SCARS AND STIGMATA

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The Berlin Collegienhaus in the present-day Kreuzberg district, is, in itself, an unremarkable structure. A prim baroque building constructed as a courthouse in 1735, it served as the seat of the Kammergericht, the German Court of Justice, through the 19th century. Almost completely destroyed in the second World War, the building was restored in the 1960s by the architect Günter Hönow. As the last example of a surviving baroque building commissioned by the nobility in the Friedrichstadt district, it was dedicated in the latter half of the 20th century to preserving the history of the city of Berlin (“The Old Building”).

In the present day, however, the Collegienhaus is overshadowed by its extension—a post-modern construction that houses what is now the Jewish Museum Berlin. An undertaking by the architect Daniel Libeskind, it is in part a reminder of the oft-forgotten presence of Jewish culture throughout European history, in part a memorial for the events of the Holocaust. Libeskind’s name for the museum project is “Between the Lines,” symbolically recalling how what is concretely remembered is inseparably bound up in, and lent definition by, what is forgotten. Characterized by its unusual ground design and irregularly broken zinc-clad walls, the added wing conceptually consists of two lines, “one straight but broken into pieces, divided into fragments, the other multiply bent, contorted, but potentially going on ad infinitum” (Huysen 67-68). The jagged, angular annex juts violently
from the Collegienhaus’s southern face, spasming unnaturally against the landscape surrounding it. Libeskind’s design slices boldly across and into the surface of the earth, its edges and discontinuities forming what Andreas Huyssen describes by turns as “a fractured star of David,” a “zigzag,” and as “lightning”—though perhaps it might also recall a scar (67).

Five years ago, I had an eating disorder. It began before I was thirteen and enfolded me gradually over the course of two years. By the time I was fourteen, I was conscious of its presence, but I asked to see a doctor before I was ready to accept mentally ill into the category of words that described myself. For better or for worse, the adolescent health specialist I saw was surprisingly kind about this.

“Do you have anorexia?” she asked me—just once. I shook my head no. “Okay,” she nodded.

My lack of menstruation was my most concerning symptom, she went on to tell me, because it would interfere with the growth of my bones; if I didn’t gain weight quickly, I would have to begin taking artificial estrogen. She sent me to a dietitian for nutritional counseling, but, satisfied with my progress after a half-year, forwent an official diagnosis. All that is mentioned on my medical record is a mysteriously sudden drop in body weight and a note that my period had been absent for eighteen months. All that was documented were the physical manifestations of illness, manifestations that themselves have long since been erased.

After the initial six months of recovery, I pretended outwardly that I had placed these events solely in the past. But at one point, a friend teasing me about my height prompted me to wonder if two years of malnutrition had stunted my growth. I found that others had voiced the same query. On a public forum, a girl had created a thread titled “Anorexia—did it stop my puberty process?” asking if her eating disorder could have affected her physical development.

“yes.” a fellow user replied. “anorexia can stop puberty and it will decrease your brain mass, which is even worse. ever notice how anorexics and former anorexics can never talk about anything except themselves and their medical history? it’s because their eating disorder makes them dumb and dull. this is medical fact.” (“Anorexia”)
I felt a double sting at those words—firstly, because someone could be so callous towards a girl who had undoubtedly already suffered so much, and secondly, because the author’s cutting answer revealed my own fixation on the aftermath of my eating disorder. I had always asked myself: did what I struggled against for two years leave any marks on my body? Was my growth stunted? Am I shorter than I would have been? Is it why my ribs are so narrow? How did it change me; how did it manifest itself as something visible? Suddenly aware of my fascination with finding physical markers for a mental disorder, I felt a sense of revulsion. It seemed too much like I was looking for something to show off, searching for evidence I could shove in other people’s faces to say: look! I’m damaged too! Look at how I suffered!

In “Grand Unified Theory of Female Pain,” Leslie Jamison observes that Western society has a complicated relationship with people—particularly women—in pain: they are both romanticized as poetic, tragic figures and looked down upon as attention-seekers, selfishly “wallowing” in their own unhappiness (210). Jamison quotes Susan Sontag as she criticizes the use of suffering women as cultural objects, based in “a ‘nihilistic and sentimental’ nineteenth-century logic that found appeal in female suffering: ‘Sadness made one ‘interesting.’ It was a mark of refinement, of sensibility, to be sad’ . . . ‘the melancholy character was a superior one: sensitive, creative, a being apart” (186). Sad women are fascinating, but not because of the actual reasons for their sadness. What really matters is the image that their unhappiness creates, the dual appeal of sufferance and vulnerability. Sadness was, and is, translated into desirable feminine qualities like “refinement” and “sensitivity,” providing an attractive air of emotional depth and melancholy mystery.

Yet purposefully making pain outwardly visible is looked down upon, epitomized, for Jamison, by a widespread disdain for “cutters.” Jamison observes that the prevailing cultural perception of those who self-harm is that they are looking for sympathy or attention, and concludes that the rejection of and disgust towards these public entreaties suggests a “disdain for pain that is understood as performed rather than legitimately felt” (190). “Performance” implies being conscious of an audience, which apparently implies insincerity. If you’re going
to suffer, these cutter-haters argue, it should be unscripted and unself-conscious, existing outside of yourself only by unplanned coincidence. Asking for sympathy is taboo. The wounded person is trapped inside their injury. They can’t ask for help; doing anything “for the attention” is looked down upon.

Intimately related to our culture’s contempt for “performed” pain is its condemnation of self-pity, which places not only what we express outwardly but also what we feel inwardly under public scrutiny. Jamison cites popular criticisms of Lucy Grealy’s *Autobiography of a Face*, an account of the author’s childhood cancer and facial disfigurement: “‘She was a sad woman who never got beyond her own personal pain’ . . . ‘I found this book extremely sorrowful and drowning in self-pity’ . . . ‘I’ve never encountered such terribly [sic] moaning and wallowing in self-pity’” (210). Clearly, what offends these readers is not that Grealy chose to write about pain, but the way that she speaks and feels about it: too sad, too sorrowful, too self-centered. Talking about your own suffering in a way that isn’t stoically triumphant—describing it as something more than an obstacle you’ve overcome—means you’re self-pitying, which is code for being a narcissist.

With regards to her own injuries, emotional and otherwise, Jamison recalls writing to a friend: “On the one hand, I’m like, Why does this shit happen to me? And on the other hand, I’m like, Why the fuck am I talking about this so much?” (187). This is the crux of the issue: if I never wanted this shit to happen to me, why do I never shut up about it after it did? Somehow, I want two things that don’t seem compatible: not to let it affect me anymore, but also to have something to remember of it, to be allowed to keep thinking and talking about it, even if it doesn’t hurt anymore. I have to admit that the eating disorder was, and in some ways still is, a part of me, but I don’t want it to be me—the sum of me, I mean, the thing I build my identity around. And so, even many years after the fact, even if accompanied by feelings of embarrassed self-consciousness and guilt, I look for remnants of its once overwhelming manifestation on my body.

But why is it so narcissistic to want a scar, something that makes intangible sensations physical while also offering to contain them? As a society, we make scars—markers of damage, reminders of trauma and its aftermath—purposefully.
Maya Lin’s Vietnam Veterans Memorial at the National Mall is one of the first examples of the ‘counter-memorial’ movement, defying the tradition of glorifying fallen soldiers as examples of heroic sacrifices made for a just cause. The monument, a simple modernist design consisting of two granite walls carved with the names of the deceased converging into the shape of a V, was derided by critics as “a slap in the face,” a “degrading ditch,” and, perhaps most tellingly, a “black gash of shame and sorrow” (Sturken 51). Aesthetically—and emotionally—it defies the expected tone of a war memorial, cutting into the earth instead of rising triumphantly above it, a somber, muted black instead of the traditional gleaming white, relying on abstract and symbolic, as opposed to figurative, architecture. Yet, more than 30 years after its initial construction, Lin’s memorial is now seen as a raw and sincere reflection of the moral ambiguity, political divisiveness, and shame surrounding America’s involvement in the Vietnam War.

Memorials are uniquely different from museums in that they are not only spaces for preserving a record of the past. They are also meant to create an emotional experience, to provide an explicit space for a nation to grapple with a complex part of its past and provide an outlet for a community’s grief. In Tourists of History, a study of the memorialization movement in America, Marita Sturken writes:

[The] culture of mourning and memory has converged with the concepts of healing and closure that are central to American national identity. American mythology clings tenaciously to the belief that one can always heal, move on, and place the past in its proper context, and do so quickly. The memorial culture of the United States has thus been largely experienced as a therapeutic culture, in which particular citizens… have been seen as coming to terms with the past and making peace with difficult memories. This is the primary narrative generated by the Vietnam Veterans Memorial. (14)

Sturken herself is ambivalent about the concept of healing through memorial; she expresses concern that too much of the emphasis is placed on “closure,” on placing the past in its “proper context” and moving on quickly. And it is true that seeking erasure of the past, to
forget tragedy completely, would be to dishonor the memories of those who suffered and risk repeating unfortunate histories. But the fact remains that a memorial is meant to stand the test of time, to continuously bring experiences of the past into the present. If anything, an intelligent memorial, such as Lin’s, encourages a nation to dwell on its pain, provoking continuous reflection on how the tragedy could have been avoided and providing pedagogic opportunities in order to protect future generations.

Daniel Libeskind’s extension on the Berlin Collegienhaus is both a marker for trauma and an attempt to prevent its recurrence in the future, reminding us not only of violence committed against innocent people but also of the aftermath of their disappearance. As a kind of graft onto the Collegienhaus, it forces a fusion between what came before and what came after the Holocaust, representing visually that its gruesome details cannot be glossed over or compensated for by prettier aspects of Germany’s history. Huyssen writes in his essay “The Voids of Berlin” that not only the building itself, but the fragmentation implied by the structure of the museum, signifies “history, a broken history without continuity” and “an absence that can never be overcome” (68-69). To Huyssen, what is fascinating about Libeskind’s museum is that it acknowledges the impossibility of “overcoming” the Holocaust, admitting that it cannot fully encompass what took place. It is impossible to return to any sense of normal from before the war, just as it would be impossible to string together the fragments of a discontinuous past and somehow make it whole. Instead, what Libeskind seeks is to remind us what is missing, to remind us of our implicit responsibility to ensure that history will not be broken in the same way again.

Which raises the question: why describe Lin’s war memorial and Libeskind’s Jewish Museum as scars instead of wounds? The physicality of these structures is intense and in its own way violent; their outlines slice actively across and into the earth, the unforgiving metal and stone seeming to violate the wholeness of the landscape they were forced upon. But this is not exactly the intent that these memorials were built to match. Modernist counter-movements or not, memorials are meant to be places of remembrance, purposefully built to mark the memories of a tragedy that a nation needs to grapple with, either
by honoring the dead or questioning the circumstances of their dying. A wound, remember, is something inflicted. I can answer most succinctly that I label these memorials as scars because these sites were attempts—violent, yet still sincere—to heal, not to hurt.

Memorials are places of comfort, among other reasons, because they allow visitors’ experiences of their events to be affirmed by a collective narrative. Survivors of the initial trauma can connect their stories to those of other survivors, placing themselves in a larger community that shares their recollections. Memorials reassure those who experienced tragedy that their suffering will not be forgotten, that their emotions and experiences are valued highly enough to be preserved for generations to come. Even those unaffected by the event can empathize with those who were, and, in many cases, reinforce their sense of national identity through empathy. But the function of the memorial is limited to traumas that are shared by a nation or a community, and to attempt to share and connect through pain that is not a result of something that already exists within the public consciousness is far more complicated and dangerous.

Perhaps the greatest difference accounting for the double standard regarding pain—the simultaneous reverence for memorial culture and dismissal of more private forms of mourning—is that a collective memory is seen as implicitly understandable, while personal suffering is suspect. Memorials stand for events that affected an entire society, parts of history so significant that their aftermath is absorbed into the material of the culture. If you can convincingly connect your unhappiness to something socially acknowledged as traumatic, then your experiences are seen as almost unquestionably valid. It is much easier to cast doubt on individual pain—to diminish or dismiss or misread it—because there is nothing outside the person suffering to confirm that it is real.

A scar is what happens when one is hurt too badly to return to the way things used to be, evidence of healing and evidence that the wound cannot heal perfectly. Flesh will knit itself back together again, but it will leave signs of its rupture. A scar is a reenactment of an old wound, sealing over what was once raw and open while also recounting the tale of the initial trauma. A scar is a reminder of past pain, but, in a way, a scar also contains it. What was once a sensation that
alarmed the entire body is now reduced to restless but silent stitching on the surface of the skin. A scar is hard evidence that can’t be taken away from you, evidence that you were in pain and that you had reason to be in pain. Little wonder, then, that it can seem like the perfect solution when others seem determined to ignore what you are feeling because it isn’t tangible to them.

Jamison never finds herself fully able to answer those questions that, in her youth, she put to her friend: “Why does this shit happen to me? And ... Why the fuck am I talking about this so much?” Perhaps we feel compelled to talk about pain for the same reasons that we want scars: to remember that our pain is valid, that it really happened. When your pain only exists internally it is too easy for others to doubt, to allow them to discredit it and dismiss how you feel. And it is too easy to be ashamed about why you are unhappy in the first place. We are taught to distrust our emotions because they are fickle, unreliable. When you finally find yourself able to open your mouth and speak, suddenly the pain can exist in a mind other than your own, and in existing outside of you, it becomes easier to grasp onto and think through it.

Jamison is hesitant to make an overarching claim as to how exactly pain should be felt. In an interview with The Paris Review, she deliberates over the difference between constructive and destructive lingering in pain:

There’s a basic and important distinction to draw between positions I inhabit as somebody who has experienced some kind of trauma and somebody who’s seeking out pain. Going to the Morgellons conference is a choice in a way that getting hit in the street isn’t. But the collection chooses to bring all of those experiences together in a certain way—what kind of appetite is being spoken to there? In certain ways, as a writer, you do profit off your own experiences of pain, and there’s a way of seeing that profit that’s wholly inspirational—in terms of turning pain into beauty—and a way of seeing it that’s wholly cynical—in terms of being a “wound dweller” in a corrosive or self-pitying way. The honest answer—to me—dwells somewhere between those views. (Merve)
Jamison, perhaps like the hypothetical memorial visitor, believes that the balance lies somewhere between. She is leery of purely aestheticizing pain “into beauty,” but also admits the danger of being “wholly cynical” in a “corrosive” way. Ultimately, at the close of “Grand Unified Theory of Female Pain,” Jamison is clear in her opinion that there is something fundamentally wrong with the way society views those who are in pain, that we don’t respect or trust one another to give accurate accounts of what we are going through:

The wounded woman gets called a stereotype and sometimes she is. But sometimes she’s just true . . . Pain that gets performed is still pain. Pain turned trite is still pain. I think the charges of cliche and performance offer our closed hearts too many alibis, and I want our hearts to be open. I just wrote that. I want our hearts to be open. I mean it. (218)

The desire to make pain external—to talk about it, to “perform” it, to make it “into beauty,” to search for a scar—is not narcissistic. First, this desire dares us to trust how we feel, to allow ourselves to ignore what we are told and to honor our emotions, however fluid and tangled, as they exist in the moment. No matter how society may complicate how it sees pain, by fetishizing it or deriding it or simply ignoring it, it is our right to believe in our emotions as we experience them. And second, it is a fundamentally compassionate attempt to protect those around us. No one wants to have suffered in vain. We can’t hope to change the pain we experienced in the past, but we can attempt to stop others from feeling the same. To speak about pain is not to seek it out; it is to face what is already there, to show vulnerability and to reach outward from it, into a world of other bodies.

WORKS CITED


