

Anxiety and Paranoia as Consequences of War Trauma in Shira Naiman's The Listener

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ABSTRACT

The effects of traumatic war experiences have been recorded throughout history, particularly through literature. Unlike the earlier studies about Shira Nayman that attributed trauma to victims only at wartime, this study argues that traumatic experience in the selected novel is attributed to perpetrators too and it concerns with a specific question on how war disruptions have enormous impacts on civilians as well as perpetrators. This research aims to achieve the following objectives: first, to investigate anxiety as a stimulus of psychic trauma caused by war crises; second, to examine paranoia as the manifestation of the character's traumatic experience depicted in the selected work; and third, to explore post-traumatic stress disorder as the ultimate culmination of the character's anxiety and paranoia caused by war crises portrayed in the selected work. This study is based on Cathy Caruth's trauma theory and Sigmund Freud's psychoanalysis. Two psychological concepts that will be explored are anxiety and paranoia caused by war crises portrayed in the selected work. The present study shows that war trauma as a psychological condition is not limited to victims, the perpetrators are another type of sufferers. All the selected characters with their agonies and tortures, reflect a good perception and a deep comprehension of trauma concepts and its consequences in Nayman's novels.

K E Y W O R D S

Anxiety, Paranoia, War Trauma, The Listener, Cathy Caruth, Sigmund Freud.



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1. Introduction:

In a world where wars are frequently engaging the headlines, it is fundamental to discover the traumatic oppression and destruction that lay under the false cover that politicians picture to justify violence. Wars, normally admitted as mass producers of death, traumatize humans and greatly change their view of life. World War II was certainly not the first war with soldier agony from post — traumatic stress disorder and similar sympton, was called fight deficiency.

The origin of trauma can be traced back to the Islamic story of creation of Adam and Eve and their fall from heaven. When they fall from heaven (The Eden's Garden) to the earth, they are traumatized because they disobeyed God by eating from the "forbidden tree". Both Adam and Eve suffer psychological anguish since Adam weeps for "seventy years" (Abubakar:13). Feeling of guilt causes them a psychological torment. Post-Traumatic Stress Disorder (PTSD) dates back to around 4000 years in Ur city when it is attacked by both Sumerians as well as Elamite civilizations but it does not regard so at that time. The term "PTSD" had not been discovered yet, but there were both physical and psychological traumatic symptoms.

Traditionally, trauma was referring to physical injury "wound" which is derived from Greek word "wound", but according to psychology, particularly according to Freud, trauma promotes to a wound that infects the mind than the body. As Harold Merskey argues that during the world war and nearly after it "many people suffered from semi-hysteria symptoms but it became impossible to diagnose its causes as the childhood sexual experience" and even to look at "hysteria as an illness that limited to women only." (Schonfelder). Whereas for Zizek and Herman, trauma is "directly caused by a crushing event extremely, unbearable for the person to cope with which is emotionally causing a severe pain and shock." (Aygan, Vol.31).

Trauma has its roots in clinical medicine and its association connected with `psychology. It gained a great status since 1990s by the findings of the theories of significant and notable scholars like Cathy Caruth, Dorilaub, Dominick Lacapra and others. They find a great interest in discussing and finding relationship between trauma and literature, to discuss the articulation of trauma within the field of literature without exceeding the limits. Traumatic effects on human beings are firstly, described in 1860 by John Eric Erichsen and Herbert Page who worked as physicians, connected with an accident of "railway", and called "railroad spine" or "concussion of the spine". Erichsen grasps that "disturbance to the nervous system might be physically produced in railway accidents" (Schonfelder) but following the previous investigation of the "railway spine", the victims develop their symptoms to be shifted from "organic or path anatomical" to "psychological and psychosomatic", since victims who witness the incident suffer traumatic symptoms like "paranoia and flashbacks". It is lately in the century, that "traumatic neurosis" comes in use as a literary term as Esther Fischer Homberger stated. Hence, at that time they focus on the survivors' nerve system. From such a perspective, trauma role is associated with mental factors like that of indemnity and fear which are considered as the main symptoms (Schonfelder). Overall, physical trauma here comes as a product or consequence of the "railway" which in turn connected with the rise of "technological and statistical society that can generate, multiply and quantify the shock of the modern life". (Luckhurst)

Right from the beginning of the history, war is one of the supreme parts in the life of human beings, and occupies many expressions in the texts of drama around many ages. Not only that, but some of the Greek playwrights are combat veterans like Aeschylus and Sophocles who work as generals, and Euripides also fights in war. Aeschylus succeed in immortalizing himself by having such a statement that engraves on the gravestone of his tomb "fought at the battle of marathon" so their works are almost about war and its bad effects on victims as well as victors who participated in. (Aeschylus).

Cathy Caruth defines trauma as "an overwhelming experience' that is related to an event of sudden or catastrophic nature, adding that the response on part of the individual, who is going through it, is usually in the form of a "delayed, uncontrolled repetitive appearance of halluncination and other intrusive phenomena (11). Furthermore, in an investigations associating to trauma, the psychological shocks are portrayed as "unrepresentability, inexpressibility, and its inability to be assimilated into narrative" (Rye 1). Rye's declaration indicates that one who is distressed is unable of articulating one's anxieties to another, nevertheless, White head disagrees Rye's claim by expressing that narrative fiction is a standard where people can state what "cannot be presented by conventional historical, cultural and autobiographical narratives." (83).

Another crucial expression is traumatic memory, or further clearly, traumatic memories of war. For Eric Leed, war trauma, that was originally produced exteremly obvious by the first World War, is explained by victim's "inability to forget, as an uncomfortable consciousness of being possessed, 'haunted' by a past they can not put behind them, and which continually intrudes into their present lives, waking and sleeping". ("Fateful" 86).

Judeth Lewis Herman observed that "[a]fter a traumatic experience, the human system of self – presevation seems to go on permanent alert, as if the danger might return at any moment" (35).

As a result, the trauma victim is haunted by "Flashbacks, nightmares and other reexperiences, emotional numbing, depression, guilt, autonomic arousal, explosive violence or a tendency to hypervigilance" (Leys 2). Numerous of the characters I will examine are tormented by their war experience throughout their lives. Traumatic memory is a vast expression that has forms, in numerous practices. In my study, traumatic memory embodies a scope of stand by terms, both psychological and literary, which I hold in my analysis of the texts. Involved in this range are comprehening of war trauma, concepts of belatedness, acting — out and working — through emgagement of traumatic memory and notions of haunting. These expressions are employed, explained, and examined in this study.

In the early "modern English literature" trauma has spread and represented widely through many wars as well as armed conflicts. Trauma representation in modern literature took different perspectives from that of Greeks. At the Greeks time, trauma is a reaction of victimization over a loss of dear ones or honour, enslavement, abuse, and shame, in the other hand, trauma in the modern sense accompanies and a reaction against commitment of many atrocities and crimes committed at the modern wars and genocides. Its meaning and causes differed and developed throughout time. (Schonfelder, 2013).

So, the traumatic result of war and cruelty can be examined in the preoccupation of popular culture and mass media with brutality in all its forms.

Shira Nayman's *The Listener* has been chosen to be analysised through the lens of trauma theory because the novel highlights issues of post — war traumatic stress disorder and the experience of war on soldiers and other characters in the novel. The research, further looks into anxiety as the first phase in the process of trauma which is motivated by post - war crises. Consequently, paranoia will be tackled as a transitional phase between anxiety and post — traumatic stress disorder, which is hardly approached in the selected work. The study will reveal anxiety as the lurking impetus of paranoia and PTSD.

Literature Review:

Literary research and criticism pay great attention to theories and their attitudes about the ways in which war damages society and the individual psyche, some of these theories are trauma theory.

A study entitled "The Representation of trauma in Shira Nayman's A wake in the Dark and The Listener" (2012) by Lise De Mey, this study deals with the representation of both first – hand and intergenerational trauma in the novels *A Wake in the Dark* and *The Listener*, as in these novels, trauma is connected to madness. Also, in both novels, Nayman relies on the gothic tradition, while however making it her own by adding connections to trauma and madness.

Page (19)

A study entitled "Writing Trauma in Iraq: Literary Representations of War and Oppression in the fiction of Sinan Antoon", by Zahraa Qasim Habeeb (2015). This study explores the textual representatios of traumatic neurosis in two novels. It utilizes the theoretical Lens of Sigmund Freud's theory of Trauma, Cathy Caruth's explanations of trauma in Literary texts, and the traumatic symptoms proposed by Judith Herman. This research concludes that trauma has led to the novels' Iraqis' confusing sense of life and death and a strong diasporic urge.

Zulfah (2011) in her thesis, "Post – Traumatic Stress Disorder Token Utama dalam Novel Biolo Tak Berdawai Karya Gumiraa Jidarama". The aim of this study is to depict a form of post – traumatic stress disorder and to depict an attempts of delivering post – traumatic stress disorder practiced by the hero in the novel. The study access of this literature utilized textual approach, specially the psychological condition of the characters in literature. She discovered that it displayed signs of post circumstance traumatic stress disorder, a form of this disorder in the pattern of flashes of memories and night mares. The power of sending stress disorder are by utilizing defense mechanism namely compensation, undoing a denial.

Sulaeman, in his thesis "The Analysis of Trauma in Stub's Novel "Scared to Death", aims to describe the representation of post-traumatic stress disorder pracitised by the protagonist Staub's novel "Scared to death" and the process of two main characters healing it in the novel. In this study, the writer discovered that the novel "Scared to Death" by Wendy Coursi Staub, displayed the signs of post-traumatic stress disorder practised differently by two main character like intrustive, avoidance, and a rousal symptoms.

Figih (2015), in his thesis "Anxiety Suffered by Elizabeth Holland in Anne Godebersons's Splendor", concentrates on Elizabeth Holland's psychological condition in Anna Godeberson's Splendor. The study focuses on the symptons; the anxiety causes and self – defense mechanisms which are done by Elizabeth against her anxious problem. Next, Freud's theory of anxiety and self - defense mechanisms will use as an analysis material to describe the character's psychological condition. Bran Nicol (1999), "Reading Paranoia: Paranoia, Epistemophilia and the post modern crisis of Interpretation", explores the relationship of paranoia and post modern culture. This will suggest offering a definition of both paranoia and post modernism as a condition characterized by a related problem in explaination. The research discovers obvious signs of 'interpretive paranoia' in examples of post modern fiction which captivating foreground the process of explaination, after affirming to be paranoid. Based on previous finding above the writer concluded that each of them utilized the same theory but different objects. Lise De Mey focused on trauma, intergenerational trauma and madness. Zahraa focused on the sense of alienation, powerlessness, stagnation and resignation by using textual representations of traumatic neurosis in these books, namely the psycholoical aspects of the characters in literature. Zulfah focused on post traumatic stress disorder by using textual approach namely the psychologcal aspects of the characters in literature. Sulaeman focused on post-traumatic stress disorder and he used descriptive and psychological approach in analyzing post-traumatic stress disorder faced by the character in the novel and the way of healing it.

Figih concentrated on the signs of anxiety such as despair, horror, miserable feeling that the character senses out of many degree. It is classified as analytical literature study as the characters review their own life which is full of emotional and self-defiance mechanism. Bran focused on the like between post modernism culture and paranoia. He explores the symptoms of interpretive paranoia. There is a deficiency in exploring anxiety and paranoia in the selected text as consequences of war trauma in Nayman's *The Listener*.

Methodology:

The study utilizes psychological analysis in literature that uses novel as the object study. The study will produce qualitative research that intends to explain and get an understanding of the phenomena on which is victims' trauma at war.

Page (20)

The study looks into anxiety and paranoia as the first phase in the process of trauma which is motivated by post — war crises such a study relies on textual analysis as well as our illustrations of the text that are carried out mainly by promoting and carrying out clarification in light of trauma theory and psycho analysis theory of Sigmund Freud.

It moves towards testing and explaining how characters, plot, structure, setting and a lot of other methods to show and emphasize how the characters suffer from anxiety; paranoia and PTSD as a result of war by utilizing the suitable framework to explain and clarify the data.

The study applies Shira Nayman *the Listener* as recent text the argues with wartime subject like genocide and trauma in the light of Cathy Caruth's trauma and Sigmund Freud, concept, anxiety and paranoia.

This study also intends to examine the causes behind anxiety and paranoia as the awful perspective of war.

Furthermore, the study goes around symptoms pf PTSD and negative drawbacks as the ultimate climax of the character's anxiety and paranoia caused by war crises.

Objectives of The Study:

The aims if the study are shown as follows:

1. To investigate anxiety as a stimulus of psychic trauma caused by war crises.

2. To examine paranoia as the manifestation of the character's traumatic experience depicted in the selected work.

3. To explore post – traumatic stress disorder as the ultimate culmination of the character's anxiety and paranoia caused by war crises portrayed in the selected work.

Research Questions:

The study poses the following questions:

1. What are the kinds of anxiety suffered by the main character in the selected novel?

2. How the main character suffer from paranoia in the selected novel?

3. In what way post - traumatic stress disorder experienced by the main character in the selected novel?

Significances of The Study:

This study tries to enrich the understanding of psychological crises that truly can be seen from many points of view. In addition, this study intends to donate the knowledge and expand our science in the field of literary studies.

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2. Discussion

In her novella, *The Listener* (2009), Nayman added to the achievement of *A Wake in the Dark with the first appearance Novel, The Listener*, which was published by Scribner in 2009.

A psychological drama that occurs in a mental refuge in upstate New York in the after math of World War II. *The Listener* enlarges on several of the themes she had examined in her previous novel by examining the disruption historical trauma engages with the psyche and highlighting the uncertain barrier between sanity and unstanity. It was evaluated as an sincere attention at the process trauma and brutality oppresses an entire generation psyche and else where depicted as "gripping narrative with style and depth" (Finnel).

Page (21)

In *The Listener*, trauma is firmly related to war, the major characters in *The Listener* undergo from trauma that derived chiefly from the battle field. As seen in the first part, the fighter's identity is obscure: he may be considered as hero, criminal victim. Trauma in *The Listener* is also firmly connected to madness. In the theoretical part, it was noted that PTSD and madness can frequently be anticipated as two probable result of enduring a traumatic experience.

Moreover, trauma can also pave the way for a psychosis and vice versa. The central characters in *The Listener* (the patient Bertram Reiner, Nurse Mathilde and Dr. Harrison) each witness from traumas, and obtain contact with madness on a daily ground, in a patient's or a doctor's attitude. One of the main themes of this novel is the questioning of barriers especially the barriers between madness and PSTD, but also between doctor and patient.

Dr. Henry Harrison, the narrator of the story, is the principle doctor of Shadowbrook, a mentally ill institution near New York city. His career includes of serving those who experience from war trauma. Although being a war experienced of both the first and the second World War himself, he also has his part of war trauma. One of his patients is Bertram Reiner, who will confirm to be his better demanding patient so far, as Bertram will eventually oblige Dr. Harrison to find his own demons in someone else [i.e Bertram] and to struggle with himself to help another. (Nayman 166).

During the war, Dr. Harrison observed the death of one of his friend that this involvement has made a permanent conception on his established by the recollection Dr. Harrison practiced during a therapeutic session with Bertram.

I see Fegus again; he has died a thousand times, when the gas attack came, we'd been marching for days, drunk with lack of sleep, almost delirious from starvation begged him to humor me there was no talking him out of his fixed belief that the as was harmless, c.) (Nayman.93). The taste of the gas: I only have to think of it and my throat wolls. No warning it was just suddenly there, and me madly coughing, forgetting, harm time, in my own trantie dumbling for the mosk, Fergus's recent touch of madness. A horse - drawn wagon appeared, men jumped on (..). Behind the milky unforgettable, like being underwater - I remembered. I scanned for Fergus, my breath loud in my ears, the air thick with yellow gas; men stumbling, hurling themselves on, all from another world, faces of tarnished metal, groen glass, outlandish clephant - trunk tubes. Scanning, moving, breathing - and then I saw him, surprisingly close, clutching his throat, stumbling, the mask dangling from his other hand, Running toward him: moving through mud, through yellow fog, dragging, slow motion, like not moving at all. Through the thick, greenish yellow air, guns, rar - tar - tat in my ears. (...) Fergus down now - coughing, yellow spume frothing from his mouth turning ghastly orange with blood. His eyes bulging, bewildered. Reaching him: too late. Fergus knew it, too. Heaving him into my arms. Feet sucked down, plowing through mud, regaining the wagon, flinging him in. (...) At every hump, watching new blood burble up from his mouth: never taking my eyes from his choking, sputtering face, furious with the last of his life (Nayman 93).

As Nayman mentions in the acknowledgements of *The Listener*, some of Dr. Harrison's recollection to the trenches were based on Wilfred Owen's war poetry. This especial memory was certainly influenced by the poem *Dulce Et Decorum Est*, in which the Lyrical I observed a soldier die from poisonous gas. The writer of *The Listener* too depicts noticing a soldier die during a gas attack, alberit a close friend (Fergus) in his case. Dr. Harrison calls it "The milky green glass of the mask – unforgettable, like being under water", he refers to the blood of his friend.

Therefore, this quotation may propose that *The Listener's* trauma are greatly mingled with madness: Dr. Harrison's career (besides his own eventual mental disorder) will widely effect his negotiating with his personal war trauma.

In one of his sessions with Dr. Harrison, Bertram Reiner resembles his doctor's position as psychologist to that of the soldier, when he surprises.

"How you keep it all straight – dodging around the land mines and bullets of your patients while having to do the same regarding yourself. (...) "It must be rather like being on a battle field and suddenly realizing that the enemy fire is coming at you from your own hands" (Nayman 104). To some extend, Dr. Harrison is as much a war soldier as he is a therapist Bertram's comment stresses this fact.

Although trauma may be made by pscychological action, the result is more emereged to someone's psychology. Nevertheless, the psychological trauma survive. This is the real consequence that will be confronted by someone who has traumatic experience. That consequence is called as post-traumatic stress disorder or PTSD (Harvey 5).

Post – traumatic stress disorder (PTSD) can expand following a traumatic event that threaten your security or create you feel disabled. PTSD expands variously from person to person.

Post – traumatic stress disorder (PTSD) is a disorder that can expand following a traumatic incident that scares your safety or makes you feel helpless (Smith and Segal). According to Smith and Segal (2008), traumatic episodes that can guide to PTSD include: war, natural disaster, car or plan crashes, terrorist attacks, sudden death of a loved one, rape, kidnapping, assauh, sexual or physical abuse, childhood neglect. Based on the explanation above, it can be achieved that post traumatic stress disorder is a disorganizeation that happen after traumatic experience which is very bad that originate inside human being. It is because of experiencing stressful incidents, like rape, violence, death of family, and kidnapping. It can make a big effect both physic and psychology of someone. Someone who has post-traumatic stress disorder will make some disorders like a nightmare, recollection. Avoiding exercise, places, thoughts, or emotions that remind you of the trauma and feeling anxiety.

Moreover, for analyzing Dr. Harrison problem, the researcher utilizes a psychological perspective and sigmund Freud's anxiety theory. In personality's theory, anxiety is a reaction from the conflict of unfulfilled which is from a clash between the impulse of Id, and the disinclination of Ego and Superego.

Anxiety is the condition that can be warning for the pleasantness of organism which is supposed to generate situation. A struggle between the features of personality can creat anxiety and trauma. Freud mentioned that anxiety achieves as a remembrance of viewing something which is disorganized (Hilgard et. al 420). Frequently, anxiety may come out as a regret emotion and it is accomploshed as phobia and hysteria. The sources of anxiety may be all types of battle and dissatisfaction which seek individual advance to upper class the purposes. These threats may be remedy, physique, and everything which may motivate anxiety. This situation is pursued by hateful emotion which is featured by stress, horror, and sadness, these types of feeling which can be felt over various level. (Ibid 440).

Anxiety will develop as risk signal. Accordingly, a person who experience anxiety should make unexpected feeling through defense mechanism. Freud utilizes defense mechanism expression writes about subconscious procedure to protect the anxiety; this protection defends a person from outer warning or impulses which is from inside anxiety with shaping reality utilizing all types of points (Ibid 442). The power of defense mechanism is to refuse reality which is too difficult and hurtful to endure. Besides, it has function to defense the Ego from the devastating anxiety. When Ego captures Id desire to accomplish his pleasure, the anxiety will be felt from the inside. This situation develops and makes uncomfortable situation when Ego feels Id can disturb human's life. According to Freud, self-defense mechanism is a program which is utilized by a person to protect Id desire expression and refuse the pressure of super Ego (Abrams 60).

Dr. Harrison has serious psychological problem. He presents himself as an alcoholic and his using of opium recalls that his flashback as well as his narrative, can be regarded as unreliable.

In the novel, great events appear in which Dr. Harrison narrates his opium cause halluncination: one example is the scence in which he observes a painting of a peacock after smoking opium, and sees the peacock come to life while seeing pictures of his secretary Cynthia dancing. As similar scences in the novel, the reader realizes that whatever Dr. Harrison discusses could be a delusion caused by opium, and that the action happens that he does not gives a complete depiction of the truth. Definite plain mark in his memory after using opium highlight the later fact.

In another scene, Dr. Harrison plainly experiences from gaps in his memory resulted by smoking a pellet of opium, connected with a delusion of an intruder as he lies in his bed. The truth that Dr. Harrison's fear of an intruder happen to gather with his recalling Bertram's words "An eye for an eye", may be another evidence that the intruders and talkers Dr. Harrison's anxiety produce his own crime for assumption of Bertram's role as Matilda's lover.

The link between post – war trauma and paranoia is not a new one, but has been made by a number of theorists who draw on the idea of psychosis to describe post – war modern condition.

Clinically speaking, paranoia (the emotion that oppressive characteristics of the global are more spiteful than they really are), and the liability to delusion (the internal construction of different system of knowledge to replace the oppressive ones in the external world. The classical signs of paranoia in another word, involve making false feeling of the world. The important of explanation here is more assisted when the condition is further completely theorized in psychoanalysis.

A paranoid thought is a kind of anxious idea. Anxiety may cause paranoia, affecting what you 're paranoid about and how long the feeling lasts. But paranoia thoughts too make you anxious. In the doctor's narrative, we discover qualities of the schizophrenic. In the first chapter of *The Listener*, Dr. Harrison observes "[t] the light streaming through the high windows hits everything in a oddly intense and precise way: the leather easy chair, the inlaid side table, the swan — necked reading lamp" (Nayman 5). His concentration on the objects in his office, which are lit in an " oddly intense" way, brings to mind the "strangely isolated" quality Sass discusses through his investigation about Bertram, Dr. Harrison even contrasts his emotion that "clues a bound and yet defy [him] " to " the experience that sure patients explain: eyes everywhere that flick away the moment one turns to track them" (Nayman 111). This behaviour may also been observed as an example of " a paranoia", as in this point "every detail and event takes on (...) some exact meaning that always lies just out of reach". (Sass, 52).

Still the nearly powerful signs of craziness in Dr. Harrison's behaviour are his delusions. In the scene where he earliest enters the underground passages was of shadow brook hospital, he distinguishes a childhood friend in one of the strains on the walls. Here, a huge stains looms, uncannily familiar. Hunched over a table: the outline of his head, his shoulders, the hand holding a scalpel, unnaturally still. My mind fogs, I tumble through time. It is Mac, my chilhoodfriend: a faceless shape pressing out through the concrete. (Nayman 32).

This delusion then recalls a flashback to a moment from Dr. Harrison's childhood. Another illusion reasonably appears when, one evening, Dr. Harrison looks out of the window of his office to see furneral crouching outside. Directly after this event, Bertram enters Dr. Harrison's office, explaining that he has seen his brother on the ground, and giving a description of his brother's hat"-[s]omthing with earflaps" (Nayman 5) which is like Dr. Harrison's own explanasion.

Bertram disguised himself as his brother, either to fool Dr. Harrison, or unknowingly, acting out his soldier trauma by a adapting the character he made in order to cope with his trauma. This action would then fool Dr. Harrison into believing that Betram was Emanuel. This scene, nevertheless, too be a delusion, in additon to Bertram's hovering a part, ghost like" (Nayman 266). This ghost criminates Dr. Harrison of intentionally planning Bertram's death, in order to "[step] in to [Bertram's] shoes and [take] [matilda] away" (Nayman 267). Near the end of the novel, Dr. Harrison also fantasizes in a paranoia manner when he assumes a new patient Mr. Yardley, whose shadow he first thinks to be Bertram, is passing him a secret massage about Bertram's past, using a handmade basket. There are many other scenes reflecting Dr. Harrison symptoms of a psychotic paranoia.

This paranoia reflects a possible relationship to Dr. Harrison's emotions of guilt regarding Bertram's death, as Dr. Harrison feels he was "failing the patient" (Nayman 165), in addition to "taking away" Matilda from him, and thus stepping into Bertram's shoes. The truth that Dr. Harrison feels that his illusions are linked to certain emotions of guilt, i.e. possibly with concern to Bertram's suicide, and with concern to "taking over Bertram's life.

Thus, in *The Listener*, Nayman encounters the reader with the effects of war on each side of the battle ground, such as the traumas of fighters and Holocsust survivors, and organizes a connection between madness and trauma. Nayman reflects on the excluded position of both the trau matised and the mad, and gives them their voice. The trauma not only influence victims and soldiers, but also the psychiatrists listening to their testimonies, is depicted in *The Listener*, in which the protagonists are doctors who do not only struggle with their own trauma, but too with the traumas their patients go through. Anxiety and paranoia are characteristic features of post — traumatic stress disorder.

Trauma studies had authorized itself as an essential power in clinical pychiatry, and slowly picked up the consideration of other disciplines. In the 1990's, cultural and literary critics began writing on the issues of trauma theory in the interchanging between clinical psychiatry and cultural theory. Cathy Caruth's theory is appreciated as the origin for most of modern literary theory. She is obviously encouraged by Freud's writing, and marks towards the similar metaphor of trauma as a bodily wound (Caruth 66). She develops on the theory of trauma saying: "If the dreams and flashbacks of the traumatized that engage Freud's interest, it is because they bear witness to a survival that exceeds the very claims and consciousness of the one who endures it" (Ibid 60). For Caruth, trauma should no longer merely related with wound, but too as a by - product of survival. In Caruth's work Unclaimed Experience she tries to expand a starting theory for working with trauma theory outside the clinical field. In her argument with philosopher's texts, she places a few key notions as essential to a cultural and literary trauma theory. Her notions are took and sometimes somewhat changed from psychoanalysis, but in general these notions are converted quite perfectly. One essential notion is Latency: "The historical power of the trauma is not only that the experience is repeated after its forgetting, but that it is only in and through its inherent forgetting that it is first experienced at all" (Caruth 17). Early concepts of repetition were referred in *Beyon the Pleasure Principle*, where Freud combined a connection between traumatic experiences and repetition of events, either in reality or unintentionally. Caruth (1996) explains the "repetition of traumatic event – which stays inescapable to consciousness but intrude repeatedly on sight [as] a large relation to the event that extends beyond what can simply be seen or what can be known" (92). The essential explanation of Caruth's theory is that trauma brings about a situation in which the individual has not completely experienced the trauma and as such will continue to look for a true experience through repetition.

Moreover, the trauma theory illuminates my research by providing my research a powerful idea about anxiety and paranoia become the manifestation of traumatic experience depicted in the selected work and to explore posttraumatic stress disorder as the ultimate climax of character's anxiety and paranoia caused by war crises.

Besides, this theory will limit my study as it concentrates on the traumatic experience of the protagonist and at the same time giving more understanding of the behavior of the character physical and psychological who are traumatized. My research will be limited to Shira Nayman's *The Listener* (2009). It will specified to trauma especially PTSD. The novel will be analyzed from trauma theory points of view. Therefore, the utilization of the concepts of anxiety, paranoia and trauma will be cited by using Frued's concepts of anxiety and paranoia.

3. Conclusion

Although, these concepts are going to be applied to examine Nayman's depiction of thread of war trauma upon human psyche. After analyzing this research, the writer concludes the result of the research that they are in the novel *The Listener* by Nayman, the writer finds the signs of posttraumatic stress disorder. The signs are created by the writer to clear up the experience after having traumatic event. The writer found that Dr.Harrison face the symptoms of PTSD. Also, the writer comes with the result of Dr.`Harrison's anxiety in Nayman's *The Listener*.

The research finds that Dr.Harrison has a struggle between his Ego and super ego which is concluded as fear, anxiety disorder that are resulted by many problems outside such as war, threat repression and frustration. As well as, Dr. Hairsson suffers from paranoia which proves to be his downfall. In his narrative, we find characteristics of the schizophernic "stimmiung", He also halluncinated in a paranoid manner in many scences in the novel.

Thus, we have seen that in *The Listener*, the reader is coped with each side of the battlefield. This encountering, besides Nayman's exposition on the obscure, rejected ground of the soldier and the traumatised, could contain an anti – war message.

The study demonstrates and enlighten readers on how Shira Nayman portrays war trauma as a force that influence the individual lives deepened on their personalities.

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