

Choosing a Frame:

How Medusa Tells the
Story of Trauma and
Life After Trauma

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ABSTRACT

This paper names the elements of the Medusa myth that make it an uncanny allegory for trauma and examines the role of choice—both having choice and offering choice—in the treatment of trauma. It considers two perspectives on the myth: (1) Medusa as a captive object to the hero in the myth and (2) Medusa as an autobiographer, the narrator of her own story, and a subject working to establish more control over her own experience. This myth translates to the social work space. When a clinical social worker acts as the listener/observer and a patient as narrator/autobiographer, the social worker is uniquely positioned to support the patient in reclaiming life after trauma.

Keywords: Medusa, trauma, autobiography, Freud, Herman, Cavarero

The Gorgons turned men who looked into their living, venomous, snake-encrusted faces to stone. I wonder what might have happened if those men had known how to politely greet the dreadful chthonic ones (Haraway, 2016, p. 54).

To narrate is to edit and revise, to decide and imbue meaning. The narrator is the voice we hear, the voice which crafts our beginnings and endings and directs the process of mythmaking. The challenge of capturing one central myth of Medusa, sometimes called the Gorgon or Gorgo, lies in the transience of myth, with its various versions compiled through written and oral histories, each with details slightly adjusted to create a new myth. Each new myth has a different moral or ethical alignment and narrative.

Medusa's name refers originally to her role as a mindful ruler and guardian (Gordon, 2014). Her myth, captured by such classical authors as Homer, Hesiod, Ovid, and Lucan, likely originates from the classical Greek period of 500 BCE-336 BCE (Silverman, 2016). It is the story of a beautiful, mortal woman who is raped and turned into a monster. Medusa, said to be even more attractive than Aphrodite, draws the attention of Poseidon, the god of the sea, who rapes Medusa in the temple of Athena. The virginal, asexual goddess Athena, offended that her temple has been desecrated, punishes Medusa by transforming her countenance from beauty to horror, giving her a head of snakes. It is said that anyone who dares look at Medusa will be petrified in stone. But the brave and cunning Perseus, the hero of the story, uses a mirror to show Medusa her own reflection. By using her power against her, he turns her to stone and is able to decapitate her. Perseus takes the head of Medusa and wields it as a weapon along his journey, eventually gifting Medusa's head to Athena and saving a princess. The story ends happily in marriage between our hero Perseus and the princess, Andromeda.

The clinical social worker benefits from reconsidering the hero's perspective, particularly when approaching treatment with survivors of trauma. The clinical social worker may be tempted, consciously or unconsciously, to identify with the hero's narrative: Perseus, who set out to conquer the Gorgon, is a metaphor for the worker setting out to alleviate the psychopathology of trauma. The clinical social worker, no matter their good intentions, runs the risk of overexerting control in the treatment of trauma if the patient's sense of choice is not paramount. Attempts to optimize healing, alleviate pain, prioritize treatment protocols, or evade the trauma dismiss the painful, yet necessary, process of the patient grappling with the loss of control they once experienced. In the treatment of trauma, hope lies in the ability of the clinical social worker to see the patient with open eyes, to align with the patient, to revisit dichotomies of self vs. other, and to understand the reestablishment of commonality as the ability to recognize oneself in another, to commune, and to feel seen. By considering the perspective of Medusa, the clinical social worker comes closer to understanding the survivor's story, allowing the worker to become more adept at supporting the survivor in more fully stepping into their role as narrator of their own story, autobiographer charting their own narrative arc.

MEDUSA AS AN OBJECT IN PSYCHOANALYTIC THOUGHT

Medusa's long existence in the clinical imagination consists mostly of plucking her from context, creating an image on which to project meaning. For Sigmund Freud (1922/2003a), the Medusa myth is a means for illustrating the effects of the female body—particularly the mother's body—on the male subject. For the male onlooker, Freud claims that the phallic snakes resting atop Medusa's head are themselves “a mitigation of the horror, for they replace the penis, the absence of which is the cause of the horror” (Freud, 1922/2003a, pp. 84-85). Freud's framework positions Medusa as an object to be gazed upon, an object useful only for its effects on the male psyche, not herself a subject with an internal world.

Freud positions himself within a tradition of seeing Medusa as an object of horror. In tellings of the myth, Medusa's decapitated head is said to bring about the birth of Pegasus, the winged horse, and the blood that drips from her head is said to fall to the ground, transforming into snakes that now roam the desert of Libya (Hesiod, 700/2003). These iterations of the myth have historically taken up Medusa as a dead thing, not a person. Freud, too, is interested only in Medusa's detached head. Freud's male subject sees Medusa's head and is reminded of his own castration complex (i.e. "to decapitate = to castrate"; Freud, 1922/2003a, p. 84). As a locus for male psychosexual development, Medusa is made to symbolize an abject horror felt by a young boy seeing his mother's genitalia (Freud, 1922/2003).

Feminist thinker Sarah Kofman (1980/2003) categorizes Freud's account of Medusa's head symbolizing the embodiment of the mother's genitalia as fetishism, because the account deals primarily with the symbolic meaning of Medusa's parts rather than her whole role as a character in the myth. Not only does Freud (1922/2003a) deal primarily with Medusa's head cut from her body, "but the figure herself is cut away from, among other things, her relationship to her two sisters" (Gordon, 2014, p. 116). In his analysis of her parts, Freud names the various fragmented objects of Medusa "uncanny." He states that "severed heads" and female genitalia provoke the experience of the uncanny "double take," or an experience of seeing something so similar to something else, yet different, which causes unease—even horror—in the onlooker (Freud, 1919/2003b, pp. 150-151).

For the clinical social worker, Freud's reductive reading of Medusa serves as a warning. By adopting a schema that aligns with the hero's narrative, the clinician runs the risk of encouraging a framework which treats patients as clusters of symptoms (parts) and characterological traits to be overcome and changed (decapitated). Particularly in work with patients who have survived trauma, the popularity of trauma-informed manualized treatments and the mandate for efficacious progress to predicate reimbursability are at odds with the process of narrating: telling and retelling, reenacting, meandering and pausing,

picking up at different places than where one left off, creating new directions of memory and thought that previously lay dormant or didn't previously exist. When the social worker ceases to see the patient as a human subject, instead favoring the proper operationalized intervention, the psychotherapeutic process becomes the actual uncanny thing—a forged replica, a capitalistic, hollowed endeavor that only hints at the original power of the therapeutic process that prioritizes connection.

MEDUSA AS A SUBJECT AND HER TRAUMATIC EXPERIENCE

Medusa does not have to exist solely as an object in clinical discourse; nor should she. I propose a clinical approach that, as psychologist and psychoanalyst Doris Silverman puts it, attempts to “find a liberating refuge in a symbolic figure with great and fierce power and freedom” (2016, p. 117). To grapple with Medusa as a subject is to see her as a person working through trauma. A reading of the myth that doesn't account for her surviving a brutal rape is, to say the least, limited. A close reading of Medusa's myth offers the opportunity to promote her subjectivity, agency, and choice—an approach which can be applied in the clinical setting.

The frame with which the clinical social worker enters the therapeutic dyad tells its own narrative about the positionality of the worker and trauma survivor respectively. It is precisely the way of seeing self and other that has the capacity to empower and disempower and to promote commonality and separateness, connection and disconnection. The processes of telling one's own story, working it out, and inhabiting a self-other relationship in which one tells and one listens serve as reparative acts that reintegrate the survivor's sense of selfhood (subjectivity) within the larger context of their world. To offer a survivor the choice of determining their own narrative is one attempt the clinical social worker can make to imbue power and promote commonality in the therapeutic dyad, and by extension, support the survivor's reintegration into their everyday life.

In analyzing trauma, we can consider post-traumatic stress disorder as a culmination of uncanny experiences. The symptoms of PTSD include re-experiencing the trauma through flashbacks, somatic replication of the arousal state experienced during the trauma (hyperarousal), and reliving the event through nightmares. These symptoms are uncanny because of the unease they strike in their subject. By alluding to something familiar, the subject is forced to recollect the moment of the inciting traumatic event. Flashbacks are like memories, except they are disjointed relivings. Flashbacks are not integrated parts of self that serve the construction of a cohesive narrative; rather, they are fragmented and activating. They are involuntary jolts out of the present state. In Medusa's myth, the scenes that move the hero's narrative forward are predicated on men acting on Medusa: for example, Medusa's cave is entered without her permission by the men who attempt to conquer her.

Constriction, hyperarousal, and intrusion are the major post-traumatic symptoms that an individual may experience in the aftermath of trauma (Herman, 2015). Hyperarousal, or having an "extreme startle response" and "intense reaction" to otherwise benign stimuli, is a striking concept when contextualized in the Medusa myth, especially when it comes to the example of Medusa's decapitated head (Herman, 2015, p. 36). Her head, if we take Freud's view, is a horror, a frightening object that induces a startle response in the eyes of the onlooker. A defense mechanism first named by Melanie Klein, projective identification, is described as a two-step process: first, the patient projects a part of themselves onto the other, and second, the other experiences "pressures" to feel and act in accordance to the cast off part (Issacharoff, A. & Hunt, W., 1994, p. 593). For Medusa, the act of looking is her act of projecting onto men the symptoms associated with trauma, notably the "intense startle response" of hyperarousal (Herman, 2015, p. 36). While projective identification is not characterized as a trauma response by Herman, she does detail the "involuntariness" of trauma responses, and notes that where there is involuntariness, there exist unconscious desires (Herman, 2015, p. 41). Hurt, isolated, and traumatized, Medusa develops a desperate, unconscious desire to rid herself of Athena's curse. She

attempts to project her own fear and hyperarousal onto her onlookers in an attempt to free herself from reliving the traumatic experience.

Intrusion and its role in the lived experience of trauma appear when men visit Medusa's cave in an effort to tame and conquer her. Their attempts to enter Medusa's cave can be read as an allusion to the rape that begins the myth: as reenactments of her trauma. Intrusion and constriction characterize Medusa's responses to these men.¹ Medusa is cast as the embodiment of her intrusive thoughts, faced with reliving her trauma each time a man forces himself into her cave.

Intrusive thoughts and the compulsion to repeat behaviors assign the survivor the role of the repeater. The survivor plays out the trauma over and over again, just as Medusa involuntarily kills anyone attempting to conquer her. Their stone corpses strewn across her cave are reminders of every attempt to enter her. Here we glimpse constriction, or "paralysis of the mind": the "frozenness" of Medusa's destiny of destitution (Herman, 2015, pp. 35-45). Ovid (43-17/2004) highlights these monuments to Medusa's trauma when describing Perseus's entrance into the cave: "Across the fields and along the tracks he had seen the / statues / of men and of beasts transformed to stone at the sight of Medusa" (p. 170). She becomes a link in the chain of her own cycle of violence. Incapable of self-definition or voluntary action, she becomes unreachable, a woman whose gaze can never be met—that is, paralyzed, stunted, and much like the petrified statues of men.

Herman notes that navigating the legal, familial, and social services systems in the aftermath of trauma can be retraumatizing if the survivor's sense of agency is not upheld. In the aftermath of Medusa's rape, she is punished by Athena, who attributes the trauma to Medusa's beauty. Once again, we see that Medusa, as the survivor, is considered only as an object and is blamed for the trauma forced

¹ Intrusion deals with what Judith Herman calls the "indelible imprint" of, or fixation with, the traumatic moment (pp. 35-45). The phenomenon of constriction is defined by the "numbing response," or what Herman quotes Robert Jay Liston as naming a "paralysis of the mind" (pp. 35-45).

upon her. Medusa, in the aftermath of her trauma, is denied by Athena the opportunity to voice and define her rape on her own terms. In the absence of choice and connection, Medusa projects her trauma onto others: when Medusa turns her would-be conquerors to stone, she recreates a set of circumstances strikingly similar to her own. In one scene, Perseus displays Medusa's head to freeze his foe, Nileus, in battle:

“To have such a hero as me for your killer / must surely console you amongst the voiceless shades.” But / his final / words were cut off as he said them. To judge by his open / lips, / you'd suppose that he wanted to speak, but the sounds / couldn't find a way through. (Ovid, 43-17/2004, p. 185)

The head of Medusa freezes, stiffens, and silences. Perseus stops his foe from speaking mid-sentence, demonstrating the power of Medusa's gaze to take away others' agency through the act of silencing. Deprived of having the chance to speak for herself, she prevents others from speaking, even post-mortem.

Scholar of feminist narrative theory Teresa De Lauretis (1984/2003) explores subjecthood through the Medusa myth and posits that by inheriting the hero's narrative from classical mythology, we restrict our ways of seeing womanhood. De Lauretis (1984/2003) takes up Stephen Heath's assertion that seeing oneself through the other is a formula for subjecthood. Medusa is pursued as the horrific object par excellence, the thing to be slain. As men approach her, they hold a preconceived notion of what they will find. They are on edge, looking around every corner, expecting danger in their own state of hyperarousal. Hesiod (700/2003) goes as far as to describe Medusa as “unapproachable” (p.12). Upon noticing the presence of men, Medusa looks. She cannot see these others seeing her, for when she looks, she finds herself looking at stone, no one there to greet her gaze. Heath states, “If the woman looks, the spectacle provokes, castration is in the air, the Medusa's head is not far off; thus, she must not look, is absorbed by

herself....” (as cited in De Lauretis, 1984/2003, p. 199).

Attached so closely to her trauma, Medusa is denied a life in which she is able to contextualize her traumatic experience within a broader understanding of her identity. Instead, she becomes defined by her trauma, caught and codified in her own myth. In this state, she is stripped of her agency, alone, unable to experience the subjectification born from seeing another see her. In framing Medusa as the monster and the men who come to tame her as the heroes, we are enabling a practice of limited perception and perpetuating the narrative of Medusa as a monster. That is, we are preserving her isolation, framing her as other and as the object of trauma personified.

Medusa’s is the canonical gaze that turns others to stone; it is therefore the gaze that cannot seem to see itself. If Medusa were to look at herself, would she not turn to stone? Without the capacity to gaze upon herself, she cannot offer herself a loving gaze, contemplate her own narrative, acknowledge her own fragility, or place herself within the context of the life she has lived. Without selfhood and the capacity to commune with her world, Medusa is a series of flashbacks, caughtness incarnate, repeatedly reliving her trauma.

Without the ability to see her whole self or to see herself through the eyes of another, Medusa is limited, if not completely inhibited, in her ability to gain self-awareness of her positionality in her world. Psychoanalyst Robert Bosnak (2007) writes of the necessity of narrative to contextualize and attach us to our own story: “Endless, stereotyped, fixed repetition is the exception, and such trauma will not reattach to the Renaissance patchwork of states, but will remain a body drifting in space” (p. 46). The ability to weave one’s experiences into the patchwork that is their life story is paramount for integration and healing from trauma.

Bosnak (2007) differentiates narrative memory from traumatic memory, which is the timeless, ahistorical, elusive, atypical flashback that the American Psychiatric Association (2013) names as a criterion in the

diagnosis of Post-Traumatic Stress Disorder. He writes, “Flashback-type memory is completely different from the discursive, narrative memory of ordinary waking consciousness” (Bosnak, 2007, p. 46). He goes on to explain that the Greek word for revelation is *apokalupsis* (apocalypse). The earth-shattering *revelation* of meaning, Bosnak purports, is not found in the flashback. Instead, the startle, the uncanny, and the terror belong to the realm of the traumatic: the realm of Medusa. Herman (2015) takes up the notions of memory and time in her explication of the somatic aspects of trauma, describing the quality of traumatic memories as “frozen” in time (p. 37). She goes on to describe the uncanny, atemporal qualities of reenactments. Herman states that reenactments have feelings of “involuntariness,” that they are “driven, tenacious” in character, and that they fulfill a “repetition compulsion” and “death instinct” (2015, p. 41). Medusa’s reenactments and embodied traits of hyperarousal, constriction, and intrusion exemplify the “flashback-type” memories that Bosnak (2007) describes as not integrative, because there exists in them no revelation of meaning (p. 46). The act of gazing upon oneself to know oneself does not occur, because we do not see ourselves in a flashback; we see what happened to us. It is a repetitive stuckness: there is no going forward, no new knowledge, no mourning or grieving—only a reliving of what was.

GLIMPING HEALING THROUGH NARRATIVE REINTEGRATION

A central complication of trauma is determining when something traumatic ceases to control the survivor and at what point the survivor is able to integrate their traumatic experience into the patchwork of their greater life experience. Symptoms of trauma look a lot like the healing of trauma—uncannily so. Herman (2015) posits the final stage of recovery for trauma survivors as reconnection. Empowerment is the core experience of recovery, and this stage of reconnection is characterized by a readiness to incorporate the lessons of one’s traumatic experience into their life. The importance of agency and choice is highlighted in Herman’s work concerning the stages of recovery for survivors of

trauma, specifically “the choice to expose oneself to danger,” which, she states, can be understood as “another reenactment of trauma” (p. 197). The distinction between the stuckness of some reenactments and the freedom of this sort is the variable of choice: “an attempt to master the traumatic experience” that is “undertaken consciously” (Herman, 2015, p. 197). This conscious reenacting is a reclamation of one’s own life—reclaiming the traumatic and redefining it on one’s own terms—a process of finding alternate endings that are different from the traumatic moment itself. It is an ascription of new meaning between signifier and signified.

Particularly for clinical social work, a therapeutic narrative reclamation offers the patient the chance to reenter the role of narrator of their own life. The philosopher Adriana Cavarero (2000) establishes a methodology for narrative reclamation by illustrating how the act of silencing is the prelude to one taking on the role of narrator, in which one must remain quiet for the other to speak, or that one must silence in order to be heard. With this perspective, we may question the involuntariness of Medusa’s repetition compulsions and cast them instead as intentional reenactments—attempts to regain her voice and narrative.

In attempting to define the subjective experience, two central questions arise: “*who* is speaking,” and “*who* is listening?” According to Cavarero, the act of autobiography serves to empower by offering the opportunity for the narrator (self) to practice self-determination through the crafting of their own story. Cavarero (2000) writes, “[T]o tell one’s own story is to distance oneself from oneself, to double oneself, to make oneself an other” (p. 84). This means seeing oneself in one’s memory and using recollection as a “separated mirror” (Cavarero, 2000, p. 84). We gaze upon ourselves to know ourselves. It is the distance from ourselves that allows us the space to see with clear eyes, not in fragmented parts, but as a whole. It is through the practice of autobiography that we are offered the opportunity to rewrite beliefs, ascribe new meanings, see ourselves without judgment, bear witness to our own fragility, and, in effect, to love ourselves:

As the saying goes: Love is blind—not because it turns upon the invisible, but because it is without judgment with respect to that which others see. It experiences another type of gaze—a gaze that comes from the agonizing experience of finite being's appearance, in its constitutive fragility. (Cavarero, 2000, p. 112)

Cavarero defines the loving gaze as seeing in spite of or looking past judgment. There exists an intentionality to the loving gaze in choosing to see the other despite preconceived judgment. Medusa's myth holds potential for this kind of seeing. Precisely as Herman (2015) describes healing from trauma, awareness of reenactments is essential to healing. Intentional reenactments, when repeated over and over again, are small steps toward re-working and re-wiring ourselves into subjects who, through practice and time, come to acquire a certain command over our experience. We slowly and untidily become the narrators of our lives again. We can see the instance of the men's stupor as the moment that the role of narrator and protagonist transfers to Medusa. Medusa's intent to be seen and heard is what freezes the men. Medusa's act of being seen, turning her enemies to stone, and silencing them gives her a chance to reclaim the role of narrator and heroine.

We see Medusa's intentionality in the climax of her battle with her heroic counterpart. Perseus uses Medusa's own gaze against her to freeze and decapitate her. But there must be time between these two moments, freezing and decapitating, because as art critic and theorist Craig Owens asks, "how can Perseus cut off the head of a stone statue?" Owens (1984/2003) took up the Lacanian concept of *suture* and renamed it the "Medusa effect" (p. 207): the process of pseudo-identification in which two things are seen as one but are in fact separate (i.e., there is a difference between seeing something and the thing itself). Owens identifies the moment Medusa sees herself in the reflection of Perseus's mirrored shield as entirely different from the moment when she turns herself to stone. If Medusa is not in fact turned to stone upon seeing her reflection in Perseus's shield, she may have seen herself in the shields of her assailants all along. Through

this reading, Medusa is imbued with a freedom, an agency, and a satisfaction in seeing herself. If she can see herself, her capacity for inhabiting the role of narrator lives on. She owns her willingness to be seen.

ANOTHER KIND OF GAZE

The Medusa effect allows the reader of the myth to glimpse intentionality: a decision is made when Medusa shows herself. If the act of seeing herself and of being seen are separate from that quintessential moment of stiffening, there exists a moment of time for a decision to be made—a moment for Medusa to make “the choice to expose [her]self,” that is critical to her reentry into communing with the world (Herman, 2015, p. 197).

Medusa can be our heroine, pushing forward her own narrative. Gordon (2014) writes of Medusa as the “beautiful figure [who] can only wonder, quizzically...with a smile, at the frustrated men who would turn her beautiful hair into snakes, and her into a monster” (p. 123). Medusa stupefies only when she allows herself to be seen. Perhaps, in looking at her straight on, we glimpse Medusa looking at herself in a state of recollecting, as Cavarero (2000) suggests—distanced enough from herself, telling and retelling her own story. We glimpse a woman trying to put pieces together. Medusa is compelled by involuntary actions until the suture, or Medusa effect, is exposed and undone: until we shift our frame and see her with different eyes. And what of Medusa experiencing herself being seen through the eyes of another who is not afraid, not fetishizing her, but instead gazing upon her with “another kind of gaze,” gentle, without judgment, and intent on preserving her sense of choice (Cavarero, 2000, p. 112)? A tender gaze that said *I’m here with you*? What if Medusa could experience this communion with another? She might be “as the drop of rain in the sea” (Herman, 2015, p. 236). What potentiality would exist for her then?

Commonality with other people carries with it all the meanings of the word common... It means having a feeling of familiarity,

of being known, of communion. It means taking part in the customary, the commonplace, the ordinary, and the everyday. (Herman, 2015, p. 236)

Herman (2015) emphasizes the necessity for survivors of trauma to focus on the development of desire and initiative, as well as commonality, in the process of reintegration. Telling one's story is itself an act of searching for common experience. Narrative is bridge-building, allowing one to escape the isolation of traumatic experience. There is potential for someone occupying the patient role to find hope in their own choice to decide when, how, and for whom they become vulnerable or show themselves after trauma. Herman (2015) posits that healing is at least in part due to the individual's ability to acquire a multitude of experiences—some mundane—after a trauma, which serves to help recalibrate one's sense of an appropriate stress response to stimuli.

A clinical social worker who consciously or unconsciously emulates the decapitation of Medusa is one that promotes functioning in social and institutional systems founded on patriarchal power structures. The ramifications of containing the uncontainable in hopes of promoting acceptable modes of functioning for systems that are designed to oppress stifle self-definition and choice. It is Medusa's interlopers, and by extension, viewers who adopt the hero's narrative, who objectify and mitigate the anticipated horror they perceive in Medusa. It is Perseus' success in avoiding the act of facing Medusa head-on that enables him to decapitate her. To look head-on is something different. How then can the clinical social worker approach Medusa with clear eyes and a loving gaze rather than with the impulse to contain and manage?

Medusa's myth suggests that instead of being tempted to soothe all wounds, to rescue, and to make the trauma go away, the clinical social worker has a duty to see the patient as affected by their trauma but not defined by it, as someone whose actions may test, may push away, and may try to imbue those around them with feelings that are not their own. This is the patient working it out, finding their voice, calibrating, and learning to see themselves and their world anew. As clinical social workers,

we are alongside our patients, attempting to always expose the Medusa effect, continually moving toward the space in between the world and our understanding of it. It is in this space that the most important aspects of trauma treatment—choice, awareness, and intention—are seen.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Bosnak, R. (2007). *Embodiment: Creative imagination in medicine, art and travel*. Taylor and Francis.
- Cavarero, A. (2000). *Relating narratives: Storytelling and selfhood*. Routledge.
- De Lauretis, T. (2003). Desire in narrative. In M. Garber & N. J. Vickers (Eds.), *The Medusa Reader* (pp. 198–200). Routledge. (Original work published in 1984)
- Freud, S. (2003a). Medusa's head (J. Strachey, Trans.). In M. Garber & N. J. Vickers (Eds.), *The Medusa Reader* (pp. 84–86). Routledge. (Original work published in 1922)
- Freud, S. (2003b). *The uncanny* (D. McLintock, Trans.). Penguin Books. (Original work published 1919)
- Gordon, P. (2014). Medusa recapit(ul)ated: Freud, female genitalia and the “cunt-roversy” at CU. *Psychoanalysis, Culture & Society*, 19(2), 113–126.
- Haraway, D. J. (2016). *Staying with the trouble: Making kin in the chthulucene*. Duke University Press.
- Herman, J. L. (2015). *Trauma and recovery*. Basicbooks.
- Hesiod. (2003). *The shield of Herakles* (R. Lattimore, Trans.). In M. Garber & N. J. Vickers (Eds.), *The Medusa Reader* (pp. 11–12). Routledge. (Original work published c. 700 BCE)
- Issacharoff, A., & Hunt, W. (1994). Transference and projective identification. *Contemporary Psychoanalysis*, 30, 593-603.
- Kofman, S. (2003). The enigma of women: Women in Freud's writings (C. Porter, Trans.). In M. Garber & N. J. Vickers (Eds.), *The Medusa Reader* (pp. 165–167). Routledge. (Original work published 1980)
- Ovid. (2004). *Metamorphoses* (D. Raeburn, Trans.). Penguin Books. (Original work published c. 43 BCE - 17 CE)

Owens, C. (2003). The Medusa effect or, the spectacular ruse. In M. Garber & N. J. Vickers (Eds.), *The Medusa Reader* (pp. 203–209). Routledge. (Original work published 1984)

Silverman, D. (2016). “Medusa: Sexuality, power, mastery, and some psychoanalytic observations.” *Studies in Gender and Sexuality*, 17 (2), 114–125.