing before you, whomever you are” (Sahu). Dori Laub very succinctly emphasizes in *Truth and Testimony: The Process and the Struggle* that the survivors needn’t only survive to tell their stories, it was imperative that they narrate their stories in order to survive. Laub is careful to point that one mustn’t discount the survivor’s testimony and weigh its consistencies and inconsistencies and propositional and empirical details rather than allow the freedom of the survivor trapped inside her experience. Empathy is crucial as pointed out by Jackson, but it is equally crucial to be cognizant of the fact that the witnesses, irrespective of the precision with which they identify with the emotional experience of the survivor, they are distant from the immediate act of violence and the physiological, psychological, and emotional response is not our own but that of the victim/ survivor, hence free from judgement. This could be the reason why Ninny, the narrator and witness of this narrative of incest, and Grace, the first responder to the incest are unable to comprehend why despite Jhumpa’s feeble words of protest, “No Babai, please go! Don’t do this to me!” as a grown-up survivor of incest, a decade later, submits to the perpetrator and suggestively obtains the “elusive” orgasm. The inability of Grace, Ninny and Abraham to comprehend her reactions and to an extent attempt to rectify and eventually fail, is a web of another lot of witnesses of the trauma. We witness a form of trauma called “compassion fatigue, secondary trauma or vicarious trauma” as termed by psychologists. It is a variety of experiences ranging from sudden periods of depression, despair, nightmares, numbness to even thoughts of suicide. Though none of the witnesses show these signs in

extremity, they do feel a few of the symptoms termed as “traumatoid states” by Wilson and Thomas which is a form of occupational stress, a result of working with trauma survivors (Jackson 224)

Leaning on the critical trauma theory to understand Jhumpa’s physiological/ psychological inclination towards her perpetrator, Dori Laub’s *Truth and Testimony: The Process and the Struggle* throws light on the path by stating that “one has to know one’s buried truth in order to be able to live one’s life” (63). Is Jhumpa’s revisiting the site of incest a way of reclaiming her life by altering the temporality of the event? In going back to the perpetrator and revisiting the site of incest, Jhumpa possibly makes an attempt to re-access the memory to realise the true impact of the trauma that was inaccessible to her during the course of the traumatic episode. Trauma theory identifies this as the “period of latency between the time of the traumatizing event and the full emotional impact of the event” (Jackson 206). Michelle Balaev in *Trauma Studies* echoes this exact sentiment that Freud also delineates in *Beyond the Pleasure Principle* as “traumatic neurosis”, where the victim is compelled to repeat the memory of the event that’s traumatizing, hoping to gain mastery of the unpleasant feeling of the episode (Balaev 362; Freud 19). Because the victim/survivor is unable to recall the essential part of the trauma because of the splitting off of the ego, the dissociation from the traumatic event, the victim/survivor “is obliged to repeat the repressed material as a contemporary event instead of ... remembering it as something belonging to the past” (Balaev 362; Freud 18, 19). Sahu’s Jhumpa can then be understood to be trying to bring the traumatic event to contemporaneity to confront it because she “wanted to experience that every time she had those rare intimacies with her husband.” Defined as Post Traumatic Stress Disorder (PTSD) in psychological literature, the symptoms disrupt normal life and conjugal life as Burgess and Holmstrom characterised it in *Rape Trauma Syndrome* where in its second phase defined by them as the phase of re-organization, is a period where the victim tries to re- structure her life. It is characterized by constructive activities such as “changing residences, changing telephone numbers, or visiting family members” (Giannelli). Jhumpa in her silence tries to negotiate why her Mai remained silent. Among the many witnesses of the traumatic experience, foremost is her silent Mai. In her Mai’s inability to subscribe to “the cultural script for married couples’ sexuality” due to her bodily paralysis, which “allows husbands to have sexual access to their wives” with an argument that women couldn’t refuse their husband’s efforts for sexual initiation, there is a transferal of sexual access onto Jhumpa because men “deserve unmediated

access to women and their bodies” even allowing coercion, erasing boundaries of “consent and non-consent” (Schwab 67, 72). Jhumpa allows the reenactment of the trauma, in fact she takes charge of it because trauma has now assumed its full force precisely because of its “temporal delay” and demanded an action for survival in the present day beyond the survival from the incest a decade back (Caruth 9).

Sahu’s character, the victim of incest, Jhumpa responds in accordance with the traditional Freudian model of trauma studies wherein the original traumatic event is not traumatic but the remembrance of it is. The repressed experience of the sexual assault causes traumatic hysteria, a delayed response of the original event of the incest. In her oscillatory journey from the incest, through catalepsy, silence, testimony, witness, narration, survival and ambiguous reclamation of the self or re-submission to incest, Jhumpa traverses the psychological roadmap of a trauma survivor. Sahu’s narrator and narrative maintain an “empathetic connection” with the victim/survivor by “minimizing intrusive intervention” which is essential for “respecting the person’s autonomy” (Jackson 223).

Though not one with more “currency” in “medical discourse” but in “media”, Stockholm syndrome, seeks attention as we attempt to delve deeper into Jhumpa’s psychology of inexplicable affinity towards Babai, the sexual abuser and captor (Jameson). The Stockholm syndrome, termed so after a failed bank robbery in Stockholm, is described as the “positive emotional bond a kidnap victim may develop towards their captor” (Namnyak 1). Namnyak et al speculate that this “terror bonding” or “traumatic bonding” could be the defence mechanism of the victim which allows sympathy towards their captor, limiting defiance and eventually maintaining survival in an otherwise “potentially high-risk scenario” (Namnyak 1). In ‘Stockholm syndrome’: Psychiatric diagnosis or urban myth? Namnyak et al refer to Graham, Rawlings & Rimini’s study where underlined are four precursors to the syndrome one being a belief of the inescapability from the captor and a complete dependence on the perspective of the captor/abuser. This paralysis of reason witnessed in Jhumpa’s absolute belief and retrospective sympathy for Babai resonates Jülich’s postulation of the susceptibility of Stockholm syndrome in children in Stockholm syndrome and Child Sexual Abuse wherein is stated that in a situation of sexual abuse situation, there typically is a preexisting emotional bond between the abuser and the child which complicates the possibility of a psychological escape from the abuser (Cabrera 10). Though uncertainty and ambiguity dictate the syndrome as it is “not included in any international classification system of psychiatry” and hence non-

standardised, it nonetheless attempts an insight into understanding the “twisted relationship” (Jameson) with one’s sexual abuser, plausibly as a survival strategy (Namnyak 2).

That Elusive Orgasm of an Incest Victim, therefore proves to be a crucial document in pluralistic critical trauma studies owing to its narrative from a cultural physio-psychoanalytical perspective, which according to Jackson is a preferred way of attempting to approach and understand trauma by listening with an “openness to receive the story the narrator transmits, willing to hear not only what is said but what is unsaid, discerning the meaning of its silences” (Jackson 217).

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