

# Durational Trauma

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## Abstract:

This essay concerns the development of a concept of 'durational trauma.' This concept conveys liminal trauma experienced as baseline, episodic, ongoing, recurrent, or habitual. Although Henri Bergson is not considered a trauma theorist, his concepts of memory, embodiment, and most saliently duration can be deployed to flesh out this new framework of trauma. This conception of durational trauma enacts a critique of, and necessary supplement to, the medical and diagnostic strictures of PTSD. The nosology of PTSD emerged from and continues to rely on, a linear modality of time. Likewise, the exemplar traumatized is the heretofore sovereign and individuated subject, who aims to overcome his PTSD in order to return to this privileged subjectivity. I maintain that, while it is the case that some trauma is experienced as an event, even event-based trauma is necessarily durational. The event of trauma is never temporally demarcated. Trauma, by definition, reverberates throughout a life, coloring what comes before and after. It is carried forward in the body and through durational experience. For Bergson, recollection *permeates* the present. If these recollections are traumatic, then trauma durationally permeates the present and the past. Traumatic pain is temporally ongoing. As a model, PTSD tends to exclude more liminal and quotidian traumatic experiences. Despite the expansion of trauma from its initial codification as soldiers' war experiences, this expansion was centrifugal, encompassing experiences in terms of their resemblance to war-based PTSD. A durational model can more capaciously accommodate the trauma of ongoing experiences of marginalization, habituated psychic pain, and systemic oppression. Bergson's account of embodied memory entails novel possibilities for alternative reparative practices for expressing, and incorporating, trauma into lived experience. This novel conception of trauma pivots towards alternate reparative practices.

## I. History of PTSD

Contemporary conversations on the nature of trauma usually are either explicitly or implicitly referencing PTSD. PTSD has its lineage in hysteria and shellshock. In 1952 the pre-cursor for PTSD, Gross Stress Reaction, was first outlined in the DSM-I (Diagnostic Statistical Manual).<sup>1</sup> This diagnosis was omitted in the subsequent DSM-II.<sup>2</sup> PTSD was first codified in the DSM-III published in 1980. It has been included in the two subsequent volumes.<sup>3</sup> Like many of the historical revisions of the DSM, this change came about as a response to the political pressure. Returning Vietnam veterans lobbied to have an official diagnostic term so that they could obtain treatment and services at VA hospitals. Because of this, both the public understanding of trauma is unwittingly based on PTSD, which itself is still primarily based on the veteran experience of war. For this project, I interviewed several therapists. In response to the DSM codification of trauma, Sarah Pulver (MSW, LSW), stated, "I have been perturbed by that definition for forever I remember learning about PTSD and being like why is it only for veterans of war and people who have been raped and it bothered me so much [because] there are so many other things that can be traumatic."<sup>4</sup> With the expansion of the contexts in which we discuss trauma, our idea of trauma has been retrofitted to include an array of other

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<sup>1</sup> American Psychiatric Association. *Diagnostic Statistical Manual: Mental Disorders*. 1<sup>st</sup> Ed. Washington hatDC: American Psychiatric Association, 1952.

<sup>2</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* 2<sup>nd</sup> Ed. Washington, DC

<sup>3</sup> American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders* 3<sup>rd</sup> Ed. Washington, DC: American Psychiatric Association, 1980.

<sup>4</sup> Pulver, Sarah E. Interviewed by Hannah R. Bacon, June 19, 2019. Pulver went on to state, "When I got to graduate school, I had already worked in shelters for a long time with people who have been homeless for many many years. If people are homeless, that is traumatic, that is not just a one-hour or one day or 12-minute thing, that is over a long period of time...So many people who are homeless because of the trauma of racism, classism, abuse from their parents, illness, transphobia, all of these things existed for so long and then on top of that homelessness, and then on top of that being treated like trash, and then on top of that having to deal with the shelter system and on and on and on...The trauma was in so many different layers for the women that I worked with at that particular shelter, and when we did an intake, we asked do you have trauma, what is your trauma. There was no room; there had been a lifetime of trauma."

traumatic experiences. There is an expanded view now of what is considered traumatic, but those new experiences were only designated traumatic in terms of how closely they resembled veteran PTSD. Evidence of trauma often takes the form of likening the symptoms of one experience to the symptoms of war-induced PTSD. There are ubiquitous examples of this; for instance, consider the headline “US Inner-City Children Suffer ‘War Zone’ Trauma”. Theorist and performance artist Ann Cvetkovich shares this concern that the clinical view of trauma forecloses the everyday manifestation of durational traumas. Against the medicalization and individual isolation of trauma, Cvetkovich articulates its quotidian public and cultural circulation. She states, "the kind of affective experiences that I explore...are lost in discourses of trauma that focus on the most catastrophic [...] I'm interested not just in trauma survivors but in those whose experiences circulate in the vicinity of trauma and are marked by it."<sup>5</sup>

The soldier’s experience of war is specific; it does not make sense as the paragon for all traumas. War possesses specific temporal and spatial horizons. For the soldier, trauma is the war experience, an experience that is spatially and temporally divorced from the everyday. Trauma as deployment draws a line between the time and place of trauma and its consequent manifestation in civilian life. The post in post-traumatic stress disorder indicates that we conceive of the traumatic experience as an event, and the symptoms to emerge *after* the event has concluded. This linear structuring of time, as a sequence of events, is immensely useful for organizing and structuring veteran experiences of trauma. The symptoms emerge in civilian life after the experience of deployment. One may narrate temporal experience as a series of events, but these events

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<sup>5</sup> Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Duke University Press, 2003) p. 3.

are experienced in continuity with the before and after. Event horizons are porous. Even in the case of a disruptive event, this experience seeps retrospectively into the before and after.

This definition of PTSD is not as pertinent to less clear-cut experiences of trauma. The narrative arc we have generally speaking for psychic or physical pain and injury is that a person is hurt, and then they either heal or die tragically. Chronic and recurrent pain resists this narrative form. Time, neatly organized into the pre-traumatic event, traumatic event, and post-traumatic exhibition of symptoms, is less relevant in other experiences of trauma that are less linear, less temporally fixed. Pulver stated that for so many of the people she has seen the diagnostic strictures are a barrier to naming their trauma and seeing it as trauma. She states, "It is not an event...So many people have experienced trauma, but because of the [clinical] definition, they have not allowed themselves to think about it in that way."<sup>6</sup> Ascribing a temporal stamp or spatial signature to trauma does not give credence to trauma that is more amorphous, chronic, or anticipatory, temporally dispersed, ongoing, fluctuating, liminal, or that is experienced through a compounding accrual. To attend to these species of trauma, I employ a different model of temporal experience, mainly Bergson's conceptions of duration and memory. I am terming these other casts of trauma 'durational trauma'.<sup>7</sup>

A common refrain to this articulation of durational trauma is that individuals think that it undermines or erases PTSD. This is not the case. Durational trauma is a

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<sup>6</sup> Pulver, Sarah E. Interview, Ibid.

<sup>7</sup> While I want to acknowledge that often this mode of trauma is discussed as structural, the idea of a structure is often something external to the self that is put on or applied. Duration is a lived experience. It does not structure or organize experience. For example, my own whiteness is not a structure that is externally grafted onto my body from the recognition of this whiteness from others but is part of the way in which my body and self exists and is habituated, the way I am invited to act, to move, and to experience. This modality is not something external to my existence that could be cast-off or exchanged for a different racialized identity. Whiteness is uncleavable from my lived experience

supplement; it capaciously expands the discussion of trauma to include alternative temporal frameworks. An oft-invoked second concern is that if we allow for the possibility for durational trauma, then there is no distinction between trauma and non-trauma, anything could be considered traumatic, and anyone could lay claim to being traumatized. I firmly do not believe this is true. We are not all traumatized. Even if we do not have this strict binary of trauma and non-trauma and instead have a matter of degrees, this is not true for the particular way I am framing durational trauma. I take as my starting point, not the traumatic event, but the effect: what trauma does, how it feels, and how it manifests in everyday life. Trauma is a painful psychic and/or physical experience that has significant detrimental long-term effects in terms of negatively unsettling one's habituated way of life, bodily and psychic experience of safety, well-being, wholeness, and stymies one's abilities and possibilities in crucial way<sup>8</sup> in other regards.

Even if trauma is experienced as either psychic or physical, trauma manifests in both psychic and embodied habits and experiences. This is confirmed in the work of Bergson, who maintains that perception occurs in the brain, whereas memory is not past perception but is psychic. The two spheres that here represent body and mind are never pure in actuality (only in theory). Memories always inundate perception. These memories need the stimulus of the concrete world for their solicitation.<sup>9</sup> This dualism (in that Bergson is affirming both the material and the ideal or in his locution the 'spiritual') is not a binary. The difference is always a subtle manner of degree rather than a strict

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<sup>8</sup> This is resonant with Judith Herman, who claims trauma "overwhelm [s] the ordinary adaptations to life...Unlike commonplace misfortunes traumatic events generally involve threats to life or bodily integrity or a close personal encounter with violence and death." Judith L. Herman, *Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror* (Basic Books, 1992). These two definitions are significantly different

<sup>9</sup> Henri Bergson, *Matter and Memory*, trans. N. M. Paul and W. S. Palmer, Reissue edition (New York: Zone Books, 1990). p. 33.

dichotomy.<sup>10</sup> In contemporary discussions of trauma, we often over-emphasize the psychic, and neglect the embodied and enacted ways trauma is lived or carried forward. This hierarchy mirrors a historical privileging of the mind and rationality and a maligning of the body as base and animalistic. Treatments that take into account the bodily such as EMDR (Eye Movement Desensitization and Reprocessing) or somatic and movement therapies are still marginalized practices despite their effectiveness. Although Bergson is not a theorist of trauma, under his model, we can claim that trauma is never purely psychic or embodied.

While this expanded idea of trauma can seem to be so imprecise that it renders the term too vague to be meaningful, in actual practice and specific cases, most people agree on what is and is not traumatic. It is hyperbolic to claim that waiting for brunch in Manhattan is traumatic while living in a neighborhood with high instances of violence and unemployment, systemic inequality in education and incarceration, and a lack of essential health accessibility, public health crises that can cause long-term trauma. As in the earlier cited headline, living in a neighborhood in which trauma is ubiquitous, trauma can be caused by living in the ever-present vicinity of trauma, by living with the constant perceived threat of systemic trauma. As evidenced in case histories of therapists and social workers, it is increasingly rare that a person only experiences one specific traumatic event. More often, trauma is perpetual, quotidian, or recurrent such as in the trauma of prolonged homelessness and marginalization, or cyclical abusive intimate relationships, or is a confluence of many different experiences.<sup>11</sup> Based on her study of the survivors of domestic violence and political terror, Judith Herman, a Harvard medical

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<sup>10</sup> Ibid. p. 9

<sup>11</sup> This is not to say that these experiences are always and necessarily traumatic, but nothing is. It is not the case that one hundred percent of soldiers return from war with PTSD.

clinician, who focuses on trauma, has long advocated for the inclusion of ‘Complex Trauma’ to reflect trauma that is not based on a single event. Although clinicians frequently treat instances of complex trauma, it is not included in the DSM. It is politically meaningful that PTSD, as it is outlined in the DSM, skews towards a narrow experience of men at war. Who a person is matters. The society a person lives in matters as well insofar as certain traumas are more or less likely based on race, gender, class, ethnicity, and religion. Ignoring this fact renders specific forms of trauma less legible. Men’s rights groups (and the men’s rights movement) have critiqued calls for equality by claiming that white Christian men are the most oppressed members of modern society.<sup>12</sup> This is indicative of a society that sees trauma as PTSD, PTSD as most-prominently a veteran issue, and treats other traumas as secondary cases. Examining traumatic experiences that concern intersectional identities clarify the forms of temporality and subjectivity that underwrite what is deemed traumatic.

## II. Duration

Just as not everyone experiences trauma in the same fashion, not everyone experiences time in the same way. Part of the reason that PTSD is a narrow definition is that it is based on one experience of time, which is linear and evental. Philosopher Julia Kristeva argues that women’s time, or time as it is associated with femininity, is non-

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<sup>12</sup> “Mad Men: Inside the Men’s Rights Movement—and the Army of Misogynists and Trolls It Spawned,” *Mother Jones* (blog), accessed July 16, 2019, <https://www.motherjones.com/politics/2015/01/warren-farrell-mens-rights-movement-feminism-misogyny-trolls/>.

linear, and takes the form of the cyclical or biological and the cosmically eternal.<sup>13</sup>

Theorists Charles Mills and Brittney Cooper both argue that time is racialized, that the dominant temporality is not, in fact, universal but is a white temporal framework that renders other temporal frameworks (such as black experiences and frameworks of time) ‘untimely’<sup>14</sup> Bergson was a white European Jew who died in 1941 allegedly from pneumonia he caught queuing in Paris to register as a Jew (per Vichy law). He is not articulating duration as a temporal experience based on a marginalized identity. Nevertheless, in line with these other thinkers, he argues that clock-time does not accurately reflect the true human experience of time.

For Bergson, time is experienced as durational. The past does not trail the present but is inextricably bound up in the present and future.<sup>15</sup> Bergson likens duration to a snowball, “My mental state as it advances on the road of time, is a continually swelling with the duration which it accumulates: it goes on increasing—rolling upon itself, as a snowball on the snow.”<sup>16</sup> There is no hard demarcation between the past present and future. Time, for Bergson, is thick and viscid, there cannot be this hard cut between the past and present or past and future, but they form a heterogeneous whole, like the snowball. When time is ordered, time-stamped, or spread out in a linear manner, Bergson argues we are no longer speaking of time as duration, but of spatialized time. Spatialization artificially breaks up time codifying it as scientific time, which is not akin to how time is experienced. On this, Bergson illustrates, “If I want to mix a glass of sugar

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<sup>13</sup> Kristeva, Julia, Alice Jardine, and Harry Blake. "Women's Time." *Signs* 7, no. 1 (1981): 13-35. <http://www.jstor.org/stable/3173503>.

<sup>14</sup> Mills, Charles W. "WHITE TIME: The Chronic Injustice of Ideal Theory" *Dubois Review* Vol. 11, No. 1, 2014 "Brittney Cooper: How Has Time Been Stolen From People Of Color?" NPR.org, accessed July 16, 2019, <https://www.npr.org/2019/03/29/707189797/brittney-cooper-how-has-time-been-stolen-from-people-of-color>.

<sup>15</sup> *Durée* is often left untranslated in Bergson's texts and also in the secondary literature.

<sup>16</sup> Bergson, Henri *Creative Evolution*, Unabridged edition (Mineola, NY: Dover Publications, 1998).p. 2.



and water, I must, willy-nilly, wait until the sugar melts. This little fact is big with meaning. For here the time I have to wait is not that mathematical time which would apply equally well to the entire history of the material world, even if that history were spread out instantaneously in space. It coincides with my impatience, that is to say, with a certain portion of my own duration, which I cannot protract or contract as I like.”<sup>17</sup> In this model, a minute is not equivalent to any other. Overlapping experiences, along with their affective coloring, determine one’s *lived* temporality. Bergson states, “Pure duration is the form which the succession of our conscious states assumes when our ego lets itself *live* when it refrains from separating its present state from its former states...in recalling these states, it does not set them alongside its actual state as one point alongside another, but forms both the past and the present states into an organic whole, as happens when we recall the notes of a tune, melting, so to speak, into one another.”<sup>18</sup>

### III. Memory

Bergson's seminal concept of memory extends this sentiment. Memory also denotes this haloed overlapping and melting boundaries of the past, present, and future. This is not to say that the past is fixed, or determines the present/future. Instead, it informs it or is an inextricable aspect of the whole. Memory palpably exists; it is not just past perception. Memory indelibly intertwines with the present. It often is so enmeshed as to entirely overlays present perception. It is hard to adequately express this without falling back into the habit of spatializing time. Memory is not *in* the brain, but it is a

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<sup>17</sup> 12-13 creative evolution.

<sup>18</sup> Bergson, Henri, *Time and Free Will: An Essay on the Immediate Data of Consciousness*, trans. FL Pogson (Mieolay, NY: Dover, 2001), p. 100

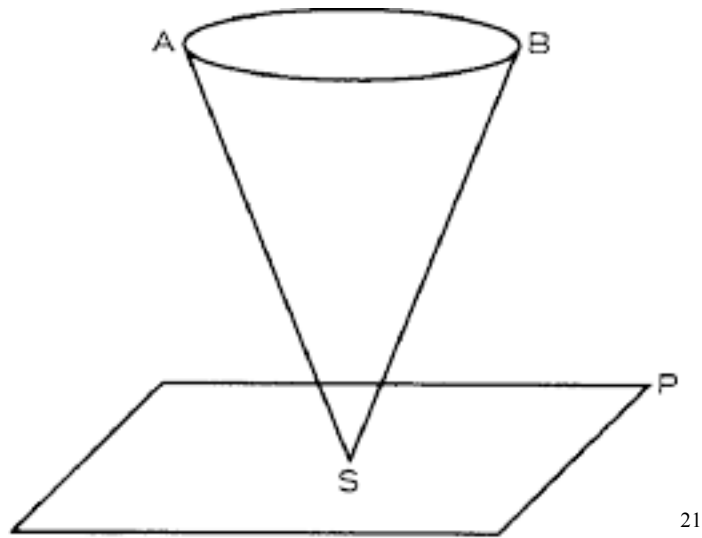
heterogeneous layered intensity of unfolding lived experience. Bergson describes memory unfolding in two forms: habit-memory and pure memory.

Habit memory is just as it sounds the habituated movement and embodied knowledge that a person draws upon to navigate the world. It is relevant that habit-memory is lived, in that it only exhibits itself in the body's movements. If we are to speak of trauma as exhibited in the habit-body, this does not necessarily mean that in traumatic events, 'the body keeps the score' as Bessel van der Kolk.<sup>19</sup> For instance, speaking to the long-term enduring of everyday trauma, consider the example of E. Jean Carroll, who recently described twenty-one encounters of sexual assault and harassment with men from throughout her life.<sup>20</sup> Women who were Carroll's peers (Carroll was born in 1943) testified to the normalcy of these encounters. Sexual harassment and assault is such a commonplace experience that we train young girls what to wear, how to carry oneself, what spaces are safe and which are not, whom to talk to and how, and how to exist in order to try to avoid instances of violence. It is a trauma that is anticipated and is habituated in the same way that an actor or athlete is trained to fall in a way that will not cause injury. In a society in which this trauma is typical, there is no after which is not also a before, or ongoing, in the form of memory and bodily habituation. Each incident may not seem so harmful, but the accrual of incidents negatively affects an entire life, subjective identity, and one's abilities to feel whole and safe.

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<sup>19</sup> Bessel van der Kolk M.D, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Reprint edition (New York, NY: Penguin Books, 2015).

<sup>20</sup> E. Jean Carroll, "Donald Trump Assaulted Me, But He's Not Alone on My List of Hideous Men," *The Cut*, June 21, 2019, <https://www.thecut.com/2019/06/donald-trump-assault-e-jean-carroll-other-hideous-men.html>.



Ideal memory, arguably Bergson's central concept, is immensely complex. Memory, as depicted in Bergson's memory cone, is an imperfect image in that Bergson would want to show the memories contained in cone SAB in flux. All memories conscious and unconscious are contained/make up the memory cone, the base of which (the wide part of the cone, AB) are the least relevant, most remote, or most unconscious. The most relevant memories are narrowed down to S the body or 'place of passage' onto plane P one's representation and perception of the present/universe such that perception becomes saturated with memory.<sup>22</sup> As stated before, perception is the stimulus or impetus for the selection of memories, but memory then comes to dissolve into perception. Bergson states, "In truth, every perception is already memory. *Practically, we perceive only the past*, the pure present being the invisible progress of the past gnawing into the future."<sup>23</sup> This temporally means temporal experience is always *durational* is always the *mélange* of past and present (and projected future).

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<sup>21</sup> Ibid. *Matter and Memory* p. 152

<sup>22</sup> Ibid. *Matter and Memory* p. 9, 149-167

<sup>23</sup> Ibid. *Matter and Memory* p. 150

## IV. Durational Trauma

This structure of memory that manifests through embodied action in the present and overlays our perceptions and representations entails a different conception of PTSD. If we take seriously that there is no *post* as dictated by the post in PTSD, and that time is not linear but durational, then it cannot be the solution to demarcate the past from the present. The past is inherently in the present, inherently shading our representation of the universe. The anticipatory trauma is this layered temporal experience that indelibly inscribes the present with both the past and future. The present *is* the past and future not just in that it cannot be demarcated from them, but rather insofar as it forms an organic whole. This confusion of the past and present is a symptom of PTSD, but it also can be a way of knowing and seeing the present, of seeing how the past continues in the present. This allegedly unhealthy way of participating in the present is also the way in which the past participates in the present in healthy ways. For instance, in one of the most celebrated passages of literature, at the beginning of *In Search of Lost Time* (also translated as *Remembrance of Things Past*), Proust's narrator is plunged into revelry at the prompting of a Madeline.<sup>24</sup> Other than the affective valance, this pleasant revelry is not structurally different than the emergence of negative or traumatic memories. This is the way we live, this is the way we durationally experience time in both positive and negative lights.

This argument that the past cannot be suppressed or forgotten, that trauma is an ineradicable aspect of lived experience, can seem defeatist. However, the past can mean

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<sup>24</sup> Marcel Proust, *Swann's Way: In Search of Lost Time, Vol. 1*, ed. Lydia Davis and Christopher Prendergast, Reprint edition (Penguin Classics, 2004). p. 45

differently. The past is never a fixed object. Insofar as it is enmeshed in the present, it is living and lived. The past may always inundate the present, but it is also always coalescing to form something new. If a person has a traumatic memory, they are condemned to relive it continually. They are allowed to accept it as part of their whole experience and can still have the agency to incorporate this experience differently. Dr. Theo Leydenbach, a psychoanalyst, MD, and professor in philosophy once stated, that intense affect is like a leaky pipe in the wall of one's home, the water will find a way out.<sup>25</sup> Memory cannot be erased but can be released differently. Bergson provides a different conception of time through duration and memory. This yields alternative and more capacious ideas of trauma that can accommodate different traumatic temporal experiences. This involves first and foremost recognizing durational experiences of trauma as trauma. Similarly, systemic trauma cannot be healed or cured in an environment that continually perpetuates these traumas. PTSD, as codified in the DSM, changed the way we compassionately treat veterans. The same compassion could be mobilized in terms of how we respond to those who suffer from complex, ongoing, and durational forms of trauma such as homelessness, systemic misogyny and racism, quotidian violence, and public health crises. Recently, Felicia Sanders, a survivor of the shooting at the Emanuel African Methodist Episcopal Church in Charleston, asked a presidential candidate, "With gun violence comes post-traumatic stress disorder. What are we going to do about that?"<sup>26</sup> The societal response to trauma is contingent on our ability to recognize the traumatic as traumatic. How we conceive of trauma

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<sup>25</sup> Invited Lecture, 11/18/2014 Ph.D. Seminar "Phenomenology of Self and Persons."

<sup>26</sup> Joy Sharon Yi, "Opinion | She Survived the Charleston Church Shooting. Now She Feels Rejected by Her House of Worship," *Washington Post*, July 11, 2019, sec. Opinions, <https://www.washingtonpost.com/opinions/2019/07/11/joe-biden-was-asked-how-he-would-help-gun-violence-survivors-with-ptsd-he-should-watch-this/>.

fundamentally matters in terms of how we address it, in whose pain we recognize as legitimate, and whose trauma we feel it necessary to respond to or ameliorate.

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