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Trauma and the Sense of Healing in Kazuo Ishiguro's

A Pale View of Hills

Thesis Submitted as Partial Fulfillment of the Requirements for the Degree of Master
in Literature and Civilization

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Academic Year: 2024/2025

Declaration of Originality

I hereby declare that this submission is my work and that, it contains no material previously published or written by another person, nor material that has been accepted for the qualification of any other degree or diploma of a university or other institution.

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Didication

I dedicate this research to my beloved parents, who have been the cornerstone of my path with their constant support and encouragement.

I am incredibly grateful to my sisters, myself, and my second father, who is the most valuable person in my life.

I am so grateful for my mother's unwavering love and support.

Last but not least, I would want to express my sincere gratitude to everyone of my friends and family, whose support and presence have strengthened my resolve.

Acknowledgements

My deepest appreciation goes out to my supervisor, Dr. Djamila Mahdaoui, for her tremendous advice, knowledge, and steadfast support during this entire research project. Her commitment, enlightening criticism, and support have greatly influenced the focus and quality of this work.

I would also like to thank the committee members, Dr. M. Dai, and Dr. K. Meachou, who have spent their time reading, correcting and evaluating this humble work..

Abstract

This study delves into the effect of trauma and how it impacts individuals either psychologically or emotionally in the legendary work written by Kazuo Ishiguro "*The Pale View of Hills*". This research aims to shed light on the traumatic experiences that characters face after a post-war Japan in Nagasaki and the steps they take to reach healing and recovery. It emphasizes the internal struggles of the protagonist, "Etsuko," her suffering from PTSD symptoms, dissociation ... etc, even after the war period, her behaviour that reflects her shattered emotions, and her inability to recover herself. Through applying trauma theories, this research reflects the psychological complexities of the protagonist. Furthermore, the study examines two significant ideas: Trauma and how it relates to the fragmented recollection and seeking desire towards the recovery and healing process. This research focuses on trauma as a significant concept and healing in literature and stresses its psychological impact on the novel's characters after the war. Ultimately, the research concludes that trauma has a significant impact on the development of identity and consciousness and offers a profound effect on memory and on the individuals who cope with it.

Keywords: trauma, fragmented, PTSD, *A Pale View of Hills*, healing.

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General Introduction

General Introduction

Literature has always been a fertile ground for exploring the complexities of human nature and society, such as trauma and healing, which are strongly interrelated concepts. Literature has consistently functioned as an effective means of addressing and processing traumatic experiences. Authors convey individual and societal suffering through narrative, poetry, and storytelling. Frequently turning suffering into a shape that can be reimagined, shareable, and understandable. In this context, the novel *A Pale View of Hills* by Kazuo Ishiguro particularly fascinating case study, published in 1982, explains the terrifying difficulties faced by the characters after post-war Japan. Several significant themes were discussed, including trauma, guilt, self-deception, ambiguity, and emotional aftereffects. Ishiguro uses an unreliable structure to portray trauma in a meaningful way, depending on his life background. These elements may be intricately linked to his cultural heritage and personal experiences, expressing issues of trauma, memory, and migration. This is the reason that makes it a widely successful novel.

This research focuses not only on how characters went through collective trauma, mainly Etsuko, who experienced trauma because the first reason was the war that occurred in her country, Japan, and the second reason was her daughter's suicide, but also on the steps she takes towards healing and the avoidance of the truth. The main gap that this research focuses on is that most conducted studies related to this novel concentrate on the dark side of the traumatic events and a negative impact that will affect the individual's lives, and ignore the sense of healing and recovery.

This study contributes to educating the reader about the development of a person's mental health, from an individual who is suffering from trauma to a person who is ignoring and normalizing the painful events and even fictionalizing another event in order to ignore the reality and to shield themselves from the feeling of guilt. This novel, which is widely recognized as a literary masterpiece, provides deep insights into the nature of trauma.

These are the research questions that this study aims to address:

1. How does the protagonist experience the sense of trauma throughout the novel ?
2. How does *A Pale View of Hills* portray the lasting consequences of trauma?
3. How does personal trauma differ from cultural trauma and to what extent does Etsuko's self-deception help her to cope with many unpleasant realities in *A Pale View of Hills*?
4. How does Etsuko's memory function to cope with her unresolved grief and guilt?
5. How does Etsuko face trauma and how is the sense of healing and recovery depicted in the novel?

As a result, the following hypotheses are proposed to answer the earlier questions:

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1. The novel presents the traumatized people's painful and terrifying state through their inability to forget the deadly memories of the past, highlighting the impact of these shocking events on their present lives, thus addressing the author's deep empathy.
- 2- Kazuo Ishiguro uses persistent mental pain, depression, irritability or difficulty of sleeping, and dissociation as the main features of a long lasting trauma.
- 3- Kazuo Ishiguro uses unreliable narration in *A Pale View of Hills* to reflect the disjointed and evasive nature of traumatic memory, showing how self-deception, narrative ambiguity, and selective memories are coping mechanisms for unresolved grief and guilt.
4. Ishiguro illustrates how psychological trauma can result in internal conflict, guilt, and memory suppression through Etsuko's memories and relationships. Kazuo Ishiguro examines the profound effects that post-war Japan's collective trauma, particularly the bombing of Nagasaki, had on people's thoughts and lives. Ishiguro illustrates via Etsuko's memories how the suffering and devastation brought about by the war affect society as a whole.
5. The author focuses on narration and telling one's stories as a suitable way for healing and how to narrate one's unspeakable traumatic experiences in literary form by using the splitting of the narrator, combining personal experiences with history, and trauma imagery to express the plight of protagonists haunted by the past.

The methodology of this research is based on a qualitative literary analysis of "*A Pale View of Hills*". The novel is the primary source supported by scholarly articles and books on memory and trauma. This choice of qualitative analysis allows for a detailed exploration of themes and the development of characters in the narrative structure of the novel. Such an approach is particularly suitable in studies where the issue of the textual analysis and exploration of themes is central in the world of literature.

This research examines the effects of personal as well as cultural trauma in Kazuo Ishiguro's literary work, *A Pale View of Hills*. It's divided into three sections.

Chapter one, titled "Historical Context of Trauma" provides a thorough historical background of trauma as well as a conceptual framework for the study, outlining important ideas such as trauma and its nature, and the types and dynamics of trauma. It also examines the consequences of trauma, emphasizing dissociation as a key response. Finally, the chapter concludes by introducing the concept of healing and stressing the significance of using a variety of therapy approaches to process trauma.

Chapter two, entitled "Theoretical Context of Trauma", offers an in-depth exploration of trauma theory and its application within literary studies, introducing important concepts such as early and contemporary trauma theory, typologies of trauma in literary texts, and the roles of

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psychological and cultural trauma. The chapter begins by examining early trauma theory, which appeared in the late 20th century, emphasizing the psychoanalytic foundations laid by scholars such as Cathy Caruth. It also explains how memory plays an important role in both psychological and cultural trauma. The chapter concludes by introducing narrativization theory as a therapeutic approach.

Chapter three, entitled "Trauma in *A Pale View of Hills*", offers a literary analysis of the novel. It provides the protagonist's suffering from the past, as well as how traumatized people are exposed to the inability to forget. It reveals her features of post-traumatic symptoms and exposes the ways to approximate healing and recovery.

The main limitation of this study is based on only one literary work; it may be insufficient to cover a wide spectrum of experiences regarding memory and trauma in multicultural environments.

Chapter one :

Historical Context of Trauma

I.1 Introduction

We all have moments that make us question who we are and how we can proceed. The journey of healing from trauma is deeply personal, forcing us to reconsider our identities and ways of interacting with the outside world. Therefore, our perspective of resilience is shaped by these experiences of suffering and recovery, and we look for meaning in the process of healing to make sense of the suffering. This chapter will examine the concepts of trauma and healing from several angles, such as theoretical, literary, and psychological viewpoints, focusing on the nature and definitions of trauma and healing within many fields. Moreover, it will address the different types of trauma and their impact on individuals. This chapter will also offer insights into how trauma is depicted and dealt with in literature.

I.2 Defining Trauma from Different Perspectives

Trauma has been defined in many different ways throughout the literature. Conversely, medical professionals have been debating the definition of trauma for a long time. And since definitions have changed significantly over time, this study will primarily concentrate regarding more recent definitions.

The word "trauma" comes from the Greek word "trauma," which means "wound." This phrase can be used to describe both psychological and physical harm. This chapter discusses trauma that has a psychological impact rather than actual physical trauma or harm. However, it is often difficult to distinguish between events and their effects, and physical trauma that has a long-lasting psychological effect is likewise relevant in the circumstances at hand.

For this study, it is important to differentiate between trauma and traumatic experiences to maintain clarity. This is obvious from Corsini's (2002:1019) explanation. According to her, trauma is the result of a painful experience, while the "traumatic event or experience" is the detrimental event itself.

I.2.1 In Psychology

In psychology, trauma typically refers to an event or series of events that challenge the individual equilibrium, resulting in emotional distress and lasting psychological effects. According to Van der Kolk (2014), trauma may profoundly impact the brain, particularly in parts related to memory and emotional control. According to the American Psychiatric Association (2013), syndromes such as post-traumatic stress disorder (PTSD), which is associated with symptoms such as anxiety, flashbacks, and nightmares

Trauma can change people's perspective on the world and their selves, which makes it harder for individuals to manage emotions and build beneficial connections.

I.2.2 In Sociology

From a sociological point of view, trauma is a common societal experience as much as a personal one. It is the pain that groups of people suffer collectively due to several reasons such as injustice, oppression, or conflict. According to sociologist Judith Herman (1997), trauma influences entire communities and cultures besides individuals. For instance, Indigenous groups and communities of color are frequently among those who carry the burden of historical trauma, which can have a lasting impact on their relationships and identities. How society reacts towards this trauma acknowledges, supports, and validates these experiences, it may either help in the healing process or increase the trauma. Furthermore, the effects of trauma can be worsened by societal issues such as poverty, segregation, and the lack of healthcare, making healing more difficult for both people and communities (Grotberg, 2003).

I.2.3 In Medicine

In medicine, trauma is constantly understood in terms of physical damage and its consequences on the body. Given the interaction between the mind and body, medical practitioners consider trauma to be both a physiological and psychological event. Physical trauma can be a cause of accidents, violent crimes, or falls which can result in injuries that need medical attention immediately. However, psychological disorders including anxiety, depression, and PTSD may additionally arise from experiencing physical trauma (Bisson et al., 2015). Medical professionals recognize that trauma encompasses more than just physical harm; it also involves the psychological and emotional toll it takes on patients. Understanding and treating the consequences of trauma on the body and mind is the primary objective of trauma-informed care, which has become known as a crucial strategy in healthcare settings.

I.2.4 In Literature

Trauma in literature refers to the way writers depict psychological, emotional, or physical harm, often brought on by personal tragedy, violence, loss, or conflict. It looks at how characters experience, remember, and respond to traumatic events; occasionally, it imitates the signs of trauma by using silence, repetition, or fractured narratives. Authors like Virginia Woolf, Art Spiegelman, and Toni Morrison use trauma to draw attention to personal and societal issues, especially in post-colonial, post-slavery, or post-war contexts.

I.3 Historical Conceptualization of Trauma

Trauma has emerged as a significant contemporary concept. Since PTSD was first diagnosed by the American Psychiatric Association (APA), its nature has been discussed in a growing number of publications, journals, and studies. Since then, this expression has been used by numerous societies to describe specific psychological problems. Trauma thus emerged as a crucial aspect of subjectivity in the modern era. In light of this, it is reasonable to question when and, more significantly, why this new paradigm emerged. The topic of trauma has been especially contentious in the psychiatric community. It is considerably more challenging to identify and conceptualize the history of psychiatry because of its complexity. According to Roy Porter and Mark Micale, this intricacy results from the nature of psychiatry, which is "scattered in a multitude of areas of past activity and inquiry" (Porter & Micale, 1994: 5). Schönfelder contends that within this highly politicized field, "the history of trauma," "is a history of repeated gaps and ruptures, with cyclical periods of attention and neglect, of fascination and rejection" (Schönfelder, 2013:27). According to Judith Herman, trauma history is also traumatized because it is characterized by "periods of active investigation [that] have alternated with periods of oblivion. Repeatedly in the past century, similar lines of inquiry have been taken up and abruptly abandoned, only to be rediscovered later" (Herman, 2015:7). The evolution of trauma from the fields of medicine to psychology, psychiatry, and subsequently literary studies is difficult, in addition to its complicated past.

Etymologically speaking, the Greek word *trauma* means "physical wound," "defeat," or "injury" that is inflicted on the body. According to Ruth Lys, this is "a surgical wound, conceived on the model of a rupture of the skin or protective envelope of the body resulting in a catastrophic global reaction in the entire organism" (Leys, 2000:19). In a similar vein, Laplanche (1976) characterizes trauma as an ancient medical-surgical notion that characterizes a severe physical injury that deforms the entire body. As Laplanche noted and previously mentioned, it is difficult to trace the "transposition" of this medicosurgical notion into psychology and psychiatry (Laplanche, 1976:129). Following what has been discussed, it is vital to frame trauma in terms of a succession of significant events to comprehend it within the fields of psychology and psychiatry.¹

Truthfully, the British surgeon John Erichsen's discovery in the 1860s of a disorder known as "concussion of the spine" or "railway spine," which is brought on by railway smashes, sparked interest in trauma research (Leys, 2000; Schönfelder, 2013; Davis & Meretoja, 2020). Even in the absence of any visible physical harm, survivors of railway accidents witnessed a shift in their behaviour. Erichsen attributed the traumatized individuals' pain to injury to their spines, but subsequent research on spinal concussions shifted towards a more psychological and psychosomatic explanation. Industrialization and the emergence of a "technological and statistical society that can generate, multiply, and quantify the shocks of modern life" are linked to trauma in this context (Luckhurst, 2008:19).

¹ To locate trauma within history, Greg Forter gave the term 'punctual' traumas to historical events that are characterized by singularity, magnitude, and horror such as the Holocaust (Forter, 2007).

However, other researchers have demonstrated that this traumatic syndrome was an independent entity. For instance, Thomas Pfau supports a "trans-individual and structural-discursive"² understanding of trauma, which differs greatly from the notion of "railway spine" (Pfau, 2005:21). Later, but not until a century later, the German neurologist Hermann named this psychological disorder "traumatic neurosis", which indicates brain injury (Leys, 2000; Davis & Meretoja, 2020). Accordingly, Laplanche referred to the psychological stress as "the subjective syndrome of cranial trauma" and interpreted it in terms of a physical "break in" or a "shock of modern technology on individual subjects" (Schönfelder, 2013: 42).

As a result, the word "trauma" acquired a psychological meaning and came to refer to a type of mental distress rather than a medical disorder. Hysteria³, a term frequently used in the writings of the following significant people in the history of trauma: Pierre Janet, Jean-Martin Charcot, and Sigmund Freud, was found to have its roots in this transformation of trauma from body to mind. Notably, Sigmund Freud held the most distinguished but contradictory, opinions regarding the historical conceptualization of trauma. Forter claims that Freud created two models of trauma, the first of which he found in his seduction theory⁴ but promptly dropped out of "fear" (Forter, 2007, p. 261). As opposition to the transhistorical truth or condition of historical experience itself, the second model embraced a "structural view of trauma that...becomes the result of historically specific and resistible social forces" (Forter, 2007: 262). However, Adami (2008) notes that since the beginning of the twentieth century, interest in trauma studies was once more neglected. When large numbers of soldiers were diagnosed with "shell shock," a syndrome in which soldiers experienced intense terror rather than a physical ailment brought on by exploding shells, Furthermore, Freud used the concept of "shell shock" in his *Beyond the Pleasure Principle* (1920), characterizing the traumatic experience as an infringement on the soldier's psyche's "protective shield" (qtd.in Sütterlin, 2020: 13). According to Schönfelder (2013) and Sütterlin (2020), the horrific events that were witnessed during World War I reignited interest in trauma. Furthermore, according to Freud, patients are unable to integrate the experience into their psyche due to its overwhelming influence; as a result, they are destined to relive the event in their dreams (Van der Kolk & Van der Hart, 1991). According to Harold Merskey, many persons experienced psychiatric symptoms during and after the war that were comparable to those experienced by returning

² In his book *Romantic Moods: Paranoia, Trauma, and Melancholy 1790-1840* (2005), Thomas Pfau, a professor of English and German, focuses on the delicate experience of trauma, paranoia, and melancholy based on the views of David Hume, Emanuel Kant, Jack Lacan, Sigmund Freud, and Nietzsche. He defined trauma as an emotion that transcends and goes beyond the individual because of its slippery nature. In this regard, it cannot be thematic and topical, but discursive

³ This point is elaborated in depth in the section about Psychological Trauma.

⁴ For more insights on the seduction theory, see Ruth Ley's *Trauma: a Genealogy* (2000).

soldiers.⁵ However, until the Second World War began, trauma-related topics were once more ignored. The significant number of people who experienced war neurosis brought trauma to the forefront of research (Merskey, 1995). The next significant event that helped raise understanding of trauma and its consequences on people was the Vietnam War. Schönfelder confirms that it "played a pivotal role in convincing the medical and psychiatric professions to officially recognize the effects of trauma" (Schönfelder, 2013: 43).

According to Van der Kolk (1994: 31), following the recognition of PTSD by the American Psychiatric Association⁶, there was an "explosion" of research on the topic. Since then, the Holocaust and other genocides have become important subjects in the discussion of trauma. The medical and psychiatric boards were convinced by the horrific wartime events to formally acknowledge the consequences of trauma and include it in the *DSM*, a psychiatric manual.

Overall, the shared framework and initial crucial steps of the historical conceptualization of trauma are illustrated by this small selection of occurrences. The incidents also highlight the complexity and discontinuity of trauma's history. Herman aptly describes the history of trauma as one filled with "episodic amnesia." "It has been periodically forgotten and must be periodically reclaimed," (Herman, 2015: 7). She added that critics need to take into account the political contexts in which trauma theory has been developed to comprehend these cycles of trauma between development and regress (Herman, 2015). Indeed, Sütterlin confirms, "Histories of trauma succeeding Herman's have not only the political context but the many other discourses that have influenced the trauma concept" (Sütterlin, 2020:14).

From a similar broad standpoint, but with a slightly different emphasis, trauma is a concept that was conditioned by social, economic, and political changes. Research on trauma between 1895 and 1974 mostly concentrated on how it affected white men, ignoring male aggression against women and children. As a result, terms like "abused child syndrome," "battered woman syndrome," and "rape trauma syndrome" outline an emerging field that is represented in the literature on trauma (Schönfelder, 2013). Furthermore, Sütterlin connected Foucault's "discourse-analytical" to these fluctuations in contextual approaches to the history of trauma (Sütterlin, 2020, p. 14). He also contends that Foucault made a substantial contribution to the evolution of trauma in his 1973–74 lectures on Psychiatric Power and that psychiatrists, including Charcot and Freud, require an "event" or "assignable case" to develop a thorough etiological framework that would support their anticlerical philosophy (Sütterlin, 2020).

⁵ According to van der Kolk, the work of the active psychiatrists in WWI was largely forgotten by the outbreak of WWII. An exception, however, is the work of the American psychoanalyst Abraham Kardiner who became a source for the symptomatology of PTSD (van der Kolk, 2004; Sütterlin, 2020)

According to Foucault, a power struggle results in trauma, which is an occurrence or manifestation inside a certain discourse. To prevent trauma language from upholding what Rothberg called a "hierarchy of suffering," which is politically and intellectually risky, a certain amount of inclusivity⁶ is necessary in this situation (Rothberg, 2009:9). To achieve this, trauma must go beyond the political power battles that "pitted truth against falsehood, reality against imagination, and suffering against simulation" (Sütterlin, 2020: 14). Trauma's meanings were developed throughout a variety of historical occurrences. These kinds of tales offer a far better grasp of the intricacy of the history of trauma, ranging from PTSD to industrial disaster, hysteria, shell shock, survivor syndrome, and combat fatigue. In addition to serving as a bridge in the understanding of trauma, these historical pillars acknowledge the experiences of suffering that might result in mental illness. Porter discusses the latter in *A Social History of Madness*, writing that "madness has been and remains an elusive thing" and that "even today we possess no rational consensus upon the nature of mental illness" (Porter, 1987: 8). Given that trauma is a mental illness, Porter's assertion has some validity even though it was written in 1987. This raises concerns regarding the nature of trauma.

I.4 Nature of Trauma

As mentioned in the last part, trauma was initially found in the fields of medicine and psychology. Following the American Psychological Association's recognition of this mutation, those with psychological wounds began to be referred to as having PTSD. In light of this series of events, one questions the nature of trauma.

According to sociologist Kai Erikson, it is difficult to draw a clear boundary because it is becoming more and more blurred (Erikson, 1991). Van der Kolk (2014) perhaps views trauma as an individual's response to a traumatic experience that transcends human emotional and cognitive capacities. Stated differently, an incident has the potential to disrupt a person's equilibrium and result in enduring psychological consequences. In a similar vein, Herman clarifies that trauma is a human response to peril in extreme circumstances where "neither resistance nor escape is possible" (Herman, 2015:34). According to many criteria, Chris Brewin highlights that PTSD is a response to excessive stress and clarifies that "it is not the symptoms themselves, but rather their frequency,

⁶For further queries, see Schönfelder's dissertation *Wounds and Words: Childhood and Family Trauma* where she compares the ways we look at trauma and highlights the importance of certain generalizations regarding it. She thinks that "a rhetoric of singularity" is dangerous to a certain extent because it limits specific types of experience and may or may not label them as traumatic (Schönfelder, 2013, p. 44).

their persistence, their intensity, and their failure to become more benign with time that defines the disorder” (Brewin, 2007:42).

In other words, rather than quality, the distinction between a normal reaction and a traumatic reaction is characterized by degree and length. In this perspective, it is crucial to underline what recent research has revealed: "The majority of people will experience a traumatic event at some point in their lifetime; however, only a minority will develop PTSD symptoms severe enough to meet criteria for a diagnosis" (Afifi et al., 2010:108). In trauma studies, the question of why some people experience pathological and enduring symptoms in response to particular traumatic events while others can handle acute levels of injury continues to be raised. Most clinicians concur that trauma overwhelms a person's core feelings and disrupts how they relate to reality. In this instance, the nature of trauma is defined by how it is experienced, not by removing the negative effects of the traumatic incident, since Van der Kolk confirms that "trauma is not just an event that took place in the past," he continues, "It is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present" (Kolk, 2014:21).

According to Vickroy (2015), trauma in this instance changes a person's "psychological, biological, and social equilibrium such that they become obsessed with the past" (p. 6). Traumatized individuals stay stuck in their past because their nervous systems perceive the world differently (Van der Kolk, 2014; Herman, 1996). Furthermore, LaCapra argues that rather than the past being a piece of memory, the traumatized person relives it as though it were the present (LaCapra, 2014). Therefore, trauma does not happen in the present, which makes it difficult to comprehend its nature.

Accordingly, the nature of trauma is difficult to convey from a Caruthian perspective. Indeed, it is sometimes incomprehensible to the person who experiences it, which is why it is called the "unspeakable experience." Accordingly, Herman claims that trauma "overwhelms the ordinary systems of care that give people a sense of control, connection, and meaning" (Herman, 2015, p. 33). In this way, a person's subjective response and cognitive processing of trauma change how he perceives the world and creates meaning. As a result, the person has a shattered sense of self, a fragmented memory, and destroyed beliefs. Furthermore, among additional symptoms of trauma are feelings of powerlessness, guilt, uncertainty, and the "closing off of the spirit as the mind tries to insulate itself from further harm" (Erikson, 1991: 457).

Erikson argues that harm is what gives the "traumatic" event its definition and form. Each person experiences trauma differently, and their capacity to deal with it varies according to the severity of their symptoms (Erikson, 1991; Vickroy, 2015).

A further significant topic worth addressing is the sociologist Kai Erikson's notion of trauma, which holds that trauma can be caused by everyday experiences or by catastrophic events like war or genocide. The latter comes in the form of "a sudden flash of terror, [or] a continuing

pattern of abuse as well as from a single assault" (Erikson, 1991: 457). Psychotherapist Laura S. Brown claims that when certain aspects of social life, such as abuse, poverty, and violence, are collectively suppressed, it can lead to trauma as a cultural phenomenon that further traumatizes minority groups, including women, people of color, and LGBT people (Brown, 1995).

However, it is crucial to differentiate stress from PTSD, as those who acquire PTSD, for instance, are more susceptible to the symptoms already indicated. What, then, characterizes post traumatic stress disorder? From a broader standpoint, in contrast to stress, which is defined as a series of events that are either periodical or momentary, trauma is "outside the range of usual human experience" (qtd. in Erikson, 1991: 457).

the DSM-IV-TR⁷ uses Three components, the most recent version of the DSM, to explain trauma: the traumatic event, the individual's response, and the resulting pathologies (APA, 2000 : 463-468). The diagnosis criteria's criterion A1 (stressor) outlines the types of incidents that fall within the category of trauma, namely, "an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self and others" (APA, 2000: 467).

According to Criterion A2 of the DSM-IV, an incident or event is necessary to be experienced with "intense fear, helplessness, or horror" for it to be classified as traumatic (APA, 2000, p. 467). It is essential to mention that the DSM-IV defines a traumatic experience based on two main steps, which are first the subjective reactions of the traumatized individual and second the objective features of the incident. This is rather counterintuitive since, despite the fact that trauma is an external experience, it appears that it cannot be adequately described without taking into account the individual's reaction. According to one theory, trauma is defined by the way the traumatic incident is structured and acquires significance based on how the person reacts to it.

Even if the DSM-IV and DSM-5⁸ take different tacks when defining what constitutes a traumatic incident, they both agree on the following essential characteristic: "an intense

⁷ The DSM (the Diagnostic and Statistical Manual for Mental Disorders) has many editions. The fourth edition, the DSM-IV was created in 1994 and then was revised in 2000 as DSM-IV-TR. For the sake of simplicity.

⁸ Post-traumatic stress disorder is defined by the DSM-5 as "the development of characteristic symptoms following exposure to one or more traumatic events." Emotional responses to the terrible experience (fear, helplessness, horror) are no longer a part of Criterion A (APA, 2013, p.274). This definition is different from the DSM-IV (2000) and DSM-III (1980). These significant modifications to the DSM's definition of PTSD demonstrate how the concept of trauma has evolved from being event-based to being response-based. For further clarity on the history of these changes, see Chris Brewin's (2007) *Posttraumatic Stress Disorder: Malady or Myth?*

confrontation with one's own or someone else's vulnerability and morality" (Schönfelder, 2013: 63). It is true that experiencing trauma can result in PTSD. However, this is dependent on several factors, such as the individual's aptitudes, exposure circumstances and the post-traumatic setting. According to Van der Kolk et al., PTSD is "the result of a complex interrelationship among psychological, biological and social processes" (Van der Kolk & Van der Hart, 1991: 431).

When people experience trauma, they relive the initial event through "intrusions." (intrusive memories, daydreams, nightmares, flashbacks, and hallucinations) (APA, 2000, p. 468). Repetitiveness in the person's dynamic emotional process that allows them to remain in the moment is then a characteristic of trauma as, ultimately, trauma is "something alien breaks in on you, smashing through whatever barriers your mind has set up as a line of defense. It invades you, occupies you, takes you over, and becomes a dominating feature of your interior landscape" (Erikson, 1991: 458). According to Fischer-Homberger, one must reject traditional dichotomies such as body-psyche and exogenetic-endogenetic in order to fully comprehend the nature of trauma (Schönfelder, 2013). Furthermore, according to the DSM, PTSD symptoms can appear in both psychological and physical forms, which makes it challenging to distinguish between the two. For instance, cognitive structure and neurophysiological measures⁹ can be used to explain traumatic memory (Schönfelder, 2013).

1.5 Types and Dynamics of Trauma

It is too important to differentiate between traumas that have been experienced by one person and traumas that have been experienced by a group of individuals or a subset of the population when dealing with different types of trauma. They are divided into categories, such as Victims of war, natural disasters like hurricanes, tsunamis, earthquakes, and volcanoes, in addition to groups of individuals present during violent crimes, and many passengers in bus or car accidents. The latter category includes post-abortion trauma, rape, incest, and maltreatment. When multiple people go through the same catastrophe, they bear a shared burden, and how they handle this during and after the incident is different from how a single victim would handle trauma at a given moment.

Prior experiences of the individual play a significant function in influencing how people perceive the seriousness of the threat and their capacity to respond and protect themselves. According to Sikorski (n.d.:2), the intensity, the feeling of stress and helplessness, and the cognitive, affective, and behavioral responses to memories of the traumatic incident as well as outside events that could act as reminders of it are all subjective factors. In the worst instances of personal trauma, especially when inflicted by another individual, the impact often results in harm to the victim's sense of self or self-identity. According to Freud (1965:14), the most profound and

⁹ For the neurobiology of PTSD, see *Neurobiological Alterations Associated with Traumatic Stress* by Weiss Sandra Weiss (2007) and Van der Kolk's *The Body Keeps the Score* (2014).

agonizing traumatic imprint is left by the traumas and suffering that other people inflict upon us.

I.6 Acute Stress Disorder

The aftermath of a traumatic incident or event may lead people to react in many ways. The intensity and the nature of the event are two basic elements that can impact the individual's reaction; maybe the individual's background and experiences can not be evident to other people. This in itself has the ability to influence how the individual reacts and can also affect how resilient or vulnerable they are in a particular circumstance. According to Sadock (2003: 624), the pressures that occur because of ASD and PTSD are strong enough to affect almost everyone. which serves as a basic reason for a general vulnerability to trauma.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM–IV–TR), acute stress disorder (ASD) can be diagnosed when an individual demonstrates actions that satisfy the designated diagnostic criteria (**American Psychiatric Association, 2000:469–472**).there is another resource that is frequently used as a diagnostic guideline is the International Statistical Classification of Diseases and Related Health Problems, or ICD-10 (World Health Organization 2007). This situation is referred to as an acute stress response. It is apparent from the DSM-IV-TR explanation of ASD (2000:469) that the disorder is a reaction to a painful event or events and is characterized by particular symptoms that start during or after a traumatic event, like anxiety and dissociation. According to the DSM-IV-TR, an ASD diagnosis needs to be made if the issue lasts for at least two days and goes away entirely within four weeks of the incident.

1.6.1 Acute Stress Disorder Symptoms

According to the DSM-IV-TR (American Psychiatric Association, 2000:469, 471–472), essential symptoms of Acute Stress Disorder (ASD) involve indications of dissociation that occurred during or after the stressful incident. These could include feelings of depersonalization, derealization, or dissociative amnesia, as well as a subjective impression of numbness, detachment, or lack of emotional reaction. These are further explained as emotions of guilt, trouble focusing, dissociation from their body, perception of the environment as unreal, and difficulty remembering specifics of the incident. The incident is constantly re-experienced, or reminders of the trauma are ignored. There are symptoms of hyperarousal or anxiety, such as trouble falling asleep, a heightened startle reaction, restlessness in motor skills, flashbacks, etc. Significantly impaired in areas of day-to-day functioning.

According to Psychology Today (2007), the diagnosis was created to aid in identifying those who may be in danger of post-traumatic stress disorder (PTSD). Additionally, according to Psychology Today, cognitive-behavioral therapy can reduce the probability of PTSD among individuals with ASD from 80% to 20%. This researcher ultimately concluded that if an expanded integrative strategy is adopted, including therapies that supplement and enhance

cognitive-behavioral intervention, Levine (1997, p. 105) notes that verbal and cognitive-behavioral therapies can not be enough to address the completion of the immobility response, which is needed to avoid the buildup of "frozen energy." Consequently, it might be safer to predict such huge recovery proportions.

Gibson (2007) asserts that although the symptoms of PTSD and ASD (Acute Stress Disorder) coincide, the former has more dissociative symptoms than the second one. According to her, these extra symptoms include the sensation of being lost or as though one is not in one's own body.

According to Levine, the symptoms that compose the "core of the traumatic reaction" are categorized. They are as follows (Levine 1997:147):

Hyperarousal

Constriction

Dissociation and denial

Feelings of helplessness

These symptoms will again play an important role in the discussion about dissociation, PTSD, and psychosomatic symptoms.

I.7 Post-traumatic Stress Disorder

After comparing symptoms to the DSM-IV-TR criteria, a diagnosis of PTSD should be taken into account when the stress response to a traumatic event continues for more than one month or appears years after the event (APA, 2000).

According to the DSM-IV-TR (American Psychiatric Association, 2000, pp. 467–468), the diagnostic criteria for PTSD state that an individual must have experienced an unpleasant experience involving a threat to their physical integrity or the possibility of death or serious harm to themselves or others. In addition, when the traumatic event occurred, the individual's reaction must have involved extreme fear, helplessness, or horror. the event must be repeatedly experienced, as shown by symptoms such as heightened arousal, avoidance the trauma-related stimuli, and a generalized numbness of responsiveness. Also, The symptoms must have been stressful or interfered with social or professional functioning, and they must have lasted more than a month. It should be noted that delayed onset symptoms may manifest at least six months to years after the stressful event. According to Scaer (2001:8), the cyclical nature of PTSD symptom criteria reflects "cyclical autonomic instability, where patterns of elevated sympathetic arousal alternate with distinct and striking parasympathetic dominance at certain times." Furthermore, according to him (2005:2- 6), Conventional definitions of what qualifies as a traumatic incident

that can cause PTSD are too limited since they ignore the compounding effects of several traumas. Luxenberg et al. (2001:375) claim that disorders in emotions and impulse control, attention or consciousness, self-perception, interpersonal relationships, somatization, and meaning systems are necessary for diagnosis.

I.7.1 Post -Traumatic Stress Disorder Symptoms

In a general sense, PTSD symptoms include feeling emotionally numb or detached, as if unable to fully connect with one's feelings, having flashbacks or nightmares that repeatedly recall the traumatic event, and actively avoiding situations, people, or places that could bring up the traumatic experience (Sutton 2002:22). In particular, Bradshaw (1990:217) identifies anxiety attacks, hypervigilance, despair, memory loss, over-control, and age regressions as indicators of PTSD. It is remarkable that he strongly correlates his concept of PTSD with the word "unresolved grief."

According to Psychology Today (2006), one explanation for the emotion-blunting symptom could be that PTSD sufferers continue to create large amounts of natural opiates, which are hormones that allow a person to tolerate pain even after the threat has passed. Furthermore, according to the same source, research has indicated that individuals with PTSD typically have low cortisol levels and high amounts of adrenaline and norepinephrine. The authors contend that traumatic memories are frequently more deeply ingrained than normal memories due to elevated norepinephrine levels. Although Roth and Friedman (1998:12) concur with this assertion, they also note that extremely high arousal levels may cause attentional limitations to the point where minimal memory is preserved.

According to Antelman, Caggiula, Gershon, Edwards, Austin, Kiss, and Kocan (1997:297–299), the oscillatory nature of PTSD symptoms is one of their key characteristics. They clarify that this oscillation is the body's attempt to bring extremely sensitive systems back to balance after they have reached their limits and that it may have an impact on the endocrine, physiological, or neurochemical systems. Others may notice changes in behavior as a result of this process.

While recognizing the significance of the PTSD diagnosis, according to Winkel (2007) Post-Traumatic Anger, which he calls "the other face of PTSD," as a neglected aspect of the trauma response. He challenges the idea that those with PTSD are classified as having an anxiety condition, are not angry but rather filled with fear and worry, and contends that PTSD may also be considered an anger disorder. Winkel's research belongs to the category of victimology, and he discusses PTSD as a risk factor for recurrent victimization in his 2007:37–44 work. Thus, he suggests that treating PTSD might be a preventative measure (2007:44).

I.8 Vulnerability to PTSD

While some people recover from some of their worst experiences with remarkable speed, others take much longer to "bounce back," if they ever completely recover. According to Chappell (2003:83), parental conditioning and family life history are the primary triggers of vulnerability. Furthermore, he argues that no one factor emerges before the other, but both vulnerability and causation require the other to exist.

Researchers have identified certain risk factors and indicators for the onset of PTSD. According to Several authors, such as McFarlane and Yehuda (1996:175) and Van der Kolk, Van der Hart, and Marmar (1996:311), dissociation during the trauma increases the probability that an individual will experience PTSD.

The idea of dissociation is crucial when discussing trauma .The probability of a successful outcome is significantly increased if dissociation can be resolved. According to Levine (1997:99–100), he believes that trauma (as a result of a painful event) will not occur, provided the person (or animal) can react by running away or protecting itself, releasing energy, and eliminating the threat.

Nonetheless, all of the authors cited in this study demonstrate that threats are frequently unaddressed, which leads to the issues highlighted, according to Scaer (2005:262).as well as According to the researcher, Scar's (2005:262) observation is crucial: "The very same variables that tend to determine whether an individual is likely to experience trauma from a particular event are also those that predispose the victim to dissociative tendencies in the first place."

According to Levine (1997:18), People are more vulnerable to the effects of trauma because they have a genetic memory of being easy prey. He also contends that a generation's susceptibility to trauma might be increased by severe trauma endured by a prior generation. According to Yehuda et al. (1997), children of Holocaust survivors may be more susceptible to stress and trauma on a psychological and "biological" level.

According to Yehuda, Southwick, Nussbaum, Wahby, Giller, and Mason (1990), there is a link between the start of PTSD and low cortisol levels, as identified in their research on the cortisol connection. It is anticipated that a blood test may eventually be able to identify those who are more vulnerable and require particular treatment (Paul 1997). According to Yehuda et al., low cortisol levels are associated with clinically substantial PTSD symptoms. (1997) failed to make any associations between it and the description of Adrenal Fatigue Syndrome (AFS) provided by Wilson (2001). Although AFS is primarily caused by chronic stress, even if decreased cortisol levels are one of its main symptoms (Wilson, 2001:48).

According to *Psychology Today* (2006), the probability of worsening PTSD can be decreased if appropriate measures, such as cognitive-behavioral intervention and other therapeutic approaches, are placed immediately after a traumatic event. However, according to Levine (2006) that the longer the interval between "traumatic activation" and its resolution, the longer the recovery period.

The potential for traumatic reactions to be triggered by later future situations can also be considered vulnerability. According to Weingarten (2003), in her book *Common Shock: Witnessing Violence Every Day*, the effects of repeated events, such as secondary trauma from seeing even minor violent acts, are well examined.

The previous explanation concludes that vulnerability to trauma may be impacted by many factors that should be taken into account. This is an essential factor in the wide range of responses people have to seemingly comparable distressing experiences.

I.9 Dissociation

Dissociation as a concept is a result of trauma and a thwarted freeze response; these two concepts have been examined by Sigmund Freud, Janet, and others (Breuer and Freud 1974). So they are not new concepts in literature. According to Freud (1920) the concept of dissociation as a defense mechanism, stating that "the process of dissociation involves the splitting off of mental contents, a division of the self, which allows the individual to defend against painful experiences" (p. 41).

According to Scaer (2005:177), dissociation is "a subjective experience, a continuum of abnormal perceptions and behaviors that occur in people subjected to a traumatic event or even to an intense period of stress". According to his clarification that it is a disruption of identity, memory, and consciousness of the environment, and it can alter any of these states and functions., according to Watkins (1997:38), dissociation is a "separating process" that might be a typical response that protects people from terrifying experiences and lessens their fear. They claim that during dissociation, the self becomes an object and that the individual is prevented from experiencing fear or pain that is externally induced. According to Hartman (1993:43), clarification that dissociation first enables the individuals to exist without the constant emotional suffering and fear that are associated with abuse. According to Hartman (1993:43): "What started as a survival strategy – most of the time born out of fear, anger, and pain – can become a desperate and often self-destructive lifestyle."

According to Nijenhuis et al(2004), there are three stages of structural dissociation of the personality: primary, secondary, and tertiary. Basic PTSD and ASD are characterized by primary structural dissociation. At this stage, portions of the traumatic event are isolated from the general consciousness, and the individual finds it difficult to integrate the experience into their everyday life. Then, symptoms including partial amnesia, intrusive thoughts, nightmares, and flashbacks could appear. The symptoms of diseases like PTSD and DESNOS show signs of secondary dissociation. Secondary dissociation, according to Hartman (2009), is a sign of a lesser or greater variety of protective subsystems that were not completely included. Even one person may have out-of-body experiences, altered perceptions of time and suffering, reliving painful memories, or reacting to stimuli that serve as prominent reminders of past occurrences. Trauma during childhood is frequently linked to secondary dissociation. Dissociative Identity Disorder (DID) is

linked with tertiary structural dissociation. The latter may appear when unavoidable elements of daily life are connected to previous complicated trauma experiences, although it does not always happen during a trauma (Hartman 2009b, Nijenhuis et al. 2004).

According to Spiegel (2008), individuals who suffer from this condition may have multiple personas living in the same body, and their sense of self becomes fractured. Multiple Personality Disorder was the prior name for DID. Spiegel (2008) highlights that DID is a serious type of PTSD. The biochemical indicators of DID, according to him, are a smaller hippocampus and alterations in specific neurotransmitters, as Scaer also notes for PTSD patients, especially those who have experienced trauma as children (Scaer 2005:74).

Scaer (2005) demonstrates in his book that dissociation can present a variety of physical and mental symptoms, ranging from psychosomatic symptoms and personality disorders to typical adaptive dissociation. PTSD patients frequently experience dissociation in one of its many manifestations. According to Levine's model (1992:85–108), dissociation can be a "fragmentation of different dimensions of experience" or "over-association or over-coupling where experiences are joined together in manners that cannot be integrated," as Fourie (2009:19) notes. Fourie highlights the importance of differentiating between over-association and dissociation of traumatic experiences. What precisely happens in the brain during dissociation, and may it be a response to traumatic experiences?

Dissociation as a concept can also be a prominent factor in the manifestation of several types of attention deficit and concentration problems that teachers can see in their students, for example, and may not always fully comprehend, that some characteristics unique to traumatized children are worth mentioning. The following is given by Hartman (1993:42) regarding dissociation in children who have experienced abuse:

To deal with the terrible events, children who have experienced emotional neglect or physical, psychological, or sexual abuse may distance themselves from their emotions and memories of the abuse. The youngster who has been mistreated quickly discovers that expressing hatred against the abusers—typically the parents—only leads to further violence, in order to be strong enough to survive the traumatic experiences, when a child dissociates anger and trauma, the ego splits, separating the thinking self from emotions such as pain, shame, fear, confusion, and powerlessness.

Therefore, it can be concluded that the conduct of the children affected may seem extremely normal, or maybe a lack of integration when fragments of their experiences are represented in different ways or result in behavior referred to as "acting out." From the foregoing, it is also evident that a child's inability to express their emotions in a typical way may be an indication that trauma is impacting them.

I.10 Healing as a Concept

The idea of healing extends well beyond the physical restoration of the body and explores the emotional, psychological, and spiritual realms. It is a process by which individuals heal from injury or disease, and its meaning varies based on the situation, be it medical, emotional, or holistic. Fundamentally, healing is about bringing balance and well-being back to the entire person, not just about the absence of pain or illness. Several scholars from a wide range of fields, including psychology, philosophy, and medicine, have studied the concept of healing.

Restoring the body to its initial state is frequently used as an alternative term for healing in the medical field. It is considered a biological process that starts when the body is sick or injured and lasts till recovery, during which time the body's built-in systems attempt to repair any damage that has occurred.

In order to fully understand the healing process, one must take into account the interplay between biological, psychological, and social aspects of a person's life (Engel, 1977). Scholars such as Engel (1977), with his biopsychosocial model of health, highlighted that healing requires more than just the recovery process physically of the body; it also encompasses emotional and social factors. His perspective recognizes that healing is a holistic process and not just limited to curing disease. Many scholars have studied the psychological and emotional aspects of recovery in addition to the medical perspective. For instance, in the realm of psychology, Carl Jung (1961), the Swiss psychiatrist and psychoanalyst, studied the idea of healing through self-awareness and integration of the unconscious. According to Jung, people recover when they face their inner struggles and find completeness, which entails realizing the aspects of themselves they may have suppressed. His idea of individuation—a self-actualization process—emphasizes how healing is a path towards emotional equilibrium and psychological development. The concept of healing has been broadened in more recent years by integrative medicine experts. They highlight the relationship between the mind and body as well as the important role that mental, emotional, and belief states play in physical health. Dossey (2008) asserts that the intentional use of energy and thoughts to rebuild equilibrium is a component of the healing process. In this way, healing becomes a mental and spiritual process in addition to a bodily one. According to Dossey (2008), the mind has a significant impact on physical health, and practicing focused intention, optimistic thinking, and emotional control can improve healing and general well-being.

Moreover, spirituality has a strong foundation in the concept of healing. Healing is viewed as a sacred process in many indigenous cultures and spiritual traditions, related to reestablishing balance between the natural world and the human. In Native American traditions, for example, healing is seen as a process of reestablishing harmony with nature, and "medicine" encompasses not just physical treatments but also spiritual rites and activities that engage the body, mind, and soul (Blue Bird Jernigan, 2001). Therefore, healing is viewed as a restoration of spiritual and emotional balance in addition to a physical recovery.

These many viewpoints suggest that healing is a complex process that transcends all boundaries. A person's physical, emotional, psychological, and spiritual elements are integrated.

The ultimate aim of healing, whether through psychology, medicine, or spiritual practices, is to restore harmony, balance, and tranquility in a state of well-being.

To sum up, the concept of healing has changed over time and now encompasses a variety of disciplines and perspectives. The notion of healing is wide and diverse, ranging from the medical model, which emphasizes bodily recovery, to psychological theories that investigate emotional and mental healing, to spiritual and holistic perspectives that establish a connection between the individual and the larger universe. Researchers from a variety of disciplines have helped us comprehend this process, demonstrating that it is about restoring balance and completeness rather than just the absence of illness.

I.11 Conclusion

This chapter included coherent details about the historical context of trauma. It exhibited trauma in different fields, such as psychology, literature, medicine ...etc. It also focused on the main symptoms and effects emerging from traumatic events and how they influence trauma survivors. Finally, it displays the concept of healing from different perspectives and how it changed over time.

Chapter Two:

Theoretical Context of Tauma

II.1 Introduction

In this chapter, important developments are summarized, starting with early psychoanalytic ideas from *Studies on Hysteria*. The discussion then shifts to portray the major future viewpoints that depict trauma on both an individual and societal level, especially the cultural context. The chapter looks at how trauma is portrayed in literature. It also highlights the main theories of trauma, individual (psychological) and collective (cultural). It concludes with narrativization theory, which focuses on how narrative may be used as a process to heal trauma.

II.2 Theorizing Trauma

In the broadest sense, the root of the perception of trauma resides in the nineteenth-century diagnosis of the nervous disorders known as railway spine (Luckhurst, 2008). Nonetheless, the concept was founded on Freud's discoveries and his earliest hypotheses regarding the unconscious and the processes of repression.

II.2.1 Early Trauma Theory

Forter claims that Freud argues in *Studies on Hysteria* (1895) that a traumatic event is what triggers hysteria "that has not been fully integrated into the personality" (Forter, 2007:262). Van der Kolk similarly described hysteria as "a mental disorder characterized by emotional outbursts, susceptibility to suggestion, and contractions and paralyses of the muscles that could not be explained by simple anatomy" (Van der Kolk, 2014:177). However, Rousseau believes that hysteria is a complex phenomenon in Western medicine's agenda since it exposes the "binary components of the medical model –mind/body, pathology/normalcy, health/sickness, doctor/patient—as no other condition ever has" (Rousseau, 1993:92). In his disorganized trauma research, Freud identified childhood sexual trauma¹⁰ as the cause of hysteria.

He contends that a painful occurrence is frequently suppressed and forgotten by the conscious mind. But these suppressed memories nevertheless exist in the unconscious mind as what Freud referred to as a "foreign body" (Forter, 2007:262). In fact, Freud created two different theories of trauma. According to Cathy Caruth (1996): the castration model, which is typically regarded as an early model, is connected to the theories of repression and the return of the repressed. The second paradigm is the traumatic neurosis¹¹ model, which is related to hysterics, accident victims, and

¹⁰ Since childhood sexual trauma is complicated and its description would be counterproductive to the goals of this dissertation, it is not defined here or in any other part for the sake of simplicity and clarity. But for further questions on this topic, check out H.F. Ellenberger's *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (1994) and Young's *The Harmony of Illusion: Inventing Post-traumatic Stress Disorder* (1995).

¹¹ Cathy Caruth indicated in *Unclaimed Experience* (1996) in a footnote that this model is under the name of accident trauma (135, n.18).

veterans of war. According to his and French neurologist Jean-Martin Charcot's observations, the concept of hysteria attracted public interest as "a great venture into the unknown" (Herman, 2015:10). The term "hysteria" was first used without a systematic definition and was associated with incomprehensible symptoms that were specific to women and originated in the uterus (Ellenberger, 1994).

Hysteria symptoms frequently included motor paralysis that demonstrated neurological damage, amnesia, confusion, and fragmented memory. Furthermore, Freud noticed intolerable emotional responses to traumatic experiences that resulted in a changed state of consciousness and, in turn, hysterical symptoms. Freud referred to this shift in consciousness as double consciousness, while Pierre Janet called this alteration in consciousness dissociation (Herman, 2015). According to Janet, the ability to dissociate oneself is a psychological weakness. Conversely, Freud maintained that hysteria "could be found among people women mostly of the clearest intellect, strongest will, greatest character, and highest critical power" (Herman, 2015:12).

As a result, Freud maintained that hysteria "represented disguised representations of intensely distressing events that had been banished from memory" (Herman, 2015:12). Herman claims that painful memories that may be retrieved and expressed are connected to hysterical symptoms. Freud initially referred to this as "catharsis" and then as "psychoanalysis." It began as a therapy meant to help patients understand their traumatic symptoms (2015:12).

However, many men and women experienced symptoms that were very similar to hysteria after the First and Second World Wars, making it hard to attribute it to childhood sexual trauma and to believe that it was a disease that only affected women. Freud thus disregarded this early hysteria-based theory of trauma and built psychoanalysis on the foundations of hysteria (Herman, 2015; Forter, 2007). As Herman points out, this significant change was not the result of a single individual; hysteria was and remains a concept with numerous unresolved issues. However, to comprehend its intricacy, one must first comprehend the political and social environment that gave rise to it.

The French neurologist Charcot, Pierre Janet, and Freud chose the Salpêtrière as their kingdom to highlight the importance of hysteria in comprehending trauma (Davis & Meretoja, 2020). However, it is crucial to remember that Tuesday Lectures¹² was merely a social gathering that several classes at the time went to to appreciate the work of the recently established discipline of neuroscience.

¹³The Parisian neuropsychiatrist Jean-Martin Charcot held what is known as *Leçons du Mardi* where he and his colleagues (Pierre Janet, William James, and Sigmund Freud) displayed young women who found refuge in the Salpêtrière from lives of constant violence, exploitation, and rape. Charcot generally used hypnosis as a method of healing from hysteria, and he played out this method in the overtly theoretical setting of the famous Tuesday Lectures

The performance's drawbacks include the fact that Charcot and his associates required a viewership to demonstrate the caliber of their work, which cannot necessarily be categorized as a scientific investigation, and—above all—that they had no interest in the victims' inner lives because they saw their feelings and emotions as things to be cataloged. However, by the mid-1890s, Janet and Freud had developed a theory: psychological trauma was the reason for hysteria's appearance (Herman, 2015).

According to Van der Kolk's, "traumatized people simultaneously remember too little and too much" (Van der Kolk, 2014:179). Repressed memories resurface for victims as painful flashbacks or vivid imagery while recalling a choking incident. In this sense, the terms "shock" and "surprise" serve as the foundation for the development of trauma theory. Forter claims that the elements of "shock" and "surprise" have disabled and overpowered the part of the brain that typically filters out and limits what we experience (Forter, 2007). In other words:

The psychic apparatus is overcome, that is, partly because it fails to anticipate the event that overwhelms it, just as the body is traumatized when an external concussion catches it unawares, making flight or defense against the concussive force impossible. (Forter, 2007:263). In this context, Forter emphasizes that surprise could play a crucial role in making an experience painful. It is crucial to stress that the meanings of trauma have blurred the boundary between the physical and the psychical.

Nevertheless, Forter's assertion is confusing as it uses an imprecise analogy with actual harm. According to Luckhurst (2008), Freud's view of the mind as a space where sexuality and its suppression clashed gave rise to this notion. The sexual theories of Freud proposed a two-phase growth. The first stage is characterized by sexuality that is suppressed during childhood, which he called "latency," and then resurfaces in adult sexuality. In other words, "early traumas in childhood would be forgotten in latency but re-emerge in adults. Sexual disorders, therefore, acted like clues hinting at a hidden crime buried in infancy" (Luckhurst, 2008:8).

Once more, Freudian statements are excessively complicated and contradictory because of his well-known shift in position when approaching trauma. Schönfelder (2013) claims that in a letter to Fliess in 1897, Freud openly explains his change in perspective. He writes, "I was at last obliged to please recognize that these scenes of seduction had never taken place and that they were only fantasies which my patients had made up" (Schönfelder, 2013:70).

Following his statement, Freud rewrote his theory of sexual repression to emphasize the phenomenon of compulsive repetition brought on by traumatic experiences. Since Freud's writings continue to be a major theoretical point of reference in this dissertation, it is crucial to stress that his theorization of trauma is significantly simplified for clarity and simplicity in current discussions.

By examining the initial trauma, Freud was careful to differentiate between the type of repetition and "hysteric replication" (Forter, 2008:267). He added that the victim creatively revisits the situation that traumatized him and returns to the painful occurrence in nightmares. According to

Freud, this occurs because the ego was not prepared at the precise moment of the shock, causing the traumatic event to take place again. As a means of i.e., "mastering the stimulus of the traumatizing event," this also explains why victims revisit the traumatic incident (Forter, 2008:268).

This view of repetition lends itself to an interpretation in which "human subjectivity is intrinsically traumatic, in which manifestations of traumatic behavior are merely the expressions of a deep, structural trauma that compels all human beings toward regressive self-destruction" (Forter, 2008:268). In light of this, Cathy Caruth proposed in *Unclaimed Experience* (1996) that repetition is a basic feature of trauma writing and trauma reading.

Anne Whitehead describes repetition as "inherently ambivalent, suspended between trauma and catharsis" as well as between "remaining caught within trauma's paralyzing influence" and "working toward memory and catharsis" (Whitehead, 2004:86-87). Essentially, the psyche revisits the unpleasant experiences to mend the harm. In this meaning, repetition "has become a cultural shorthand for the consequences of traumatic events: individuals, collectives, and nations risk trapping themselves in cycles of uncomprehending repetition unless the traumatic event is translated from repetition to the healthy analytic process of 'working through'" (Luckhurst, 2008:9).

According to Freud, the repetition of dreams illustrates the peculiar temporality of trauma with an incident that occurred too soon for one to fully grasp. This is what Freud called "belatedness," or the interval between the initial incident and its psychic activation, according to trauma theory critics (Caruth, 1996; Forter, 2007; Luckhurst, 2008). Thus, we are dealing with "a repetition of the same: a demonic impulse that turns development into reprisal, change into recurrence, temporal movement into the static circularity of myth" (Forter, 2007:269). In this sense, Freud's shift in position could be viewed as a change in focus rather than a complete displacement. Nonetheless, Forter pointed out that both theories are used in tandem for explanatory reasons in several texts (Forter, 2007). In addition, a foundation for addressing the issue of how we could withstand trauma and "traumatic subject-formation" is shown by the second model of Freud's trauma theory (Forter, 2007:208).

The science of psychology has engaged in analyzing the complexity of trauma, and modern critics have based their contemporary study on Freud's insights, although they are sometimes paradoxical. Trauma ranged from Freud's hysterics to his theory of repetitive compulsion, which connected psychological and physical harm. According to Vickroy, a social analysis could benefit from an understanding of the mechanics underlying emotions and behaviors. Such analysis "can account for the complex interrelationships among physiological, cognitive, and cultural contributions to the production and evaluation of emotion" (Vickroy, 2015:15).

In this sense, particularly in narrative texts, repression and repetition provide important insights into the process of trauma representation. Ferrell's perspective on trauma is an important factor to take into account. The mere transition of trauma from the psychiatric clinic to culture

more generally, according to Kirby Farrell, "trauma [can] be psycho-cultural because the injury entails interpretation of the injury" (1998:7). Farrell also explains that trauma theory can serve as a trope. Similarly, he contends that trauma affects entire societies, and this idea stems from his conviction that "we are creatures susceptible to infectious fear and arousal" (Farrell,1998:12).

Meanwhile, David Becker practically warns us against the risks of hastily adopting the term "trauma" as a universal phrase. He clarifies, "Trauma can only be understood concerning the specific contexts in which it occurs", which indicates that the emphasis is not just on the suffering of the person but also on the institutions that surround them, including political context, cultural standards, and community organization (Becker, 2004:7). Becker, therefore, suggests, "that in each different social context people should create their definition of trauma within a framework in which the basic focus is not so much on the symptoms of a person but on the sequential development of the traumatic situation" (Becker,2004:7).

Becker, therefore, recommends "that in each different social context people should create their definition of trauma within a framework in which the basic focus is not so much on the symptoms of a person but on the sequential development of the traumatic situation" (2004:7). Becker's intervention supports the collective dimension of trauma theory which has gained more attention. The emphasis of trauma theory changed with these scholars (Freud, Becker, and Luckhurst) from the nearly unique setting of the Holocaust to the home and private realm. Furthermore, the trauma theory's framework aids in identifying trauma symptoms, clarifying how traumatic memory impairs one's capacity to bear witness to events, and explaining the dynamics of trauma and resistance, healing, and growth (Felman & Laub, 1992).

In conclusion, Freud's early and late formulations of trauma and hysteria were associated with the development of trauma theory from the beginning. According to contemporary trauma theorists, trauma theory is concerned with the representation, transmission, and memory of traumatic events (Herman, 2015; Lakehurst, 2008; Forter, 2007). Furthermore, trauma theory provides a fresh perspective on widely used literary notions like witness and testimony.

II.2.2 Contemporary Trauma Theory

Contemporary trauma theory, which gained popularity in the latter half of the 20th century, provides a complex framework for analyzing the significant effects that traumatic events have on both individuals and societies. This multidisciplinary area, which has its roots in psychoanalytic, literary, and cultural studies, examines how trauma affects memory, narrative, and identity in addition to how these effects are portrayed in literature and culture. Scholars whose work has greatly influenced our knowledge of the intricacies of trauma, including Cathy Caruth, Dominick LaCapra, Elaine Scarry, and Bessel van der Kolk, are at the center of the discussion.

In her groundbreaking book *Unclaimed Experience.. Trauma, Narrative, and History* (1996), Cathy Caruth makes the argument that trauma is an occurrence that cannot be fully understood at the moment it happens and that its significance can only be understood in the belatedness of its experience and its recurring recurrence. Caruth contends that trauma is typified by a paradoxical temporality, in which the event is simultaneously experienced and unexperienced, resulting in identity and memory fragmentation. She states, "Trauma is not locatable in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature—way it was precisely not known in the first instance—returns to haunt the survivor later on" (Caruth, 1996:4).

This perspective is expanded by Dominick LaCapra in *History and Memory After Auschwitz* (1998), where he examines the moral implications of depicting terrible histories. He makes a distinction between "acting out" and "working through" trauma, adding that processing and comprehending traumatic events require narrative engagement. As LaCapra argues, "the ethical task is not to represent trauma as such but to represent it in a way that does justice to the suffering and the complexities involved" (LaCapra, 1998:27).

Elaine Scarry's 1985 novel, *The Body in Pain*, examines how physical suffering affects a person's capacity for expression and communication, focusing on the physical aspects of trauma. Scarry makes the case that suffering is essentially unrepresentable by stating, "Pain has no voice; it is the voice of all pain that is heard" (Scarry, 1985:4). Her analysis highlights the difficulties in describing trauma and the limitations of words in expressing the subjective experience of suffering.

Even though these fundamental ideas have offered important insights, trauma studies today have developed to respond to criticism and broaden the framework to encompass a range of viewpoints. Traditional trauma theory's emphasis on individual illness, according to critics, may obscure the collective and cultural aspects of trauma. For instance, Irene Visser's work challenges the Eurocentric underpinnings of trauma theory and advances a "postcolonialized" trauma framework that considers the social and institutional traumas resulting from the colonial past. As stated by Visser, "Postcolonial trauma theory must account for how colonialism has disrupted not only individual lives but also collective identities and histories" (Visser, 2011:275).

Furthermore, scholars like Ann Cvetkovich and Naomi Mandel challenge the notion of trauma as inherently unspeakable, proposing that narrative rupture and silence can be strategic and empowering forms of expression. Cvetkovich explores the relationship between effect and trauma in lesbian public cultures in *An Archive of Feelings* (2003), highlighting how communities create archives of feeling to symbolize and process trauma. She states that "Affect, including the effects associated with trauma, serves as the foundation for the formation of public cultures" (Cvetkovich, 2003:10). Mandel argues that it is morally necessary to portray horrific pasts in his 2006 book, *Against the Unspeakable*," which also attacks the exaltation of silence in trauma tales. Mandel

asserts that "silence and forgetting are as much a strategic and self-conscious gesture on the part of the subjugated as they are the product of the subjugating culture's demands and requirements" (Mandel, 2006:172).

To sum up, modern trauma theory has evolved beyond its psychoanalytic and literary foundations to cover a more thorough, all-encompassing understanding of trauma. By combining insights from postcolonial studies, neuroscience, and cultural theory, it provides a comprehensive framework for investigating the multifaceted impacts of trauma on individuals and societies. In addition to increasing our understanding of the complexity of trauma, this multidisciplinary approach has an impact on literary, therapeutic, and cultural representation strategies.

II.3 Trauma in Literary Studies

Cathy Caruth¹⁴'s *Unclaimed Experience* (1996) is among the most prominent theories of trauma in the humanities. Her significant work provides an essential grasp of the philosophy of literary trauma. Caruth offers explanations of how trauma representations can help people comprehend the wounded identity and how, ironically, trauma—a concept that defies traditional narrative forms—may be communicated through language's failure and deconstruction. Cathy Caruth's¹³ *Unclaimed Experience* (1996) is among the most prominent theories of trauma in the humanities. Her significant work provides an essential grasp of the philosophy of literary trauma. Caruth offers explanations of how trauma representations can help people comprehend the wounded identity and how, ironically, trauma—a concept that defies traditional narrative forms—may be communicated through language's failure and deconstruction.

Even though Caruth's work may serve as a reference in literary trauma studies, some theorists have criticized Caruth's view of trauma for having irrational and occasionally nonsensical insights (Leys, 2000; Forter, 2008). In Caruth's approach, the meaning of the term goes to a broader sense that the dissimilarity between the traumatized and the non-traumatized, as well as between victim and perpetrator, seems to dissolve¹⁴. By doing so, the history is essentially transformed into a "history of trauma" (Caruth, 1996:18). According to Ruth Leys, Caruth's theoretical arguments on the concept of trauma are "diluted and generalized," which could potentially undermine victims of traumatic experiences because Caruth has combined the traumatized and the non-traumatized into a single category (Leys, 2000:305). However, Caruth's 1996 monograph, *Unclaimed Experience*, continues to be a point of reference because it was rapidly followed by a variety of trauma-related

¹³ ¹⁴The theorists who laid the ground for trauma studies in the field of humanities are Cathy Caruth, Geoffrey Hartman and Dominick LaCapra. They are the leading figures in the field.

¹⁵ For instance, Caruth reinterprets Freud's method of approaching Tasso's *Gerusalemme Liberata* in *Beyond the Pleasure Principle* in *Unclaimed Experience* (1996), where Tancred becomes the quintessential trauma victim. In this part, Caruth's trauma theory is thoroughly discussed.

studies.

From its initial field of study in medicine and later psychology, trauma evolved to find a place in literary and cultural studies. What is the significance of literary trauma? To respond to this question, one must emphasize Laurie Vickroy's assertion that "literary and imaginative approaches to trauma provide a necessary supplement to historical and psychological studies" (Vickroy, 2002:221).

The literary imagination has the power to represent, fictionalize, and provide space for experiences that are considered incomprehensible and difficult to articulate, particularly. Many different perspectives might be used to analyze frightening experiences of vulnerability and shame. Multiple approaches for discussing trauma, which is frequently historicized, individualized, metaphorized, and contextualized, are made possible by fictional worlds in literary works. As a result, literary responses to trauma can evoke both critical thought and emotional identification and sympathy in readers. According to Vickroy (2015), trauma in literature illustrates how emotional reactions can be evoked from traumatic events, challenging readers' understanding of crisis and conflict.

In addition to serving a sociocultural and political purpose, Vickroy claims that literary works are created to "witness or testify for the history and experience of historically marginalized people." In addition to "make terrifying, alien experiences more understandable and accessible"(Vickroy, 2002:221-22). likewise, Whitehead explores the observation that trauma fiction often thematizes "the denied, the repressed, and the forgotten" (2004:82). However, by examining self-narration and self-representation within a literary framework, trauma narratives and "limit-cases"¹⁵ allow writers to experiment with various approaches to writing trauma and the self.

While acknowledging that trauma fiction differs from text to text based on the sociocultural and sociopolitical context in which it is produced, Vickroy here focuses not only on the impact of trauma as narrative but also on the various fictional techniques through which trauma is mediated.

Paradoxical trauma is frequently portrayed in literary trauma texts. They convey information that defies representation and comprehension, common memory, and narrative processes. According to Schönfelder (2013), trauma narratives "raise important questions about the possibility of verbalizing the unspeakable, narrating the unnarratable, and making sense of the incomprehensible" (p. 30).

¹⁵ Gilmore describes "limit-cases" as "contemporary self-representational text about the trauma that reveals and tests the limits of autobiography" (Gilmore, 2018, p. 14).

One of the difficulties with writing about literary trauma is that it conducts a complex performance about the (un)speakability, (un)narratability, and (in)comprehensibility of trauma. Trauma theory also demonstrates a strong concern for the relationships between language and trauma, between literature and trauma, and between wound and word. (Sütterlin,2020). However, these relationships have been conceptualized in rather various ways. Caruth's seminal work *Unclaimed experience* (1996) presented a case study of trauma theory based on the possibility or impossibility of narrative. She also permits the possibility that trauma could be turned into a story in an attempt to make sense of the inexplicable.

Cultural representations, according to Caruth, are a crucial element that maintains the full impact of trauma, particularly its incomprehensibility: "The danger of speech, of integration into the narration of memory, may lie not in what cannot be understood, but in that it understands too much" (Caruth, 1995:154). According to Caruth, trauma requires a means of representation in order to transcend its incomprehensibility.

For instance, silences and gaps, frequent linguistic breaks, and the breakdown of understanding¹⁶ (Caruth, 1996). In line with this, Geoffrey Hartman asserts that while dealing with trauma, words alone are insufficient, but he also contends that "literary verbalization, however, remains a basis for making the wound perceivable and the silence audible" (Hartman, 2003:259). Additionally, Vickroy and Whitehead show how trauma narratives perform trauma rather than only describe it, meaning that they "incorporate the rhythms, processes, and uncertainties of trauma within their consciousness and structure" (Vickroy, 2002:13; Whitehead, 2004).

In contrast to Caruth, these critics do not place as much emphasis on the incomprehensibility and unspeakability of trauma. Whitehead and Vickroy draw attention to the fact that narratives can depict catastrophic events. They admit that trauma is difficult to properly remember and depict, but they also contend that writers may depict trauma in fiction, making it easier to comprehend.

According to Luckhurst, concentrating on narrative impossibility rather than possibility tends to be perilous for understanding trauma as well as for healing and recovery. Stated differently, the inability to recount trauma equates to the difficulty of recovering from it (Luckhurst, 2008). Caruth marginalizes all forms of healing in *Unclaimed Experience* (1996), emphasizing what is referred to as "the new mode of reading and listening that both the language of trauma and the silence of its mute repetition of suffering, profoundly and imperatively demand" (1996:6).

. 17Ruth Leys in *Trauma: a Genealogy* (2000) claims that Caruth defines trauma as an "incomprehensible event that defies all representation" so that trauma "in its literality, muteness, and unavailability becomes a sacred object or icon that it would be a sacrilege to misappropriate or tamper with [it] in any way" (Leys, 2000,p. 253-269).

Leys (2000) critically explained how Caruth's interpretations of theoretical and literary texts revolve around this "new mode," which is characterized by aporia, incomprehensibility, and fragmentation. These characteristics further highlight the potential for literary recovery. Caruth's attitude to trauma is examined by Shoshana Felman in *Testimony*¹⁷. Felman (1991) asserts that Caruth highlights repetition as a crucial component of trauma writing because it conveys the first-hand experience of trauma through the concepts of acting out and compulsion, as well as being trapped in an unending circle of pain. Therefore, trauma narratives and Caruth's theoretical narratives cannot allow language and healing.

Whitehead interprets Caruth's strategy similarly when she notes that Caruth "articulates concerns that the traumatic cure implies a dilution of the experience into the reassuring terms of therapy." She continues to say that "there is, then, a distinct tendency in recent theorizations of trauma towards an anti-therapeutic stance, a skepticism regarding the inherent value of telling one's story" (Whitehead, 2004:166-17)¹⁸.

This leads to the historian Dominick LaCapra's pertinent critique of Caruth's position on the acting-out, working through, and healing process¹⁹. According to him, a reading of trauma that just considers "symptomatic acting out" or even the repetition compulsion becomes in danger of "intentionally or unintentionally ...aggravating trauma" (1996:193). This suggests interpreting the wound as "traumatic writing or posttraumatic writing in closest proximity to trauma," which may risk perpetuating trauma (LaCapra, 2014:23).

Furthermore, LaCapra critiques trauma narratives in *Writing History, Writing Trauma* for "prematurely (re)turning to the pleasure principle, harmonizing events, and often recuperating the past in terms of uplifting messages or optimistic, self-serving scenarios" (2014:78). LaCapra discovers the conflict between acting out and problem-solving, as well as between narrative impossibility and possibility, while subtly referencing Caruth's theory of literary trauma. Thus, one

¹⁷her first chapter of *Testimony Crisis of Witnessing in Literature, Psychoanalysis, and History* (1991), Felman discusses the numerous interlinks of testimony: her students' reaction to videotaped testimonies of the Holocaust as well as her testimony as a teacher, and her students' written responses. All this to evoke a difference between the first and second-hand experience of trauma.

¹⁸A similar theorist who read trauma the same way as Caruth is Jean-François Lyotard. Luckhurst argues that Lyotard based his ideas on Heidegger, and trauma for him (Lyotard) can "only be an aporia in narratives and any narrative temporalization is an unethical act" (Luckhurst, 2008:81).

¹⁹ Jean Laplanche and Jean-Bertrand describe acting-out as "action in which the subject, in the grip of his unconscious wishes and fantasies, relives these in the present", while working through "is to be taken to be a sort of psychological work which allows the subject to accept certain repressed elements and to free himself from the grip of mechanisms of repetition" (Laplanche & Pontalis, 2006:488).

meanders between narratives that are distinguished by the "phantasm of total mastery, full ego identity, definitive close", (which Caruth rejects), and between narratives marked by "endless mutability, fragmentation, melancholia, aporias, irrecoverable residues or exclusions" (LaCapra, 2014:78).

In light of this, LaCapra proposes that trauma narratives exist between these two extremes, which represents a remarkable development in trauma studies to some extent. Deborah Horvitz's interpretation of women's trauma in *Literary Trauma, Sadism, Memory, and Sexual Violence in American Women's Fiction* (2000) is a noteworthy illustration of this assertion. In it, she noted the female protagonists' ability to use art, primarily writing, as a creative means of "working through" or recovering from trauma. In contrast to the pessimistic viewpoint of Caruth or Felman, she concludes her work with an important perspective on the benefits of telling trauma:

Horvitz's assertion is an excellent fit for the research's objective, which is to illuminate the experiences of traumatized women and show that trauma can be told and narrated. However, Horvitz disassociates herself from Caruth and Felman's notion that narrating trauma is typically accomplished through contamination or contagion.

Similar to Horvitz, Laurie Vickroy stressed in *Trauma and Survival in Contemporary Fiction* (2002) a theoretical trajectory that transcends crises, acting out, and suffering. Ann Kaplan similarly distances her ideas from Caruth's "unrepresentability" and "unspeakable" suffering, stating that "telling stories about trauma [...] may partly achieve a certain 'working through' for the victim," she also adds, "permit a kind of emphatic sharing that moves us forward, if only by inches" (Kaplan, 2005:37).

Traumatic Possessions (2009) by Jennifer Griffiths is an excellent description of how to heal from trauma and rebuild oneself. Although the theoretical approaches of Caruth and Felman are essential to the development of a literary trauma theory, they are nonetheless intricate and occasionally challenging to understand. Viewing it more positively, critics such as Horvitz, Vickroy, Kaplan, and Griffiths make literary trauma writing approachable in terms of reading, recovery, and storytelling.

Trauma in literary studies, in particular, emphasizes the study of trauma writing. The criticisms of the Caruthian trauma theory have been split off by verbalization and narrative techniques. Because trauma studies address questions like how trauma can be incorporated into a story and whether or not recounting trauma can be a means of overcoming it, trauma stress has compelled literary critics to reconsider their presumptions about literary trauma (LaCapra, 2014).

Influential literary scholars' trauma theories include other problematic elements in addition to their highly critical views on narrative and trauma recovery. Hartman asks, "What is the relevance of trauma theory for reading, or practical criticism?" Then he responds immediately, "In short, we gain a clearer view of the relation of literature to mental functioning in several key areas, including

reference, subjectivity, and narration" (1995:547). Trauma is frequently used in Harman's perspective to address its effects on both the individual and the collective. But most significantly, he highlights the main goal of literary trauma studies: "There is *listening*, more *hearing* of words within words, and a greater openness to *testimony*" (1995:541).

According to Whitehead, literary studies frequently encourage the act of interpretation that takes place between an active subject (the reader) and a passive object (the text). Literary trauma theory, he claims, "readjusts" the reader-text relationship so that reading is done ethically (Whitehead, 2004:8). In a similar vein, Hartman (1995) argues that this new mode of reading and listening makes trauma accessible to the general public as well as readers. In light of these complexities and paradoxes in literary trauma, theory raises several questions, some of which are more unique to psychological and cultural trauma. While psychology focuses on the psychological effects that a traumatic experience has on a person, cultural trauma encourages one to concentrate on the different ways that trauma is mediated through culture. "Individual traumatic experience is always culturally mediated" (Davis & Meretoja, 2020:4). This demonstrates how crucial cultural discourse and its methods are in providing context for specific types of violence, such as racial or gender-based violence. LaCapra's perspective is helpful in this regard because he asserted that the discourse around trauma is a significant cultural component that can allow people to interpret the traumatic incident in ways that ultimately result in the development of new meanings (LaCapra, 2014). Accordingly, the psychological and cultural aspects of trauma and how they are portrayed in literature are covered in the part that follows.

II.4 Typology of Trauma in Literary Texts

Trauma in literature can have both a cultural and psychological structure. However, because of its various sociological manifestations, the latter has attracted a lot of attention and criticism from trauma scholars. For the sake of simplicity and in order not to deviate from the purpose of this dissertation, we will address psychological and cultural trauma from a literary perspective, as well as how trauma fiction depicts them.

II.4.1 Psychological Trauma

"Trauma" can be described as "psychological," "individual," or "personal" to distinguish it from collective, political, or cultural trauma. In modern vocabulary, psychological trauma is used loosely to describe somewhat unpleasant circumstances and is taken for granted. Still, psychological trauma draws attention to the diagnosis, treatment, and recovery from post-traumatic suffering, even though its application in daily life is ambiguous.

In the last decades of the twentieth century, childhood and familial psychological trauma—including sexual abuse, incest, and domestic violence—became recurring themes in fiction. During previous times, psychological trauma was referred to as "war neurons," a term used to describe soldiers who returned from war with a changed mental state. A traumatic event's

"invisible" effect on the mind is typically referred to as psychological or personal trauma. According to Luckhurst (2008), psychological trauma is characterized by extreme fear that questions the victim's identity and chokes the neurological system.

Consequently, psychological trauma is frequently the cause of depression and feelings of anxiety. This evolution can be seen in the development of post-traumatic stress disorder (PTSD). Trauma is a diagnostic classification in the psychiatric field. Furthermore, psychological trauma is, as Herman (2015) emphasized, a *response* to an event. The event that is responded to is "a socially-mediated representation", that is, a narrative construction (Madigan, 2020:49).

Judith Herman discusses intrusion and constriction, two key aspects of psychological trauma, in *Trauma and Recovery*(2015). When the person's memory of the horrific experience takes over constantly, even when the danger has passed is called intrusion. Herman argues: "The traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during wake states and as traumatic nightmares during sleep" (Herman, 2015:37).

The severity of the traumatic memories causes the person to become amnesic and/or verbally narratively deficient. A Hiroshima survivor describes the traumatic memories as an "inedible image" or "death imprint" that persistently interferes with the person's life (Herman, 2015:38). As a result, the survivor is constantly shaken by anxiety and fear.

A person experiences constriction when they are powerless and surrender to traumatic memories. According to Herman (2015), the self-defense system shuts down, changing the state of consciousness. Following is what a rape survivor says about her experiences: "Did you ever see a rabbit stuck in the glare of your headlights when you were going down a road at night. Transfixed –like it knew it would get it –that's what happened...I couldn't scream. I couldn't move. I was paralyzed ... like a rag doll"(Herman, 2015:42).

Constriction or numbness is primarily caused by alterations in consciousness. Paradoxically, there are instances when reacting to an unavoidable threat can induce a condition of detached calmness in which pain, fear, and terror vanish into silence" as though these events have been disconnected from their ordinary meanings" (Herman, 2015:43). This can cause the individual to feel as though the events are not happening to them or that they are observing from a distance, which is similar to having an out-of-body experience. According to Herman, the altered state of consciousness is comparable to a hypnotic trance:

They share the same features of the surrender of voluntary action, suspension of initiative and critical judgment, subjective detachment or calm, enhanced perception of imaginary, altered sensation, including numbness and analgesia, and distortion of reality, including depersonalization, derealization, and change in the sense of time. (2015:43)

This brings to mind Virginia Woolf's portrayal of war veteran Septimus in *Mrs. Dalloway*:

Beautiful," his wife would murmur, nudging Septimus that he might see. But beauty was behind a pane of glass. Even taste (Rezia liked ice, chocolates, sweet things) had no relish to him. He put down his cup on the little marble table. He looked at people outside; happy, they seemed, collecting in the middle of the street, shouting, laughing, squabbling over nothing. But he could not taste; he could not feel. In the tea shop, among the tables and the chattering waiters, the appalling fear came over him—he could not feel it (2013:132).

Psychological trauma changes a person's perspective and causes them to view life differently. According to Van der Kolk (2014), the usual constellation of symptoms also includes dissociative disorder, suicidal thoughts and behaviors, self-harm, and different types of somatization. As stated in the prior statement by Herman (2015), dissociation indicates experiences of depersonalization and derealization. These conditions cause the person to view themselves and their surroundings abnormally, which ultimately leads to feelings of despair, abuse, shame, and blame.

Psychological trauma is synonymous with repressed memories and experiences. The cultural environment may drown out these experiences. In other words, Alexander (2004) states that defining psychological trauma requires first placing it in a context. For instance, the repressed cultural environment memories of a raped woman or an abused child are not the same as the repressed memories of a war veteran. Furthermore, the intrapsychic dynamics of protection, adaptation, coping, and working through are mechanisms related to psychological trauma. These dynamics can be particular to each individual in a society.

The fact that psychological trauma is deeply ingrained and irreversible in personality structure is a significant characteristic. According to Charcot (Alexander, 2014:41), traumatic memories are "parasites of the mind." Van der Kolk, a psychiatrist, and his associates provided the following description:

When psychological trauma fails to be integrated into the totality of a person's life experiences, the victim remains fixated on the trauma. Despite the avoidance of emotional involvement, traumatic memories cannot be avoided; even when pushed out of waking consciousness, they come back in the form of reenactment, nightmares, or feelings related to the trauma (van der Kolk et al., 2007:5).

This description must be viewed as relative, though, as the degree of embeddedness changes depending on the trauma's severity, the victim's vulnerability, and most importantly, the victim's surroundings.

A similar point is that Balaev's perspective challenged the idea that trauma is subjective. According to her, people react to trauma in the same way, and "universal neural-hormonal changes

occur in response to a traumatic experience" (2012:9). Balaev's assertion is somewhat accurate, but it is risky to assert that the response to trauma is universal or similar. When explained scientifically in terms of neurology and brain function, the reaction to psychological trauma might be comparable. But not everyone experiences psychological trauma.

However, Balaev refers to the significance of the social and cultural contexts in which trauma is created in his defense of a pluralistic approach to psychological trauma. She establishes a link between the person's culture and society. By doing so, she draws attention to how the person's traumatic experience "necessarily oscillates between private and public meanings, between personal and social paradigms" (Balaev, 2012:17).

In literature, the main characters frequently embody this environment and "are shown to experience trauma within the context of a culture that ascribes different layers of meaning to the event" (Balaev, 2012:18). Balaev comes to this conclusion: "Therefore, the traumatized protagonist carries out a significant component of trauma in fiction by demonstrating the ways that the experience and remembrance of trauma are situated concerning a specific culture and place"(Balaev, 2012: 25).

II.4.2 Cultural Trauma

In recent years, the cultural aspect of trauma has received more attention. As a result, it is crucial to address the theories that have been developed to explain this cultural aspect of trauma. In general, the treatment of the collective aspect of trauma has been especially prone to the urge to universalize trauma. Certain literary scholars have attempted to (re)introduce historical context to their analysis of cultural trauma. However, it appears that they are still embedded in the Caruthian structural paradigm of trauma.

For instance, Kaplan (2005) addresses cultural trauma differently than Caruth. She is more interested in the "cultural politics" of traumas like colonialism, postcolonialism, and war. Rather than focusing on the traumatic aspects of all communication, representation, and history. However, she permits a Caruthian gesture of generalization to assert that people who watch trauma-related movies, read tales about it, or consume media frequently experience "vicarious or secondary trauma" (Kaplan, 2005:21-39). She continues to say that "most people encounter trauma through the media." Consequently, it suggests concentrating on "so-called 'mediatized trauma'" (Kaplan, 2005:2), avoiding the issue of whether the term trauma is still appropriate in this context²⁰.

²⁰ In psychiatry, the concept of vicarious trauma was initially introduced concerning the psychiatrist's reaction to the trauma experienced by their patient. But according to Modlinger and Sonntag, "it becomes ethically problematic when transferred imprudently and without distinction to literature and literary and cultural criticism" (Modlinger & Sonntag, 2014, p. 8), even though it is employed appropriately in the context of psychiatry.

What can be seen here is that Farrell's concept of trauma is similar to Kaplan's methodology, which is structural and historical and demonstrates a tendency to "interpret more and more aspects of human existence under the sign of trauma" (Kansteiner, 2004:177). In this instance, both critics emphasize what is better described as "cultural trauma" rather than "collective trauma". Therefore, cultural trauma sheds light on obscure social phenomena, such as how people might be traumatized by an event they did not experience and why some tragedies are remembered by society while others are forgotten.

In a crucial explanation of this definition, Alexander continues by contending that the interpretation of the incident and the way it is expressed within a community or social group is more traumatic than the actual event itself. This implies a contentious, often complex, social process through which the nature of the collective trauma is described²¹. The most common method of capturing this mechanism is through narration, which may be found in a variety of discourse modes, including films, political speeches, religious sermons, and, of course, literature. Indeed, Literature has a significant impact on how cultural trauma is communicated and portrayed.

In the seminal work on slavery and cultural trauma, Eyerman examines how African American identity is formed through the lens of cultural trauma in several chosen authors, including Alice Walker, Toni Morrison, Langston Hughes, and Maya Angelou. He also emphasizes how these authors' writings provide varying perspectives on the collective identity of Black Americans vis-à-vis slavery (Eyerman, 2001).

This cultural trauma narrative provides the foundation for this study and demonstrates that this type of trauma is "made, not born" (Smelser, 2004:37). In this way, cultural trauma differs from psychological trauma in its nature, as it does not affect one member of society but "occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness ...changing their future identity in fundamental and irrevocable ways" (Alexander, 2004:1). Therefore, psychological and cultural trauma reinforce one another, making shock more intense. However, as Eyerman notes, the effects of trauma on the

In examining the mechanism of cultural trauma, Eyerman explicitly appropriates the psychological trauma concept of pain or injury in his previous quote. More importantly, he departs from the model that views the reaction to traumatic experiences as unspeakable or unrepresentable. Of course, people who suffer from psychological or personal trauma (arguably first-hand

²¹ For the sake of clarity and simplicity, I am not going to provide an exhaustive explanation of cultural Trauma, but a selective one because cultural trauma is a large field of study in sociology, and if one delves into its deep, complex process, one is afraid to stray from the purpose of this dissertation.

experience) may simultaneously suffer from cultural trauma as members of a community or collective whose identity has been permanently changed by the cataclysmic event. The contrary is not true, though.

According to a recent study on the inheritance of pain by a variety of therapists and theorists, children may acquire "memories" about events they did not personally experience. It is the parents' body language and emotions that cause the transmission in question, rather than some mythical genetic inheritance²². This holds for the entire community.

According to a constructionist interpretation of cultural trauma, the latter is predicated on a mediation and meaning-making process. That is, the generations afterward, who were not directly affected by the tragedy, still recognize, express, and accept the wounds of the past as a part of their unity. The parallels and discrepancies between cultural trauma and personal (psychological) trauma should be highlighted in this instance.

Even though cultural wounds from the past do not show up as PTSD, they are nonetheless acknowledged by succeeding generations as damage to the social fabric and the collective identity. An excellent illustration would be the Algerian conflict of the 1990s²³. Hundreds of innocent people were killed as a result of the demonstrations and the conflicts between the public, the police, and terrorists. This relates to the independence of Algeria from French colonization and the political system of that era. Even while none of the protesters during the 1990s crisis consider themselves to have been traumatized by colonization, they nevertheless bear scars from the past and continue to categorize and create these scars as "a loss of identity and meaning, a tear in the social fabric" (Eyerman, 2001:2).

Kai Erikson asserts the paradoxical claim that, when experienced collectively, trauma not only destroys the elements of culture but also fosters community in an article titled *Notes on Trauma and Community* (1991). This claim is very different from psychological trauma, which damages the psyche. Kai asserts, "Trauma shared can serve as a source of commonality in the same way that common languages and common backgrounds can" (1991:185). Cultural trauma thus stands in stark contrast to psychological trauma, particularly in light of van der Kolk's (2014) assertions regarding the isolation and loneliness associated with psychological trauma.

Remarkably, trauma can produce a kind of paradox: when individuals are traumatized, they

²² For more on the inheritance of suffering, see Kaplan on transposition in her book *No Voice is Ever Wholly Lost* (1995). She explained how parents unconsciously convey to their children a host of meanings that the child cannot process. See also Laplanche on how children receive "enigmatic signifiers" from their parents (1989:126)

²³ The events that took place in Algeria in the 1990s are known under multiple names. Sometimes referred to as the Black Decade or the Algerian Civil War. However, my supervisor and I are not taking any part in the naming whatsoever, but we are more interested in the events and their impact on the psyche of the Algerian Community. Thus, we agreed to call it a *crisis*.

feel set apart, alone in the experience, made special by the suffering they endure. But in the community, this sense of loneliness can turn, at least for some people, "a kind of calling, a status, where people are drawn to others similarly marked" (Erikson, 1991:186). Additionally, a sense of kinship may emerge from one's deepest sense of loneliness. "There is a spiritual kinship there, a sense of identity, even when feelings of affection are deadened and the ability to care numbed" (Erikson, 1991:186). According to Erikson, trauma has "both centripetal and centrifugal tendencies, efficiently pushing one away from the center while often simultaneously drawing one back" (1991:186). According to him, this feeling of social connectivity is frequently regarded as the community's controlling principle:

Traumatic experiences work their way so thoroughly into the grain of the affected community that they come to supply its prevailing mood and temper, dominate its imagery and its sense of self, and govern the way its members relate to one another.(1991:190)

It should be noted that Erikson is cautious in his statements; rather than the atrocity itself linking individuals together, it is their common experience of the incident and the ensuing pain.

Another point of difference between psychological and cultural trauma is temporality. Erikson holds that psychological trauma "breaks through one's defenses so suddenly and with such brutal force that one cannot react to it effectively", while cultural trauma has a more gradual effect, "working its way insidiously into the awareness of those who suffer from it" (Erikson, 2006:153-54).

However, it is crucial to note that Kai's interpretation of temporality differs from that of latency, or temporality, as defined by Freud and Caruth. Freud's temporality is described within pathological terms in his *Moses and Monotheism*: "The time elapsed between the accident and the first appearance of the symptoms is called the 'incubation period', a transparent allusion to the pathology of infectious disease" (Freud, 2010:84).

Similar to this, Caruth contends that the traumatic event cannot be directly accessed; rather, its force is what is known, comprehended, and even experienced right away. "precisely in its temporal delay" (Caruth, 1996:9).

The conclusion finally restates the fact that cultural traumas are not created by the event itself, but rather are shaped or recognized over time by specific carrier groups or what Alexander (2004) referred to as agents of memory. The ability of memory-making and meaning-making organizations to create cultural trauma is a function of their success; the more powerful the voice, the more likely the incident is to have a lasting and widespread impact on the community.

II.5 Memory

Without memory, people are unable to do many many functions. They have no power to

speak, identify objects, read, remember and maintain relationships. Foster also discusses the intricate role of memory and how it projects itself on later events, 'Memory is far more than simply bringing to mind information encountered at some previous time. Whenever the experience of some past event influences someone at a later time, the influence of the previous experience is a reflection of memory for that past event (Jonathan Foster, 2008:03). Therefore, every single act in our social life depends on the strength of our memories. Personal memories contain information about social codes and conventions of behavior, which permit us to communicate with others successfully. Remembering is what helps to retrieve our memories. In *Memory in Culture* (2011, 8) Astrid Erll claims, 'Re-membering is an act of assembling available data that takes place in the present. Versions of the past change with every recall, in accordance with the changed present situation. Individual and collective memories are never a mirror image of the past, but rather an expressive indication of the needs and interest of the person or group doing the remembering in the present'

II.5.1 Traumatic Memory

Traumatic memory differs from nontraumatic memory because traumatic experiences are processed differently than nontraumatic ones (Van der Kolk & van der Hart, 1991). Flashbacks and unconscious recollection are perhaps the two types of memory phenomena that trauma survivors encounter. In this context, flashbacks are often referred to as intrusive memories.

According to Ehlers and Clark (1991), the latter can be defined as intense visuals of the traumatic event that give patients the impression that they are experiencing the past in the present. Additionally, these intrusions are described as being sudden and severe, forcing victims to distance themselves from the pain to cope (Vickroy, 2015). Herman makes the intriguing claim that the traumatic event is stored in "an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and as traumatic nightmares during sleep" (Herman, 2015:37). Janet's account of his hysterical patients, who appeared to be controlled by an *idée fixe*, which causes painful memories to be stored differently from regular memories, serves as the foundation for Herman's theory. Janet explained the distinction in further detail:

Normal memory, like all psychological phenomena, is an action; essentially, it is the action of telling a story. ... A situation has not been satisfactorily liquidated until we have achieved, not merely an outward reaction through our movements, but also an inward response through the words we address to ourselves, through the organization of the recital of the event to others and ourselves, and the putting of this recital in its place as one of the chapters in our personal history. ... Strictly speaking, then, one who retains a fixed idea of a happening cannot be said to have a "memory" . . . it is only for convenience that we speak of it as a "traumatic memory" (Herman, 2015:37).

According to Herman (2015) and Van der Kolk and Van der Hart (1991), traumatic memories are overwhelming, frozen in time, and devoid of linguistic description and context. According to Vickroy (2015), people's recurrent actions may be explained by this. She goes on to explain that the majority of trauma survivors recall the traumatic incident, "though they might try to avoid the sense or the visceral memories returning them to that scene" (Vickroy, 2015:8).

In contrast to intrusive recollections, which are a typical sign of trauma, amnesia is the inability to access or recall memories of the traumatic experience. Amnesia, according to Ronald Comer, is a "loss of memory" that cannot be explained in terms of average forgetting since it results from stressful events rather than "organic factors" (Comer, 2015:144).

Trauma experts contend that amnesia and intrusions result from the mind's aberrant processing of traumatic experiences, which often defy the regular flow of autobiographical memories (van der Kolk, 2014). Traumatic memory is "poorly elaborated and inadequately integrated into its context in time, place, subsequent and previous information, and other autobiographical memories," according to Anke Ehlers and David Clark (Ehlers & Clark, 1991:325). As a result, trauma survivors are unable to consciously remember the horrific incident, and it continues to haunt them in the form of dreams and flashbacks. A common theme in the literary portrayal of trauma is the nature of traumatized memory.

II.6 Narrativization Theory (Healing)

As David states, "People are always more than the problems they face" (Epston, 1994:45). The narrativeization idea states that people use stories to interpret their lives and experiences. People can gain a deeper understanding of their identities, experiences, and changes by reading these first-person narratives. Narrativization can be a highly powerful tool for healing, especially following emotional or psychological trauma. By giving people a way to process their pain and find meaning, it facilitates moving on.

White Michael and David Epston (1990), the pioneers of narrative therapy, emphasized the profound influence that personal storytelling has on an individual's life and interpersonal connections. To highlight the importance of personal narratives in understanding life experiences and events, they suggested that "people's lives and relationships are shaped by the stories that they tell about themselves." How someone describes an extremely difficult event, such as trauma, loss, or grief, can have a big influence on how they deal with it emotionally. For instance, when someone describes their experience as a victim, they could feel trapped in their pain and helpless. However, if the same person reframes the incident and sees themselves as a survivor, they may feel stronger and hopeful. The story one tells about an experience can drastically influence one's emotional and psychological response, even when the objective facts of the experience remain the same. In light of this, story therapy has the potential to be a transformative technique that aids

individuals in altering the interpretation they assign to their struggles, resulting in healing and empowerment. White and Epston (1990) assert that this change in narrative can be a powerful tool for changing one's identity and perspective on life's challenges. According to Michael, "The problem is the problem. The person is not the problem." (White, 1995:22). He emphasizes how crucial it is to separate the person from the problem. Rather than viewing someone as the problem. It suggests that the problem is an outside force affecting the person. This shift helps people see their identity as apart from their problems, which enables them to adjust how they relate to the problem rather than blaming themselves.

Through narrativeization, people can "re-author" their lives, changing the way they talk about their past to emphasize change, optimism, and strength instead of just hardship or adversity (White & Epston, 1990). Epston also states that "Through re-authoring the narrative, people can transform the meaning they attach to their lives, their relationships, and their problems." (Epston, 1994:25). This approach helps people find fresh meaning in their experiences while fostering chances for personal growth and healing. According to Michael, "We are the authors of our own lives, and the stories we tell about ourselves shape our experiences." (White, 2007:17). A leading figure in narrative medicine, Rita Charon (2006), asserts that "we make sense of our lives by telling and hearing stories." demonstrating that storytelling is a tool for understanding both ourselves and other people in addition to being a means of expression. Through her work with patients, Charon discovered that when healthcare professionals truly listen to their stories, deeper connections are formed and a more complete picture of the patient's experience is presented. In addition to treating a disease, it's critical to recognize the emotional and personal journey that underlies it. Both narrative therapy and narrative medicine stress the power of stories to alter people's perceptions of themselves and their future, making them an essential tool for both mental and physical healing.

As mentioned earlier, White and Epston (1990) created the powerful idea of "re-authoring" one's life, which helps people view their experiences differently by highlighting their virtues, resilient moments, and talents. Instead of becoming sucked into negative narratives, people are helped to craft new ones that better reflect their goals and values. As they stated, narrative therapy "seeks to enable people to make more room in their lives for the preferred stories of their identity" (p. 16), empowering people to rewrite their perceptions of themselves in more constructive and positive ways. Due to the dominant problem-driven narratives that have taken center stage, these favored narratives are often obscured and not invented. People may feel more empowered and in control of their lives if these more positive and meaningful stories are highlighted. This change makes it possible for people to "see themselves as separate from their problems," which promotes growth and change, according to Payne (2006). Thus, narrative therapy creates a space where individuals can heal and regain their voice and future vision.

Storytelling in therapy can be an effective healing technique, especially for people who have experienced trauma or emotional discomfort. After traumatic experiences, many people feel disconnected or lose their sense of purpose in life. However, sharing their tale, particularly with an

understanding and judgment-free listener, may help them regain that sense of identity and purpose. White and Epston (1990) emphasized that "when people's stories are acknowledged and respected, they feel more richly known" (p. 13), illustrating how important it is for people to feel completely heard. Receiving this type of listening can help people rediscover their feeling of dignity and worth by making them feel less alone and more valued. Morgan (2000) asserts that story therapy aids people in "finding the threads of strength and meaning in their experiences," which helps them regain control over their lives. As individuals begin to view their experience in a new light—one that includes bravery, survival, and optimism—they can start to move on with a revitalized sense of who they are and what they can become.

A large number of scholars agree that storytelling is a powerful tool for fostering emotional and psychological healing. People who have been unwell or traumatized are referred to by Frank (1995) as "wounded storytellers," suggesting that through expressing their stories, they can rediscover parts of themselves that may have been hidden or lost because of suffering (p. 3). People can understand their suffering and, more importantly, its meaning by sharing their tales. Writing about painful or distressing experiences may improve people's mental and physical health and allow them to express their emotions, claims Pennebaker (1997). By putting their thoughts and emotions into words, people can begin the healing process and better order their inner world. These findings strongly complement the work of White and Epston (1990), who argued that storytelling is a tool for transformation rather than just communication. Through storytelling, people can move from feeling powerless over their problems to actively participating in the rewriting of their tales, which will be more resilient, mature, and purposeful.

Narrative theory, which was first developed in therapeutic settings, has been widely applied in several domains, such as healthcare, education, and community development, demonstrating the transformative power of storytelling. The significance of narrative in helping people find meaning and consistency in their lives was emphasized by White and Epston (1990), who stated, "Through the telling and retelling of stories, people develop a sense of continuity and meaning in their lives" (p. 13). They argued that this process allows individuals to shift the narratives of their experiences from problem-focused to more empowering ones. For example, telling personal stories in the classroom fosters empathy and self-awareness, which in turn helps children develop emotional resilience, as Bruner (1990) notes, "Narrative is a primary way of making sense of experience" (p. 39), supporting the idea that a story is a better way for people to arrange their experiences into a coherent sense of self. In social contexts, storytelling can be a therapeutic and social tool. In addition, as White and Epston (1990) proposed, "When people's stories are acknowledged and respected, they feel more richly known" (p. 13), creating spaces where individuals are understood and valued. In the medical field, narrative medicine encourages patients to talk about not just the clinical elements of their illness but also their emotional and psychological experiences. As Charon (2006) explains, "Listening to the stories of patients provides a fuller understanding of their experience of illness, which is essential for healing" (p. 7). Storytelling may help people go from suffering to hope, whether they are dealing with trauma,

bereavement, or a personal loss. People can regain control of their lives and write a new narrative that emphasizes tenacity, advancement, and strength by altering their life stories.

II.7 Conclusion:

In this theoretical chapter, I tried to give a considerable and coherent context about trauma theory, exhibiting early and contemporary views. The chapter also focussed on psychological and cultural trauma theories. It emphasized the manners and the ways in which individual and collective traumas differ. In addition, the work showed how memory as an intricate process is linked to traumatic events. This chapter suggested how narrative theory demonstrates the efficacy of stories as therapeutic tools. These ideas have helped many people change their lives by changing how they see themselves. When we tell our stories, especially in a supportive setting, we begin to see ourselves as resilient and strong rather than broken. Additionally, the mending process may last a lifetime.

Chapter Three:

Trauma and Healing in *A Pale View of Hills*

III .1 Introduction:

A Pale View of Hills (1982) is Kazuo Ishiguro's first notable novel. It focuses on the scary and terrible consequences of the World wars on the lives of the individuals as well in collection. Throughout the novel's story, one can discover the strong relation and the solid connection between memories and the traumatic event and how the process of remembering the past aggravates trauma and results in silence. Therefore, this chapter represents an in-depth analysis of the novel, its main characters and themes.

III.2 Echoes from *A Pale View of Hills*

The book *A Pale View of Hills* introduced by Kazuo Ishiguro , which was published in 1982. It is a delicate and psychologically complicated novel that explores themes including memory, loss, and trauma's emotional aftereffects. The protagonist, Etsuko, a middle-aged Japanese woman living in England, narrates the story in the first person as she considers her life after her oldest daughter, Keiko, recently committed suicide. The novel, which is framed by her conversations with her younger daughter, Niki, is a sequence of fragmented memories that weave together the past and present, posing questions regarding the accuracy of memory and the strategies people employ to prevent themselves from unpleasant facts. "Memory, I realize, can be an unreliable thing; often it is heavily coloured by the circumstances in which one remembers" (Ishiguro, 1982:54).

Etsuko's memories center on a summer soon after Japan's loss in World War II, set against the backdrop of post-war Nagasaki. In her recollections of Nagasaki, Etsuko talks about her friendship with Sachiko, a wealthy woman who now lives in a rundown cottage with her problematic daughter named Mariko. Sachiko articulates her intention to move to America with her American partner, Frank, regardless of Mariko's evident distress, leading Sachiko and Mariko's interactions to become more chaotic, with Sachiko finding it difficult to keep control and Mariko escaping into fantasy. Meanwhile, the protagonist Etsuko watches but barely steps in, preferring to think quietly about her own choices and situations. She occasionally makes a subtle comparison between Sachiko's experiences and her own: "Consequently, my picture of her present life is built largely upon speculation (Ishiguro, 1982:94), which suggests that identities are being projected or mixed.

As a story develops, Ishiguro blurs the line between invention and memory. The possibility that Sachiko is not a distinct person at all but rather a reflection of Etsuko's own repressed past is becoming more and more apparent. As emotionally isolated kids of mothers who decided to leave Japan, Mariko and Keiko share an unpleasant parallel as a result of this narrative ambiguity. And even though Etsuko never acknowledges being Sachiko directly, the similarities are so clear that the book encourages readers to see them as psychologically or metaphorically connected. The theme of guilt is deeply discussed, particularly throughout Etsuko's thoughts over her daughter's

eventual suicide. Her narrative portrays emotional restraint, matching her psychological repression by leaving important facts vague or subtle: "As with a wound on one's own body, it is possible to develop an intimacy with the most disturbing of things" (Ishiguro, 1982:54).

III.3 Trauma in *A Pale View of Hills*

Kazuo Ishiguro's novel *A Pale View of Hills* examines how the lives and memories of its protagonists are impacted by trauma from war, loss, and cultural change. The story happened during post-war Japan and England. The story is told through the recollection of a Japanese woman living in England named Etsuko, who talks about her memories of her life in Nagasaki following the atomic bombing and her relationship with her daughters in her reflections. Trauma is not explicitly addressed in the book; rather, it is implied through characters' actions, silence, and distorted memories.

Throughout the story, trauma appears in one way, which is Etsuko's vague and sometimes confusing memories. She frequently avoids discussing tragic incidents directly, particularly those involving her daughter Keiko's suicide. She chooses to concentrate on her friendship with a woman named Sachiko and her lifetime spent in Japan. When discussing Keiko, for instance, Etsuko states, "Keiko was a very unhappy child. She lived in a world of her own" (Ishiguro, 1982:10). This tone of detachment implies that Etsuko is emotionally apart from her trauma, perhaps as a coping mechanism for the death of her daughter.

One could argue that Etsuko uses her recollections of Sachiko and her daughter Mariko to express her regrets and guilt. In the story, Sachiko is presented as a careless mother who plans on leaving Japan with an American soldier, while Mariko is a troubled girl who may be experiencing a hallucination in which she sees a woman in the woods. Etsuko usually defends Sachiko's decisions, which might be an attempt on her part to defend her previous choices. When Mariko vanishes, and when her mother, Sachiko, reacts angrily, Etsuko remains silent, perhaps out of guilt. She says, "I suppose I just stood there. I remember feeling quite helpless" (Ishiguro, 1982:139). Her sense of helplessness in her previous role as a mother may be reflected in this situation, illustrating how trauma can lead people to project their feelings onto other people. Therefore, as a child, Mariko also exhibited symptoms of trauma. She tends to be quiet and afraid, and her allusion about the "woman in the woods" increases the possibility that an unexplainable fear plagues her. These visions may be symbolized by her psychological distress and her inability to handle change and instability in her life. Etsuko illustrates how trauma can emotionally separate kids by describing Mariko's face as having "a strange, faraway look" (Ishiguro, 1982:101).

Another significant theme in the book is the trauma of war and cultural displacement, which play a crucial role throughout the novel. Although Etsuko's move to England signifies her separation from her past, she nevertheless bears the emotional weight of her past. She makes an

effort, seeking to join in a new culture, but her daughter Keiko ends up feeling isolated and depressed. It is stated by Etsuko that “Keiko never really fit in” (Ishiguro, 1982:27), shedding light on the emotional cost of abandoning a sense of self and home. Etsuko and Keiko's generational and cultural differences add to the emotional anxiety, and Etsuko's difficulty discussing it demonstrates how trauma can result in silence.

Ishiguro illustrates how people attempt to deal with trauma through memory. The narrative's ambiguity and contradiction highlight how self-defense, remorse, and guilt can shape memory. Etsuko's account of what happened might not be entirely accurate, indicating that she is attempting to avoid facing up to unpleasant realities. According to one critic, “Etsuko’s narration is shaped by emotional avoidance and indirect confession” (Wong, 2005:118). The quiet, introspective tone of the book aids in expressing the inner conflicts of characters who have gone through change and loss.

A Pale View of Hills demonstrates the profound and enduring effects of trauma on individuals. Ishiguro portrays trauma through Etsuko, Sachiko, and Mariko as a quiet presence that affects memory, relationships, and identity rather than as a loud or violent incident. The novel's nuanced and indirect tone effectively conveys the difficulty of discussing trauma, particularly when it incorporates guilt, societal shifts, and the death of a loved one.

In *A Pale View of Hills*, Kazuo Ishiguro narrates the tale of Etsuko, an English woman who reflects on her past during the post-World War II period. The novel shifts between her present life and her memories of Nagasaki, just after the war. Ishiguro examines the aforementioned themes of memory, guilt, and change through Etsuko's thoughts and experiences. Etsuko's story is not only personal, but it also illustrates the challenges that many Japanese people encountered as they attempted to start over in a drastically altered post-war society.

After the war, Etsuko's existence in Nagasaki was characterized by hardship and uncertainty. The city, devastated by the atomic bomb, is a quiet but overpowering presence in the background of her memories. People are making an effort to move on from their painful memories, even though the profound wounds caused by the war remain. As Etsuko recalls, “The war changed everything. It had left the city full of empty spaces, and people tried to fill them again with normal life” (Ishiguro, 1982:72). These “empty spaces” stand for cultural and emotional losses in addition to actual physical harm. Like a lot of other people, Etsuko is having trouble finding optimism and stability.

Etsuko uses her relationships as a coping mechanism. She thinks of her friend Sachiko, a woman who is attempting to start a new life. Sachiko is determined to give her daughter a better life and hopes to move to the United States with an American soldier. Etsuko observes her friend with worry, though she appears to understand her friend's wish to flee. When Sachiko states, “We have to start again. That’s what everyone’s doing now,” Etsuko doesn’t argue (Ishiguro, 1982:91). Even

though she doesn't say it out loud, her silence indicates that she has the same wish. According to these recollections, Etsuko may be looking for a way out of her suffering or guilt.

Etsuko begins living a new life after moving to England. However, she could not stay away from her past. Besides, her younger daughter Keiko grows up isolated and unhappy, Unable to adapt completely to a new life in a new country. Although she doesn't talk about it publicly, Etsuko seems to keep a silent guilt about this. When discussing Keiko's difficulties, Etsuko frequently refrains from providing definitive responses. For example, she says, "It's hard to explain... perhaps I wasn't the best mother, but I tried" (Ishiguro, 1982:138). Her words imply that she places the guilt on herself but is unable to accept the whole reality. Ishiguro illustrates how memory can cover up or protect unpleasant realities with this ambiguity.

Throughout the story, Etsuko's recollections appear unclear or unreliable. At moments, it seems as though she is narrating someone else's narrative rather than her own. According to many readers and critics, Sachiko is no more than an alter ego of Etsuko because the protagonist Etsuko may be reflecting herself in Sachiko, and the story of Sachiko and her daughter is a means for Etsuko to speak about her own life without confronting it directly. This notion has been reinforced by the similarity of their lifestyles and the passion Etsuko exhibits when talking about Sachiko. As Ishiguro (1982) states, "We can sometimes deceive ourselves so deeply, we remain unaware of it" (p. 147). The basic idea of the novel is captured in this line: people frequently alter or forget painful memories to avoid or to change them.

Tens of thousands of people were murdered instantly, and many more suffered from long-term radiation consequences in Nagasaki following the atomic attack on August 9, 1945

III.4 Types and Dynamics of Trauma in *A Pale View of Hills*

Ishiguro illustrates personal trauma as distinct from, yet intricately linked to, the collective trauma of the bombing through the lives of Etsuko, her daughter Keiko, and her friend Sachiko.

III.4.1 Psychological Trauma in the Novel

A Pale View of Hills by Kazuo Ishiguro examines the psychological and emotional aftermath of tragedy, conflict, and personal loss. Ishiguro illustrates how psychological trauma can result in internal conflict, guilt, and memory suppression through Etsuko's memories and relationships. The story explores how the mind handles experiences that are too difficult to face directly through Etsuko's unreliable narration and the subtle similarities between her and the mysterious character, Sachiko.

The novel's primary source of psychological tension in the story is Etsuko's selective and disjointed recollection. She seems to be attempting to make sense of her past tragedies, such as her daughter Keiko's suicide, based on her narration. But rather than talking candidly about Keiko, Etsuko concentrates on her recollections of Nagasaki after the war and her brief association with

Sachiko and Sachiko's daughter, Mariko. This decision raises the possibility that Etsuko is psychologically avoiding facing her challenging past by turning to Sachiko's recollection. She might be protecting herself from the pain of recalling what happened by putting her guilt onto Sachiko. "Memory, I realize, can be an unreliable thing" (Ishiguro, 1982:156). This line, which appears near the novel's end, emphasizes the themes of memory suppression and the unreliability of trauma-shaped personal narratives.

Etsuko uses indirect language to convey her guilt. She never discusses her part in Keiko's misery or death in an honest manner. Rather, she remembers moments that imply her emotional detachment from Keiko and her discomfort with her decisions, such as her relocation from Japan to England, which might have caused her daughter to become isolated. Contradictions in her narrative and times of denial reveal her internal battle. She frequently dismisses or contests her recollections, stating things like, "Perhaps I am simply getting old... my memory has been playing tricks on me" (Ishiguro, 1982:33). This ambiguity stems from psychological efforts to avoid admitting guilt and pain, not only from aging.

Etsuko herself is reflected in the character of Sachiko, who is portrayed as a single mother with a problematic child. Despite her daughter Mariko's resistance, Sachiko talks about leaving Japan with an American man to pursue a better life. These scenes hint at a parallel narrative that Etsuko is unable to reveal explicitly and mirror her own choices. Etsuko leaves the reader to speculate as to whether she is referring to her history when she discusses Sachiko's seeming disregard of Mariko. The line, "It was never my intention to neglect her. But sometimes we have to make decisions" (Ishiguro, 1982:82), can convey Etsuko's justification for the decisions that led to Keiko's isolation and eventual death.

The emotional detachment could indicate that Etsuko is experiencing guilt over comparable decisions, such as abandoning her child in Japan. The knowledge that Etsuko's older daughter, Keiko, committed suicide in England strengthens this notion. In addition to being sad, Etsuko expresses a sense of powerlessness when discussing Keiko. She says, "It's hard to see things clearly, from such a distance in time" (Ishiguro, 1982:172). Her ambiguous language reflects a more profound emotional struggle. She can feel guilty for removing Keiko from her native country or failing to sympathize with her daughter's suffering. However, Etsuko chooses to use stories, like the one about Mariko, that can be symbolic representations of the past rather than confronting these emotions directly. She can express her feelings using this method without having to face the reality straightaway. There is no loudness or drama associated with the emotional anguish in *The Pale View of Hills*. Rather, it is silent, buried under daily conversation and vague recollections. Ishiguro's ability to depict how trauma may influence a person's life without always being obvious is one of his greatest literary skills as a writer. Etsuko has survived cultural change, loss, and conflict. However, these memories continue to have a profound impact on her years later. Her omission and indirect storytelling highlight the long-term consequences of psychological trauma. She does not think about some things since they hurt too much. She occasionally even

acknowledges this to herself. Saying, "There are things one would rather not remember" (Ishiguro, 1982:73).

III.4.2 Collective Trauma in *A Pale View of Hills*

Kazuo Ishiguro examines in his work the profound effects that post-war Japan's collective trauma, particularly the bombing of Nagasaki, had on people's thoughts and lives. Ishiguro illustrates via Etsuko's memories how the suffering and devastation brought about by the war affect society as a whole as well as the thoughts, actions, and emotional problems of specific individuals. Through first-hand accounts, the story illustrates how societal trauma may cause severe emotional damage, affect familial ties, and lead people to hide from unpleasant realities.

Nagasaki, the location for much of the narrative, serves as a symbol of catastrophe and change. The city experienced emotional and cultural collapse in addition to physical devastation following the 1945 dropping of the atomic bomb. This sense of loss and uncertainty is reflected in Etsuko's recollections. She says, "That summer in Nagasaki... we lived in the shadow of what had happened. People spoke less, as if words were not enough" (Ishiguro, 1982:72). This quotation demonstrates how the psychological as well as physical damage left individuals silent and confused. The collective wound caused by the bombing and its aftermath influenced how individuals viewed themselves and their future.

Etsuko's psychological state is strongly connected to this collective trauma. She appears to be repressing unpleasant realities based on her disjointed recollections and the strange manner she remembers the past. To illustrate how trauma can affect perception, the novel frequently blurs the boundaries between memory and imagination. Although Etsuko recalls a woman named Sachiko and her daughter Mariko, many scholars believe that Sachiko is a projection of Etsuko, who is attempting to deal with her grief and regret. When Sachiko says, "You're right, Mariko is not an easy child... but she's seen a lot for someone her age," it reflects how children, too, absorb the trauma of their environment (Ishiguro, 1982:98). Another way to interpret this line is as Etsuko implying something about her daughter, who subsequently commits suicide. Generation after generation has been affected by the catastrophe in Nagasaki, demonstrating how intensely shared suffering may become personal.

The novel's characters frequently exhibit emotional detachment or disengagement, which is a typical response to tragedy. Etsuko's connection with her daughters is characterized by misunderstanding and silence. She says, "It was never easy, talking to Keiko. She was always such a private person" (Ishiguro, 1982:10). However, it is evident from her description of Keiko that their separation may have deeper causes, maybe because of the emotional harm inflicted by their shared past. Keiko seemed to bear a burden of not belonging anywhere, despite having grown up in both Japan and England. Her eventual suicide demonstrates the lasting consequences of unresolved

trauma, even if it is not immediately recognized.

Nagasaki citizens, like Etsuko, were attempting to reconstruct their lives following the war, but the psychological harm was frequently overlooked or unspoken. Sachiko's wish to leave Japan for America is a reflection of her need to flee both her mental and physical devastation. But her goals are filled with confusion and self-deception. She tells Etsuko, "We're going to America. Frank will take care of everything" (Ishiguro, 1982:102). However, there isn't much proof that her suggestions are realistic. Many characters share this desire to run away and start again, demonstrating how collective trauma may give rise to escape dreams even when the past is difficult to leave behind.

III. 5 Acute Stress Disorder in *Syndrome A Pale View of Hills*

Acute Stress Disorder (ASD) is a short-term mental health condition that may appear three days to a month after a distressing incident is experienced or witnessed. As per the DSM-5, an individual needs to exhibit a minimum of nine symptoms from any of the following categories: arousal (such as irritability or difficulty sleeping), dissociation (e.g., feeling detached from reality), avoidance (such as avoiding reminders of the trauma), negative mood (such as feeling emotionally numb), and intrusion (such as flashbacks or insomnia). These symptoms must be very distressing or interfere with day-to-day activities..

The examination of Kazuo Ishiguro's novel shows how the characters deal with severe psychological distress, especially when they exhibit symptoms similar to acute stress disorder. The story, which is influenced by trauma and memory, reveals how characters battle severe psychological reactions after tragic events. Ishiguro depicts emotional dislocation and unresolved trauma in a subtle and haunting way through Etsuko and Sachiko. As is characteristic of acute stress disorder, Etsuko, the narrator, regularly exhibits symptoms of emotional detachment and disorientation. Her thoughts on the past are frequently fragmented, ambiguous, and haunted by feelings of loss and guilt. At the very beginning, Etsuko's thoughts shift between recollections and current thoughts, frequently without any discernible difference. For example, when she says, "Memory, I realize, can be an unreliable thing; often it is heavily coloured by the circumstances in which one remembers" (Ishiguro, 1982:1), she draws attention to how unstable and unreliable her perspective is. It is possible to interpret this confusion as a sign of the detachment and altered awareness that are common during acute stress reactions.

One of the main symptoms of ASD, emotional numbness, is also explored in the novel. Etsuko's lack of emotional engagement can be seen in her relationships with other people. She has a tense connection with her daughter Niki and avoids confronting traumatic events. She makes this avoidance clear when she says, "But such things are long in the past now and I have no wish to ponder them yet again" (Ishiguro, 1982:9). Such remarks reveal a protective mechanism used to suppress distressing feelings. Sachiko, as the main character presented through Etsuko's recollections and serves as a mirror to Etsuko's psychological state as well, in addition to Her behaviors, including leaving her daughter Mariko alone and having an affair with an American

soldier, point to a last-ditch effort to escape away from the lingering effects of war. one of Etsuko's recollection of Sachiko's behavior, "She was gazing down into the vegetable box through the wire gauze. She slid open a panel, brought out a kitten, and shut the box again. She held the kitten in both hands, looked at it for a few seconds, then glanced up at me" (Ishiguro, 1982:167), shows the emotional turmoil and alienation that both ladies went through.

With its erratic narration and fragmented memories, the novel's structure illustrates how traumatizing events might be processed disorderly. Furthermore, highlighting the widespread impact of trauma on individual identity are Etsuko's selective recall and the blending of her and Sachiko's identities. The idea of dissociative projection, in which people project their painful memories into other people to avoid directly facing them, is consistent with this storytelling technique.

III.6 Post Traumatic Stress Disorder Syndrome in *The Pale View of Hills*

Post-Traumatic Stress Disorder (PTSD) symptoms are evident throughout, particularly in Etsuko's recollections of her past, her repression of emotions, and her detached and uncertain storytelling. How Etsuko remembers the past is one reason that shows symptoms of PTSD in the novel. She has fragmented, disjointed memories that shift around between different periods. According to the American Psychiatric Association (2013), traumatic experiences might reappear suddenly and produce confusion or anxiety; this is a common symptom of post-traumatic stress disorder (PTSD). Etsuko often starts a story but never finishes it, or she continues without clarifying its emotional significance. For example, she says, "Memory, I realize, can be an unreliable thing... the recollection of an event can often be changed by what happens afterwards" (Ishiguro, 1982:156). This statement demonstrates her lack of confidence in her memory and how trauma has affected her ability to trust her mind; this confusion particularly makes it difficult to remember her daughter Keiko's suicide. Her use of ambiguous and dispassionate language, along with her avoidance of direct discussion, raises the possibility that she is burying unpleasant emotions as a coping mechanism.

Another sign of PTSD that is evident throughout the novel is emotional numbness and detachment. Etsuko maintains a composed, controlled voice. Even while talking about extremely tragic situations, such as the death of her daughter. She frequently refrains from expressing her emotions or reacting to them. For example, when talking about Keiko's death, she states simply, "It was a long time ago now. I try not to think about it too much" (Ishiguro, 1982:10). The choice to "not think about it" is indicative of a defense strategy frequently observed in PTSD sufferers, who may suppress memories or feelings that are too painful to confront (Herman, 1992). The way she characterizes other people also reflects this emotional flatness. Rarely does Etsuko express concern or compassion, even for those in need, such as the reclusive and disturbed Mariko. As if she's scared to approach anyone's suffering, including her own, she instead observes in silence.

The character of Sachiko might also be understood as a reflection of Etsuko's suffering.

According to several critics, Sachiko and Mariko are merely representations of Etsuko's guilt and memories rather than actual persons. This notion is reinforced by the striking similarities between Sachiko's story and Etsuko's own life. Like Etsuko, Sachiko is a single mother attempting to leave Japan for a new life in the West. Mariko, with her disturbed behavior and silent suffering, is similar to Keiko in many ways. If Sachiko is a projection of Etsuko's trauma, then her repeated inability to protect or comprehend Mariko reveals how Etsuko feels about her past actions. Etsuko once remarks about Sachiko: "She was not a bad mother. But she was weak. She made mistakes" (Ishiguro, 1982:120). Etsuko's self-judgment may be reflected in these statements. These words may reflect how Etsuko judges herself. This kind of internal blame is common among trauma survivors, who often feel guilt and responsibility for things they could not control (Van der Kolk, 2014).

Nagasaki's post-war setting contributes to the traumatizing atmosphere of the novel. The city is still in the process of healing from the atomic bomb, and the psychological and physical scars it has sustained reflect the deep pain of its citizens. Although Ishiguro never explicitly mentions the bombing, its ramifications are evident in the characters' sense of loss, the broken families, and the silence. The suffering was not only personal but also collective; society as a whole attempts to move on from the tragedy it has experienced. The novel's examination of PTSD is further enhanced by this silent, shared tragedy, which demonstrates how people like Etsuko are influenced by both their suffering and the larger collective events.

III.7 Vulnerability to PTSD in *A Pale View of Hills*

Furthermore, the novel effectively portrays the characters' vulnerabilities mainly through the experiences of the protagonist Etsuko. To show how these elements interact to form the characters' identities and traumas, the story explores issues of gender, motherhood, displacement, and the aftermath of war.

Etsuko's gender and the expectations society placed on her as a woman in post-war Japan have a significant impact on her vulnerability. The novel subtly criticizes the traditional roles that women are expected to play, emphasizing the psychological and emotional costs associated with these duties. The experiences of Etsuko are consistent with Judith Herman's claim that recurrent trauma, particularly during childhood, "forms and deforms the personality," causing people to adjust in ways that undermine their sense of self. Another important element that contributes to vulnerability in the novel is motherhood as well. Etsuko's relationship with her daughters is characterized by silent pain and emotional isolation, especially with Keiko. Keiko's untimely death highlights the terrible effects of unresolved trauma and the grief that is passed down through generations. This supports Bessel van der Kolk's theory that trauma creates physical and mental scars that frequently keep people stuck in their past. Displacement further makes the characters' weaknesses much worse. By leaving behind her familiar cultural and familial ties, Etsuko's

relocation to England represents a mental and physical exile. Her feelings of isolation in a foreign country are representative of the difficulties confronted by those who migrate voluntarily or under force. Where significant psychological suffering may result from losing one's identity and home.

The novel's wartime setting exacerbates the protagonists' vulnerabilities. War trauma, especially the atomic bombing of Nagasaki, has a lasting impression on Etsuko's perceptions and recollections. The novel also shows how the horrors of war upend the "assumptive world"—the fundamental ideas about the world and oneself that people depend on for stability and meaning. To sum up, *A Pale View of Hills* provides a poignant examination of the complex concept of vulnerability.

III.8 Dissociation and Traumatic Memory in *A Pale View of Hills*

One of the most striking aspects of the novel is the way Etsuko's recollections are narrated in a quiet, calm voice that conceals more than it discloses. Her memories are incredibly unreliable, which raises the possibility that she is separating herself from upsetting experiences. Ishiguro portrays memory as fragmented and evasive, shaped by trauma and guilt, while subtly changing the narrative and revealing a striking resemblance between herself and another character, Sachiko. Although Etsuko presents her narration as calm and composed, it quickly becomes apparent that this composure could be a cover for emotional scars. The story is full of omissions, contradictions, and evasions. Etsuko frequently mentions her daughter Keiko, who committed suicide, but she does so in a cold and heartless manner. For example, she says, "Keiko had always been a very solitary girl. Even as a child, she'd kept to herself a great deal" (Ishiguro, 1982:10). Despite being true, this type of statement lacks emotional nuance, and the casual tone stands in stark contrast to the tragic subject matter. It is possible to view this emotional distance as a type of dissociation, a psychological defense mechanism used to prevent trauma from being faced.

Etsuko's relationship with Sachiko, a mysterious woman she recalls from her time in Japan, is one of the main ways Ishiguro implies Etsuko's dissociation. Sachiko and Etsuko share many similarities in their stories: both are single mothers who wish to leave Japan with their daughters, both express a wish to start over in the West, and both receive criticism for their parenting, as was mentioned previously. However, Sachiko's appearance in the novel grows more strange. Her persona might not be authentic, or at the very least, not distinct from Etsuko's. According to critics, Sachiko is a projection or a version of Etsuko, which enables her to talk about her past deeds while separating herself from them. As Sachiko tells Etsuko, "Sometimes I wonder if I did the right thing... dragging Mariko halfway across the world like that" (Ishiguro, 1982:154). Even though Sachiko made this statement, Etsuko may have regretted it for her daughter Keiko, who also had a hard time adapting to life in England.

The storytelling becomes less trustworthy as a result of this identity merging. Etsuko informs the reader that she is recalling things that happened decades ago, but her memories appear overly detailed and controlled, casting doubt on their accuracy. It becomes difficult to distinguish between

memory and imagination. At one point, Etsuko says, "Memory, I realize, can be an unreliable thing... the recollection of things is never the same as the reality" (Ishiguro, 1982:156). This admission demonstrates how trauma may affect memory, not simply by distorting the facts, but by separating the self into parts. By narrating her tale from the perspective of another woman, while avoiding complete accountability or conflict, Etsuko can talk about her suffering.

Although it is never made clear in the novel whether Sachiko is real or just a creation of Etsuko's imagination, this uncertainty is essential to Ishiguro's examination of trauma. Instead of providing definitive solutions, Ishiguro uses the structure of the novel to depict the inner state of a person unable to confront her past straight away. A mind that has been shaped and traumatized by previous incidents is suggested by the quiet tone, the story's gaps, and a strange character merging. Similar to the psychological impacts of trauma in real life, Etsuko's dissociation is subtle and persistent rather than dramatic or evident.

III.9 Healing in *A Pale View of Hills*

Even if the characters make an effort to move on with their lives, the narrative implies that many of them still lack true healing..

III.9.1 Healing through Early Trauma Theory

The main character, Etsuko, in Kazuo Ishiguro's debut novel *Pale View of Hills*, struggles with recollections of her past, especially her daughter Keiko's suicide. Etsuko's story is characterized by a conscious evasion of unpleasant realities, a psychological approach consistent with early trauma theories. Her repression and the fragmented nature of her memories are similar to the theoretical frameworks presented by Sigmund Freud and other early trauma theorists, as well as by more recent scholars like Cathy Caruth.

Etsuko's refusal to journey back to earlier times is made apparent by her frequent claims that certain matters are "long in the past now" and that there is "nothing to be gained in going over such matters again" (Ishiguro, 1990:91). Freud's idea of repression, in which the mind forces upsetting memories from conscious awareness in order to prevent the individual from psychological harm, is reflected in this denial and suppression of painful events. It can be an explanation that Etsuko's avoidance is an active defensive strategy to preserve psychological equilibrium rather than just a passive forgetting technique. However, Etsuko's subconscious mind betrays her despite her conscious attempts to repress these memories. She has strong memories of Keiko's death and the events that preceded it, indicating that the suppressed trauma is still affecting her attitudes and actions. This type of phenomenon is consistent with Cathy Caruth's theory of trauma, which holds that an event is not fully understood but that later haunts the survivor, frequently in the form of intrusive recollections or flashbacks (Caruth, 1996). In addition, Etsuko's story is mixed with

contradictions and ambiguities, especially when it comes to her recollections of her daughter and their time spent in Japan. A fragmented timeline reflecting the unsettling impact of trauma on memory is produced by the unreliable narrative and the merging of past and present memories. This narrative structure is a perfect example of Dominick LaCapra's concept of "acting out" and "working through" trauma, in which the survivor alternates between trying to process the painful events and reenacting them (LaCapra, 2001).

III.9.2 Healing through Contemporary Trauma Theory

Throughout the story, the protagonist Etsuko's worldview is strongly shaped by her horrific experiences, especially her daughter's suicide and the lingering shadows of her country Japan after the war. Ishiguro explores the intricacies of memory, guilt, and identity through a fragmented story and unreliable memories, showing how Etsuko's trauma changes her understanding of the world and herself.

Etsuko's narration is full of ambiguity and temporal dislocation, reflecting how trauma may be bewildering. She admits that her recollections are not always accurate, stating, "Memory...can be an unreliable thing; often it is heavily colored by the circumstances in which one remembers" (Ishiguro, 1982:41). This acknowledgment highlights the difficulties trauma survivors encounter attempting to piece together cohesive accounts of their past. The novel's structure, which alternates between the past and present without obvious boundaries, reflects the disjointed manner in which terrible memories reappear frequently without prior notice or context.

Etsuko's vision of her history is metaphorically represented by the "pale view of hills" motif. She looks out the window of her flat to the hills, which provide a faint and far-off shape on clear days. This image symbolizes the tenuous connections she has with her memories and the imprecision of her comprehension of the past. Like her memories, the hills are both present and distant, clear yet obscured, mirroring the emotional detachment she keeps from her horrific past. Etsuko's pain revolves around her relationship with her daughter Keiko. She becomes more reclusive after relocating to England, which leads to her suicide. Etsuko's guilt is clear she admits, "I knew all along she wouldn't be happy over here" (Ishiguro, 1982:176).

This admission demonstrates her internalized guilt and the significant effect her emigration choice had on her daughter's well-being. Etsuko's perception of her own past is further complicated by the introduction of Sachiko, a woman whose experiences are similar to her own. The parallels between Etsuko's connection with Keiko and Sachiko's relationship with her daughter Mariko make it impossible to differentiate between imagined and actual events, blurring the boundaries between Etsuko's recollections and projections. Etsuko's description of Sachiko's actions, including drowning Mariko's kittens, is a startling mirror of her own anxieties and feelings of sorrow over Keiko's death. Etsuko uses a variety of coping strategies, including dissociation and

suppression, to deal with her trauma throughout the novel.

III.10 Narrative as Healing

In *A Pale View of Hills* story, which is full of Cathartic Narrative and Fictionalization as Coping, and in order to deal with trauma and painful experiences, including her daughter's suicide, the protagonist Etsuko uses the act of fictionalizing events. Ishiguro examines memory, guilt, and the intricacies of self-deception using this narrative technique, showing how people can recreate their past in order to shield themselves from unpleasant realities.

Etsuko intentionally leaves things ambiguous in her narration, especially when it comes to her relationship with Keiko. She admits that memories are not always accurate, stating, "Memory... can be an unreliable thing; often it is heavily coloured by the circumstances in which one remembers" (Ishiguro, 2005:41). The distinction between reality and fiction is frequently blurred in Etsuko's recollections of events, raising the possibility that they were created to satisfy her emotional demands rather than to give a true picture of the past. Etsuko's depiction of Sachiko and her daughter Mariko is a key component of her fictionalization. These characters act as a narrative displacement, seemingly derived from Etsuko's personal experiences. By concentrating on their life, Etsuko can distance herself from the grief and guilt she is suffering from. As noted by Cynthia F. Wong, "Etsuko remembers the 'friendship of no more than a matter of some several weeks one summer many years ago' in order to explain to herself what happened to Keiko" (Wong, 2000). This projection gives Etsuko an extent of objectivity and emotional control while enabling her to analyze her feelings in an indirect manner.

III.11 Unreliable Narration as Healing

Kazuo Ishiguro's novel, with its unreliable narration, deftly illustrates the intricacies of trauma and the healing process. The narrative's tone is established by this admission, which reflects the confused feeling of trauma and blurs the lines between the past and present. Although references to her daughter Keiko's suicide are scattered throughout her memories, Etsuko rarely discusses the incident specifically.

The reader's comprehension of Etsuko's background is further complicated by the narrative's structure, which alternates between her memories of wartime Japan and her life in England. The mystery surrounding Sachiko's identity, whether she might be Etsuko's younger self, highlights the novel's theme of self-deception and the challenge of confronting unpleasant realities. As noted by Ken Eckert (2012), "Etsuko's memories, though they focus on her neighbor's sorrows and follies, clearly refer to herself as well" (p. 77).

Etsuko's interactions with her daughter Niki also reveal her avoidance of confronting her sadness straight away. Despite the fact that Niki makes an effort to engage in a discussion about her

sister's death, but Etsuko avoids the subject, showing that she is unwilling to confront the underlying suffering.

III.12 Conclusion

The chapter explored themes of memory and guilt, and focused on the lingering consequences of trauma on individuals and their relationships in *A Pale View of Hills*. It also focused on the notion of trauma, its types and effects on the novel's characters. It exhibited the main tools and ways of healing and recovery. It suggested how narrativization demonstrate the efficacy of telling stories as therapeutic tools.

General Conclusion

The current study provided an overview of the concept of trauma and healing and the ways in which scholars and researchers are investigating both of them. Its objectives were to present trauma and explain how it might reveal the unspoken and hidden in literary works.

In Chapter one, the researcher provided a thorough historical background of trauma, along with a conceptual framework for the study. This framework introduces important concepts like trauma, the nature of trauma, and the types and dynamics of trauma. In order to lay a strong foundation for our investigation.

In chapter two, the researcher examined early trauma and contemporary trauma as theories. The researcher was able to identify gaps in knowledge and develop a deeper understanding of the research question at hand.

Chapter three provided an in-depth textual analysis of the iconic novel, *A Pale View of Hills*. Our focus was on exploring the use of trauma and healing innovations in this work, showing how the themes of trauma, memory, and self-deception reflect the psychological complexities.

This research offered valuable insights into the Dissociation issue, showing how the protagonist may dissociate from traumatic memories. It also illustrates the personal trauma and discusses internal conflict, guilt, and memory suppression. The research deals with cultural trauma, exploring how the collective trauma of post-war Japan and the bombing of Nagasaki shapes individual psychology as well.

To conclude, our study demonstrated how the unreliable narration technique helps the narrator to avoid the feeling of guilt and sadness, and how the themes of trauma, memory as well as ambiguity are explored and manifest in the characters. By utilizing Acute Stress Disorder, Post Traumatic Stress Disorder, and vulnerability to PTSD, the author has created a complex narrative that invites readers to question the stability of identity and how memory is constructed. We hope that the present research will encourage further examination of the relationship between trauma and the sense of healing in literature.

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