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Trauma and Sadomasochistic Narrative

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Mary Gaitskill's story "The **Dentist**" begins with an arresting description of a billboard advertisement for the perfume Obsession:

It was a close-up black-and-white photograph of an exquisite girl with the fingers of one hand pressed against her open lips. Her eyes were fixated, wounded, deprived. At the same time, her eyes were flat. Her body was slender, almost starved, giving her delicate beauty the strange, arrested sensuality of unsatisfied want. But her fleshy lips and enormous eyes were sumptuously, even grossly abundant. The photograph loomed over the toiling shoppers like a totem of sexualized pathology, a vision of feeling and unfeeling chafing together. (137)

The description, along with the **narrative** commentary, not only encapsulates the psychological drama of the story which follows, but it also offers an astute analysis of the post-traumatic condition. This state, as Judith Herman has discussed, is one of opposing, "contradictory responses of intrusion and constriction," one in which the victim finds herself caught "between floods of intense, overwhelming feeling and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action" (47).

Gaitskill's account of the billboard image as a vision of "fixated" deprivation and excess, pain and flatness, "of feeling and unfeeling chafing together," vividly captures what Herman calls the "dialectic of **trauma**" (47). This dialectic is also enacted narratively on several levels as it figures in the story's individual characterizations as well as the relationships between characters and the relationship the **narrative** sets up with the reader. Like the central character, the reader is kept off balance as the story oscillates between expressions of intimacy and distance, grim masochistic pain and comic irony. The reader experiences momentary shocks in the **narrative** that, along with a generalized sense of ambiguity and doubt, both reflect and re-enact what has been described as the post-traumatic syndrome. As Laurie Vickroy discusses in her study of **trauma** and contemporary fiction, "**trauma** writers position their readers in similarly disoriented positions of the narrators and characters through shifts in time, memory, affect, and consciousness" (28). These dynamics are central to "The **Dentist**" and to much of **Gaitskill's** fiction in general. Finally, a great deal has been written about the healing power of **narrative** for **trauma** victims. While **Gaitskill's** story brilliantly dramatizes

the "sexualized pathology" of a **trauma** survivor, the question of whether the story actually resolves or heals that pathology seems to me a thornier issue.

Trauma, as defined by Laplanche and Pontalis in *The Language of Psycho-Analysis*, is "an event in the subject's life defined by its intensity, by the subject's incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychological organisation" (465). Herman elaborates: "Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. [...] They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. According to the *Comprehensive Textbook of Psychiatry*, the common denominator of psychological **trauma** is a feeling of 'intense fear, helplessness, loss of control, and threat of annihilation'" (33). Besides the common response of terror and rage, however, Herman also stresses the general numbing of responsiveness, the sense of disconnection or "dissociation" that **trauma** typically evokes: "a state of detached calm, in which terror, rage, and pain dissolve. Events continue to register in awareness, but it is as though these events have been disconnected from their ordinary meanings" (42).

Elizabeth Waites has also discussed the importance of dissociation as an adaptive strategy in response to **trauma**: "Traumatic experience typically produces an overwhelming need to escape what is, in reality, inescapable. Dissociation is a psychobiological mechanism that allows the mind, in effect, to flee what the body is experiencing, thus maintaining a selective conscious awareness that has survival value" (14). Similarly, Bessel van der Kolk and Alexander McFarlane identify the core issue of post-traumatic stress disorder (PTSD) as one of dissociation: "the inability to integrate the reality of particular experiences, and the resulting repetitive replaying of the **trauma** in images, behaviors, feelings, and physiological states, and interpersonal relationships" (7). They also highlight the intense feelings of humiliation and shame that often accompany **trauma**, though again, these feelings are most often dissociated and not consciously acknowledged.

Traumatic events figure into the histories of many of **Gaitskill's** characters. The stories themselves, however, focus less on the past **trauma** than on the current relational binds and dissociated states in which the characters find themselves. "The **Dentist**," like many of **Gaitskill's** stories, deals overtly with sadomasochism and sexual obsession. Press releases on **Gaitskill** report that she left home at sixteen, became a stripper, and spent time in mental institutions, but I am less interested in the actual traumas of the author's life than in how traumatic experience plays a creative, determining role in the form and psychology of her fiction. "The **Dentist**" centers on a thirty-seven-year-old magazine writer, Jill, who is in the throes of an intense, and as she also recognizes, absurd, sexual infatuation with her **dentist**. The obsession begins after a gruelling struggle with an embedded wisdom tooth. Though the **dentist** originally assures Jill that the procedure will be quick, an hour later, we are told, he "was still gripping her jaw with enough force (as it turned out) to bruise her, perspiring and even grunting slightly as he tore her tooth out bit by tiny bit." As Jill recounts the incident to a friend, her description, like the earlier account of the billboard image, contains in miniature, almost like a holograph, the contradictory emotional tensions and dynamics of the story as a whole:

"It became almost comic," she said later. "He kept heaving back, sort of panting with exertion, and he'd say, in that voice of inhuman **dentist** calm, 'Just a little more; we're going to move it around in there just a little bit more, and then I think we've got it.' It got to the point where I could smell him sweating, and a certain indecorous tone crept up under that professional voice, a sort of hysteria straining at the borders. Finally, when he started to give me the speech one last time, I snapped. 'I just want the fucking thing out.' And he snarled back, 'Okay,' totally ripping the lid off the calm facade, which is pretty hard-core for a **dentist**." (138)

The **dentist's** professional facade, his "inhuman **dentist** calm," indeed becomes the "almost comic" counterpoint to the violent sexual intrusiveness that the language conveys: all the "heaving," "panting," and "grunting" as the **dentist** grips, bruises, and tears at her mouth. The tension here between the flat, inhuman, affectless facade and the "sort of hysteria" underneath not only characterizes the **dentist**, but it becomes a central dynamic in the overall story and general **narrative** style as well. It illustrates how dissociation can function as a defensive response as well as an aesthetic strategy. Jill's

recognition of the absurd comedy in the above scenario involves an ability to distance herself from the scene even as she describes it in excruciating detail, a distance intrinsic to ironic awareness. Such ironic awareness distinguishes the story as a whole, as the **narrative** continually shifts between descriptions of raw, primal pain--"She would lie curled on her bed, making sounds of animal pain, dry even of tears, as thoughts of the loved one so feverishly inflated her desire that she could not fit it into a fantasy which she could then make end in at least rote physical satisfaction"--followed by a distanced, ironic comment: "The odd thing was that the object of her inflated feelings was her **dentist**" (138). Though the comments are being made here by the third-person narrator and not Jill herself, the shift between pain and ironic awareness is nevertheless established and becomes a repeated motif in the reader's experience of the story.

The third-person-limited **narrative** perspective of the story as a whole enforces a simultaneous intimacy and distance. We are granted access to Jill's inner thoughts and feelings (and only hers), but we lack the immediacy of a first-person point of view that would invite a more direct identification with the character/narrator. This perspective distinguishes the story from much other **trauma** fiction in which the protagonists are the narrators, as, for instance, in the novels of Jamaica Kincaid, Marguerite Duras, and Dorothy Allison that Vickroy examines. In "The **Dentist**," the outside perspective on the protagonist's inner life preserves a tension between outside and inside that is one of the story's obsessive themes. As Cathy Caruth has argued, in **trauma**, "the outside has gone inside without any mediation" (Unclaimed 59), and thus for the **trauma** survivor, the effort to preserve the boundary between inside and outside, and the continuous threat of its dissolution, can come to dominate one's life. The **trauma** victim may paradoxically seek both exposure and concealment, intimacy and isolation. As Herman states, "**Trauma** impels people both to withdraw from close relationships and to seek them desperately" (56). Throughout "The **Dentist**," an inner "hysteria straining at the borders," as Jill senses in the **dentist**, threatens to, and at times does, rip "the lid off the calm facade," demolishing boundaries. The story expresses at once both a profound desire for and a terror of such an explosive eruption, and that ambivalence defines the dramatic tension of the **narrative** from beginning to end.

One of the reasons Jill finds herself so attracted to the **dentist** is precisely because of his decorous, professional distance and calm, his seeming ability to shoulder all problems and, as she thinks, "to get through life somehow, to extract teeth, to follow the schedule, to do what you said you would do." She feels "enveloped and upheld" by the **dentist's** aura of competence, and she imagines him "holding her from behind." When Jill tells the story of her ordeal with the **dentist** "as if it were a funny joke" to her friend Joshua (142), he responds with a story of his own. He explains how he was having an exasperating experience waiting in multiple lines at the unemployment office, when finally one of the employees, a middle-aged woman in a polka-dot blouse, offered to help. "But what really made me respond to her," he says, "was that when people just behind me in her line started bitching, she yelled out this funny comment off one of their complaints and made them laugh. That opened up the experience and made it okay to be standing there in line. I felt really attracted to her because she could do that" (143). Joshua's story underscores the important defensive role of humour in general in **Gaitskill's** world. Jill recognizes that the polka-dot lady with her funny quip parallels the role of the **dentist** in relation to herself: "You and I are so inept at practical details that when the practical details are, like, exploding in your face, and suddenly there's someone who can not only straighten it out for you but who seems to embody a whole universe where these disasters are just taken in stride, you're going to be incredibly grateful. Like, yes, there is an emotional hell that can't be fixed, but on the other hand, there's the **dentist** and the unemployment lady working away making things go smoothly at least on some level" (143-44). Joshua agrees, except that he points out that the **dentist** "solved your problems, but he also caused them to a certain extent. I mean, he hurt you" (144). The paradox here of the protector as the abuser suggests a re-enactment of childhood **trauma** in which the abuser is simultaneously the protective parent or adult in the child's life. Jennifer Freyd has argued that this sort of **trauma**, in which one is betrayed by someone with whom one has a deep emotional bond, is always the most devastating and the most difficult from which to recover.

Jill is in fact a survivor of childhood sexual molestation, though this fact is inserted almost casually during a phone conversation with the **dentist** midway through the story.

After arguing about whether children actually forget traumatic experiences--the **dentist** thinks they do not--Jill states,

"Well, I was molested when I was five and I forgot it. I remembered it when I was ten, when I was watching some old cartoons with bad animation, where the lips on the characters moved really stiff and disconnectedly from the rest of the face. I think it was because when the guy molested me, he didn't look at me while he was doing it--he kept talking about other subjects, like nothing was happening. So when I saw those weird, jerking lips I got so excited I had to go masturbate, and while I was masturbating, I remembered being molested." (157-58)

The simultaneous casualness and intensity of the experience as it is described here, like the juxtaposition of cartoons with molestation and masturbation, repeats the discomforting mix of comic irony and shocking sexual imagery and language that characterizes the story throughout. The account equally reveals that the same dysphoric mix--the concurrent distance and intrusiveness--characterized the child's original experience of the molestation as well. Jill suspects the story "must've been pretty confusing" for the **dentist** to hear, as he responds with silence. Her **narrative** voice also informs the reader, however, that she did not reveal to the **dentist** her embarrassment and the "terrible sense of vulnerability" (158) she felt before masturbating, and the acute shame she felt afterwards, so much so that she hid herself in the back of her parents' closet. Deborah Horvitz notes how often with female **trauma** victims, "powerlessness becomes eroticized, then entrenched within the victim's self-identity" (21). The sense of powerlessness and intense shame, deeply embedded in the **trauma** survivor's psyche, contribute to another paradoxical bind played out repeatedly in the story--the need to preserve oneself through self-injurious, self-destructive acts.

The theme of masochism runs throughout **Gaitskill's** story. Jill fantasizes about the **dentist** touching her only "in order to pierce her genitals with needles" (162). On a magazine assignment, she visits a masochistic performance artist who "tortured himself onstage in various complex and aesthetically pleasing devices of his own making, while he made jokes and talked about his childhood" (153). She describes her friend Doreen who covers the walls of her basement room with "paintings depicting horrible scenes from her childhood" and who compulsively retells stories of her abusive past: "as sad

and absurd as they were, she brought them out as if they were exquisite silk prints that she fluttered before Jill's eyes and then lovingly folded away. It was as if, in preserving and keeping the stories present, she was somehow preserving herself, even though the stories were often about situations that had hurt her and led to her decline" (156). Not only does Jill's interpretation here support Herman's argument about the recuperative role of story-telling for the **trauma** victim, but all of these stories of masochism equally enforce Herman's point about the ironic function of self-destructive acts for the **trauma** survivor: "Self-injury is intended not to kill but rather to relieve unbearable emotional pain, and many survivors regard it, paradoxically, as a form of self-preservation" (109). A similar paradox resides in Jill's observations about a stripper she visits on another assignment; the girl's behaviour combines "humiliation" and "feistiness," a mix Jill finds "lovable" because "it was an interesting combination of collapse and ascendancy" (151). In her study of Dorothy Allison's *Bastard Out of Carolina*, Vickroy also discusses the masochism of the traumatized protagonist and the way in which it functions defensively: "Any sense of control, even if it is self-abusing or ineffectual, is necessary to building a perception of an integrated identity. The ego must avoid feelings of total helplessness, or a sense of self will disappear" (156). Waites too observes that self-injury often accompanies dissociative disorders and may represent an attempt at preserving identity: "Through suffering, I at least know who and what I am" (192).

The paradox of masochism as a form of self-preservation distinguishes much of **Gaitskill's** fiction. Her novel *Two Girls, Fat and Thin*, for instance, centers around two characters, Dorothy Footie and Justine Shade, both of whom were sexually molested as children. Justine falls into repeated **sadomasochistic** behavior while Dorothy becomes part of a cult idolizing an Ayn Rand-like figure, Anna Granite, whose writings feature masochistic female characters. Dorothy defends one such character, explaining that "she needs this kind of crushing force to act upon her because she needs to be broken in a way" (35). When Justine finds herself in the midst of a humiliating **sadomasochistic** experience with a man, the narrator states, "She was aware of her humiliation, but it was so far away and had so little to do with her that she couldn't feel that either. Still, she clung to it fiercely, as if it were her only chance to feel" (281). Like Jill in "The

Dentist," Justine finds herself subject to overpowering feelings of both shame and sexual excitement when watching cartoons: "She watched the animated violence with queasy fascination, feeling frightened and exposed. It was the same feelings she had had when Dr. Norris [her abuser] touched her. [...] It felt like the foundation that all the other events of her life played upon" (66-7). For many of **Gaitskill**'s characters, the original **trauma** induces dissociation and numbness, yet the experience is also felt to be at the "foundation" of one's being or experience of self. Simulations of that humiliating experience thus paradoxically represent the only path back to the recovery of feeling or authentic self-experience.

In "The **Dentist**," Jill's masochistic fantasies are a response, she suspects, to complementary sadistic fantasies roiling beneath the surface of the **dentist**'s bland exterior. Yet of this she cannot be certain, and the **narrative** as a whole plays with the reader's uncertainty about the **dentist** as well. The entire story consists primarily of Jill's conversations about the **dentist** with her friends, along with her therapist and hairdresser, rather than direct narration of her interactions with him. We are presented with varying views. While the therapist tells Jill she is projecting her fears onto the **dentist** and encourages her "to stop taking a victim stance" (163), her friends think the **dentist** sounds like a "prick," or as one friend sums up: "He's either a pervert or he's pathologically frightened or he hates women. Or all three" (145). After the initial session to extract the tooth, Jill explains to her friends, she developed an infection and had to return to the **dentist** twice more. "There is nothing like physical pain," she says, "for enlarging and enhancing free-floating emotional pain" (139), and she finds herself "spewing into the **dentist**'s vast spaces of professional calm" (140) all of her current desperation, including the fact that she was broke and could not write her articles because her computer was broken. The **dentist** offers to lend her his laptop, and in fact drops it by her apartment the following evening. In return, Jill tells her hairdresser, she brought flowers to his office, where she glimpses "a woman's head lying on the headrest of the reclining dental chair; her open mouth made her look stunned and victimized" (148).

Just as we may be wondering if the portrayal of the **dentist** as sadistic victimizer is primarily a projection of Jill's own fantasies, we are presented with some unsettling facts about him. He tells Jill in a phone conversation that he did his undergraduate thesis on lesbianism among strippers and that he worked as a cameraman for a small porn company. He enjoys freak shows and "humiliation/triumph-based movies" (142). He invites Jill to a body-piercing exhibition (she says she would prefer a movie); he shows up at her apartment an hour early (just as she is emerging from the shower); and they end up seeing a film "about a drug-addicted police officer who sexually abuses young girls" (148). They have an uneasy dinner together--looking at him across the table, Jill observes, "his eyes seemed shut from the inside"--and he refuses her invitation to come up to her apartment afterwards. She pleads, "It'll make me feel safer" (149), so he comes in for a minute, watches her feed her cat, says he will call, and leaves. He never calls again.

Jill struggles with doubts about the **dentist** and her own shifting feelings towards him. Herman has discussed the doubt that plagues the **trauma** survivor, who has trouble maintaining her "own separate point of view while remaining in connection with others. In the aftermath of traumatic events, survivors doubt both others and themselves. Things are no longer what they seem" (53). Ultimately, however, Jill comes to suspect, as does the reader, that she is indeed responding to something real within the **dentist** himself. She compares the feelings she has about him to those she had when she watched the old cartoons: "Except that while the cartoons had nothing to do with her molestation, she couldn't believe that the **dentist's** almost morbidly bland public self had nothing to do with the increasingly alarming image she had of him. She felt she was sensing some secret part of him, something that was hurting him as well as her" (159). This dynamic recalls Caruth's discussion of "the way in which one's own **trauma** is tied up with the **trauma** of another, the way in which **trauma** may lead, therefore, to the encounter with another, through the very possibility and surprise of listening to another's wound" (Unclaimed 8). Such an encounter forms perhaps the most essential motif of the story, encapsulated again by one of the anecdotes, like the story of the polka-dot lady that Jill's friend Joshua relates.

Joshua describes a television show he had watched about an experimental prison program in which victims and their families are allowed to confront the criminals who had victimized them. One confrontation involved a woman whose daughter had been raped and murdered. The mother first appealed to the murderer in religious terms, and the convict, as Joshua explains, said he was sorry.

"But he said it with this odd kind of reserve, this detached compassion for the poor old mom, and that just seemed to drive her crazy. She kept saying she wanted to know exactly what it had felt like to rape and strangle her daughter, and after a while he started to look at her like, 'Hey, lady, who's the freak here?' And I have to say he had a point. But he couldn't remember anything about the murder or the rape, because he'd blacked out--which he also apologized for. The mom got more and more frustrated, and in this kind of masochistic frenzy she blurted out, 'I know I should get down on my hands and knees and thank you for not torturing my baby.' And a look of utter shock flashed in the killer's eyes, like twolive wires had just been touched together inside him. He just stared at her. Like he recognized her. It was way creepy." (144-45)

This is a story about the boundaries between victim and victimizer breaking down, about the victim's desperate, willful shattering of those boundaries in a "masochistic frenzy" that makes direct, electrifying contact with the desperation, pain, and frenzy deep within the killer himself. Masochism becomes an attempt to break through to the other, to recognize and be recognized in all one's shameful, hidden pain. This relational dynamic mirrors that of Jill with the **dentist**, and it again suggests how the **sadomasochistic** relationship is rooted in traumatic suffering, in wound crying out to wound.

Relational psychoanalyst Emmanuel Ghent has theorized about masochism in similar terms. He argues that masochistic submission is a "defensive mutant" of a powerful longing for "surrender," for breaking down "the superstructure of defensiveness, the protections against anxiety, shame, guilt, anger" that we all perhaps share. "Is it possible," he asks, "that deep down we long to give this up, to 'come clean,' as part of an even more general longing to be known, recognized? Might this longing also be joined by a corresponding wish to know and recognize the other?" (110). Masochistic phenomena, he believes, reflect a "derailment or distortion" of this wish for surrender (116). Such a distortion might indeed develop as a consequence of **trauma**. The **trauma**

victim's defensive structure, having been catastrophically violated, is resurrected with such constricting rigidity that it could lead paradoxically to the equally urgent wish to dismantle or demolish it completely. Underneath the "pseudo-surrender" of masochism, Ghent concludes, is "the longing for, the wish to be found, recognized, penetrated to the core, so as to become real, or as Winnicott put it in another context, 'to come into being'" (122). Yet Ghent notes that accompanying this intense longing for the dissolution of ego defences is an equally intense dread--an ambivalent tension again enacted in **Gaitskill's** story.

Feminist psychoanalyst Jessica Benjamin, following Ghent, also sees the **sadomasochistic** relationship as representing a breakdown or distortion of a deep-rooted desire for "mutual recognition" in the self-other relationship: "The underlying theme of sadism is the attempt to break through to the other. The desire to be discovered underlies its counterpart, namely, masochism" (71-2). For Benjamin, the domination-submission polarity of sadomasochism expresses a breakdown of the tension between self-assertion and mutual recognition that characterizes psychic and relational life from infancy onwards. When that tension or balance dissolves, assertion hardens into domination and recognition into submission. In her analysis of Pauline Reage's **sadomasochistic** tale *Story of O*, Benjamin discusses how O "is actually willing to risk complete annihilation of her person in order to continue to be the object of her lover's desire--to be recognized" (60). The physical pain of violation, she continues, substitutes for the psychic pain of loss and isolation. "In being hurt by the other, O feels she is being reached, she is able to experience another living presence. O's pleasure, so to speak, lies in her sense of her own survival and her connection to her powerful lover. [...] As long as she remains the object and manifestation of his power, she is safe" (61).

The longing for recognition is especially evident in **Gaitskill's** *Two Girls, Fat and Thin*. Dorothy fantasizes about her idol, Anna Granite: "She would look at me and know everything I'd endured. I wouldn't have to hold back; I could tell her about it all, I could allow her to penetrate that part of myself I'd held away from everyone, the tiny but

vibrant internal Never-Never Land I'd lived in when there was no other place for me" (167). In Ghent's terms, this intense desire "to be found, recognized, penetrated to the core, so as to become real" lies at the heart of all of **Gaitskill's** traumatized, masochistic characters. At the end of *Two Girls*, such a yearning does in fact culminate in a scene of mutual recognition between Dorothy and Justine. In their final scene together, Dorothy feels that Justine "was talking to me as I had fantasized Anna Granite would talk to me before I met her, breaking down doors I couldn't bring myself to open and storming in" (266). Such recognition occurs, however, only after each has witnessed the other's deeply painful humiliation. The shameful exposure that both characters had so dreaded in fact becomes their salvation. Dorothy states, "I sat with my heart opened to her, feeling her heart mournfully opening to me, sending me the messages that can be received only by another heart, that which the intellect can never apprehend" (311). The scene again confirms Caruth's point about "the way in which one's own **trauma** is tied up with the **trauma** of another." Such an encounter can lead, in Benjamin's terms, to the redemptive possibility of mutual recognition.

The film version of another of **Gaitskill's** stories, "Secretary," presents a similar scenario in which a **sadomasochistic** relationship is shown to be driven by the desire for loving, mutual recognition of self and other. The movie, directed by Steven Shainberg and released in 2002, gives a much more positive spin, however, to the **sadomasochistic** relationship depicted in **Gaitskill's** original story. In both the film and the story, a depressed young woman gets a job as a secretary to a lawyer, who senses she is "closed up, [...] tight [...] like a wall" (135), and he proceeds to subject her to a routine of spanking and increasingly humiliating acts. The woman finds herself sexually excited by these acts and realizes, as she states in the story, that "humiliation [...] had actually been a major force in my life for quite a while" (140). Unlike in the movie, however, **Gaitskill's** character simultaneously experiences a profound "numbness" and an overwhelming sense of isolation as a result of her interactions with the lawyer, feeling that she "could never have a normal conversation with anyone again" (141). After an episode in which the lawyer forces her to pull down her underwear and then pelts her with "hot sticky muck" (143), she never returns to work again. Later, after learning that

the lawyer is running for mayor, she refuses to talk to a reporter investigating rumours of his kinky past. The story ends with the woman describing a dissociated state of "being outside" her body, and she says that it is not "such a bad feeling at all" (147).

The film version of "Secretary," in contrast, portrays the **sadomasochistic** relationship as emotionally liberating and as a means of reconnection for both the woman and the lawyer. Both characters are presented as suffering and vulnerable. The woman's masochistic submission in the film is never quite as demeaning or degrading as the muck-smearing incident in the story. In the movie, sadomasochism becomes a form of play that allows each character to recognize the other in their isolation and pain.

Gaitskill's vision, however, is far darker. Her characters may be sexually stimulated by the **sadomasochistic** relationship, but they are never emotionally fulfilled or freed by it.

In the ironically titled story "A Romantic Weekend," for instance, a woman goes off with a man she has recently met for a weekend of what both presume will be **sadomasochistic** sex. The encounter proves completely frustrating for them both as neither fulfills the fantasies that each had projected onto the other. In the woman's fantasy, "his gaze penetrated her so thoroughly, it was as though he had thrust his hand into her chest and begun feeling her ribs one by one" (33). She had hoped "he would enter her with overwhelming force and take complete control of her. Instead she had barely felt him, and what she had felt was remote and cold." The man is equally exasperated by the girl; he feels she "contained a tangible somethingness that she not only refused to expunge, but that seemed to willfully expand itself so that he banged into it with every attempt to invade her. [...] Why had she told him she was a masochist?" (42). The weekend ends miserably, yet on the drive home, both refuel their fantasies about the other. She imagines him looking "intently into her eyes," and he imagines her bound and naked and thinks, "This could work out fine" (52). With characteristic irony, **Gaitskill** presents the **sadomasochistic** relationship here as so bound up with an individual's inner fantasy world that it is more likely to prove suffocating than liberating; it leads only inward, thus preventing any real contact or recognition of the other.

Gaitskill presents a similar view in a series of linked stories entitled "The Wrong Thing," appearing at the end of the same volume as "The **Dentist**." These stories feature a lesbian relationship that involves **sadomasochistic** role-playing. The central character, Susan, experiences the sadomasochism as "both safe and cruelly stifling" (213), and she explains to her lover, Erin, that that kind of sex "gets me off and everything. But it's a mechanical response. It's not deep. [...] I've done those fantasies all my life, and I want to try to be more genuine and direct, so whatever we do, it'll really be us. Emotionally, I mean" (214). Erin agrees, but is unable to escape her need to enact the fantasies. Susan senses the source of that need in a deep hunger and anguish: "I pictured the organs in her abdomen dry as old roots, parched for lack of some fundamental nurture that she had never received and was trying futilely to find" (222). **Gaitskill's** fiction suggests that the enactment of **sadomasochistic** fantasy, rooted in **trauma**, is ultimately futile, for it can never lead to the nourishment, the genuine recognition of self and other that is unconsciously sought.

No scene of mutually affirming recognition indeed occurs in "The **Dentist**." Towards the end of the story, Jill confronts the **dentist** in his office. In an earlier conversation, the **dentist** had remarked, "'Oh, Jill, [...] you think you're so perverted, but you're really not. [...] I've seen things you'd never even think of" (160). In their final interaction, Jill asks him what he had meant by that comment. The **dentist** says he does not remember, then "removed his white coat with such agitation he got his wrist stuck in one sleeve." He then erupts, "'I don't mean anything! I'm a very simple person! I'm bland and I have a low level of emotional vibrancy and I like it that way.'" Jill watches as he "wrested his wrist free, then frantically fooled with his tie;" she realizes that "he was apoplectic with fear" (166).

Immediately after this scene, the narrator states, "This incident made a very funny story. Everyone laughed when Jill told it a few nights later" (166). As usual, Jill shifts back to humour and ironic distance after a scene about the penetration of defensive barriers and the exposure of the panic and frenzy within. She tells her friends that she is convinced the **dentist** is a "secret pervert" but just does not know it, and one friend

responds, "You think if you could just get him into a sling, he'd be fine?" The sling image recalls the **dentist's** wrist stuck in his sleeve in the previous scene. If the **dentist** is a secret sadist, the story suggests, he is equally a secret masochist. Jill says she doubts that he would ever get into a sling, but she thinks that he will "just keep getting into slinglike positions in inappropriate situations." The narrator then adds, "Jill had of course just described herself" (167).

The **sadomasochistic** patterns, in other words, will inevitably be repeated. The story ends with Jill, having left her friends, walking alone down the street. She is thinking about the **dentist** but then gets distracted by the sound of someone muttering: "It was a man crouching on the sidewalk in dirty, wadded blankets. He glared at her. 'If it's a man, I'll castrate him and stuff his balls in his mouth,' he said. 'If it's a woman, I'll stick my fist up her cunt and fuck her dead.' Jill understood how he felt, but she still walked a few feet up before she stepped off the curb to hail a cab" (169).

Once again, as at various other points in the story, the lid is ripped off the calm facade, boundaries are shattered, and the hysteria underneath erupts. The release of such frenzied, intoxicating rage recalls Jonathan Shay's discussion of "beserking" among Vietnam vets and survivors of combat **trauma**. Jill understands the man's spewing of such shockingly sexualized sadistic impulses because presumably she recognizes them in herself. Nevertheless, the story ends with her avoiding the man, stepping away and moving on. The ambivalent tension is preserved.

Caruth defines post-traumatic stress disorder as a response to an overwhelming event "which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behaviors stemming from the event, along with numbing that may have begun during or after the experience, and possibly also increased arousal to (and avoidance of) stimuli recalling the event" ("**Trauma**" 4). Not only does **Gaitskill's** story play with the themes of numbness, arousal, and avoidance, but most importantly, it reflects both structurally and thematically perhaps the most salient feature of the post-traumatic syndrome: repetition. Just as the opening billboard image reflects the dynamics of Jill's obsession with the

dentist, so the many ancillary characters and scenes--Joshua's anecdotes, the descriptions of Doreen, the stripper, and the masochistic performance artist, for instance--all mirror and repeat the same essential pattern. The final scene of Jill's recognition and avoidance of the homeless man's sadistically sexualized hysteria is only another version of the underlying dynamics of the opening scene in the **dentist's** chair.

The holographic nature of the story's structure, in which the parts reflect and repeat the pattern of the whole, narratively enacts a kind of repetition-compulsion. As Caruth has argued, the pathology of the post-traumatic disorder is defined not by the traumatic event itself or the distortions of it, but by "the structure of its experience or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it. To be traumatized is precisely to be possessed by an image or event" ("**Trauma**" 4-5). Jill is possessed and obsessed by her **sadomasochistic** fantasies about the **dentist**, a dynamic repeated in the story's obsessive structure. The narrator offers many keen insights into Jill's behaviour and psychology yet suggests no sense of change or development in her character, no indication that she will not continue to "keep getting into slinglike positions in inappropriate situations."

The term "**narrative** recovery," as Suzette Henke observes, has become fairly common in the field of narratology. The term, she explains, is meant "to evoke both the recovery of past experience through **narrative** articulation and the psychological reintegration of a traumatically shattered subject" (xxii). She also discusses the "psychological catharsis" (xix) that the **trauma narrative** can effect. Horvitz similarly explores how her fictional protagonists use **narrative** "as a method of 'working through' or healing from **trauma**" (18). "The greater one's ability to 'make story' out of **trauma**," she argues, "the more likely s/he is to regain control of her or his life after that **trauma**" (6). Certainly the act of narration can be therapeutic, and I would not argue with Herman's contention that reconstructing the **trauma** story forms an important step in the **trauma** survivor's recovery. In **Gaitskill's** "The **Dentist**," however, which I would categorize as a form of **trauma narrative**, I find no evidence of catharsis, working through, or reintegration. The

character of Jill, although she employs **narrative** and "makes story" out of **trauma**, is unable to move beyond a purely defensive use of it. Yet I find the story as a whole stunningly honest and powerful, and I would argue that there is a healing quality in the story's very emotional honesty and in the way its **narrative** structure externalizes inner defensive processes.

By exposing deeply shameful feelings, the story combats numbness; by artfully communicating a fragile yet rigid defensive dynamic, it defeats the isolation so endemic to the post-traumatic condition. In an article defending **Gaitskill's** neurotic characters, David Huddle argues that "**Gaitskill** is an inverse version of Hemingway--her protagonists journey toward, not away from, pain and the upheaval of emotional experience. [...] Their journey is toward even greater suffering as they try to move toward meaningful human connection. Weird, off-center, isolated, and deeply neurotic, they are nevertheless heroic in their willingness to suffer and to undergo humiliation" (14-5). I agree with Huddle that **Gaitskill** is a deeply moral writer whose protagonists "are damaged people seeking, with inadequate resources, to heal themselves" (3).

Finally, though the **sadomasochistic** fantasies in "The **Dentist**," as in much of **Gaitskill's** fiction, are an important part of the story, they are not the whole story. These fantasies are constantly in tension with opposing desires, feelings, and self-states. In "The Wrong Thing," for instance, Susan remarks to her friends that she likes guys to be "cruel but refined." A moment later, however, she reflects: "It was fun to say that I like something refined and cruel, but under the fun was an impatient yank of boredom and under that was indignation and pain" (221). **Gaitskill's** work gives expression to the multiplicity of emotional states and self-organizations that psychoanalytic relational theorists argue are always operating simultaneously in psychic life. Her traumatized characters may be trapped in self-destructive patterns, but the **narrative** consciousness expands beyond simple or mechanical repetition, exposing a rich inner world of dynamic conflict and complexity.

Gilbert Rose has argued that **trauma** "in the general sense of overstimulation, whether due to actual massive flooding from the external world or stemming from the person's own hypersensitivity to stimulation" (ix), serves as an impetus to artistic creativity in general. All creative artists, Rose believes, suffer to some degree from psychic wounds and ego splits. For the writer, fictional characters "represent aspects of the self, split off and displaced to the outside world." As such, the author may experience the characters as both familiar and unfamiliar: "Like doubles in life, dreams, and other displacements, they [the characters] are at once close and distant" (21). The tension and oscillation between closeness and distance that Jill in "The **Dentist**" uses defensively can thus also be understood as a creative, adaptive strategy as used by **Gaitskill** the author.

Indeed, the distancing involved in dissociation, as Philip Bromberg has argued, is not inherently or necessarily pathological. Bromberg believes that multiple self-states and "nonlinear switches in discontinuous states of consciousness" (245) characterize normal infant life. "The process of dissociation is basic to human mental functioning," he claims, "and is central to the stability and growth of personality" (244). For Bromberg, health is not the integration of multiple self-states but "the ability to stand in the spaces between realities without losing any of them" (186), a capacity that is also intrinsic to creativity. While **Gaitskill**'s characters demonstrate how dissociation can be used as a defensive, self-destructive response to **trauma**, **Gaitskill** the artist uses dissociation in Bromberg's healthy sense to create characters who both are and are not herself, and to transform **trauma** into art.

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