People's Democratic Republic of Algeria

Ministry of Higher Education and Scientific Research

Dr. Moulay Tahar University of Saïda

Faculty of Letters, Languages and Arts

Department of English Language and Literature

Department of English

Trauma In Shani Mootoo's *Cereus Blooms at Night*

A Thesis Submitted as Partial Fulfilment of the Requirements for the Degree of *Master* in Literature and Civilization.

Submitted by

Alaoui Mohamed

Supervised by:

Dr. Mehdaoui Djamila

Board of Examiners:

- **Chairperson**: Dr.A. Saidi University of Saida
- **Examine**r: Dr.S. Chakroun University of Saida
- **Supervisor**: Dr.D. Mehdaoui University of Saida

Academic Year: 2025\2026

Declaration of Originality

I declare that the work presented in this dissertation is my own and has not been submitted for a degree or qualification at this or any other university.

I have acknowledged and cited all sources of information and ideas from other authors in accordance with the appropriate academic conventions.

I further declare that no part of this work has been copied or pasted without appropriate reference.

Name: Alaoui Mohamed

Date: _____

Signature: _____

Dedication

I dedicate this work to my beloved family.

Acknowledgements

In the name of Allah, the most gracious, the most merciful. All praise and thanks are due to Allah, who granted me the strength, patience, and perseverance to complete this thesis.

I would like to express my heartfelt gratitude to my supervisor, Dr. Mehdaoui Djamila, for her invaluable guidance, continuous support, and constructive remarks throughout this research. Her dedication and encouragement played a significant role in completing this work.

I would also like to thank the members of the jury for accepting to examine this thesis and for their valuable time and effort.

Finally, I extend my appreciation to all those who contributed, directly or indirectly, to the realization of this work.

.

.

Abstract

This study examines the representation of trauma in Shani Mootoo's *Cereus Blooms at Night* (1996), a novel set in the fictional Caribbean island of Lantanacamara. The narrative centers on Mala Ramchandin, a woman who endures years of sexual and domestic abuse within her family. As a result of these experiences, she becomes socially isolated, silent, and psychologically distressed. Therefore, my aim is to focus on how Mala's story explores the lasting consequences of trauma and its impact on memory, identity, and interpersonal relationships. It also highlights the failure of the community to recognize and respond to her suffering, presenting trauma as both a personal and a social issue.

The research adopts a qualitative literary approach grounded in trauma theory. Drawing on the works of Cathy Caruth and Freud, the study employs close reading to analyze characterization, narrative structure, and symbolism in the novel. Particular attention is given to silence, fragmented memory, and non-linear narration as key elements in the representation of trauma.

The findings show that trauma shapes Mala's identity and behaviour, leading to silence, isolation, and psychological suffering. The analysis also demonstrates that the novel connects personal trauma to broader social issues, including patriarchal oppression and the legacy of colonialism. Furthermore, Tyler's role as narrator helps recover Mala's silenced story, while the cereus flower symbolizes hidden pain and the delayed expression of traumatic memories. The study concludes that *Cereus Blooms at Night* portrays trauma as a complex and enduring experience and suggests that recognition and storytelling play an important role in confronting traumatic suffering.

Keywords: Trauma, Shani Mootoo, *Cereus Blooms at Night*, Trauma Theory, Silence.

Table of Contents

General Introduction

General Introduction

Over the last few decades, scholars from disciplines including psychology, history, sociology, and literary criticism have devoted increasing attention to traumatic experiences and their lasting consequences. Literary texts, in particular, provide a valuable space for exploring trauma because they reveal not only the psychological effects of suffering but also the ways in which individuals attempt to understand, narrate, and survive painful experiences. Through narrative strategies, symbolism, and characterization, literature offers insight into experiences that often resist direct expression.

The emergence of trauma studies as an academic field has encouraged critics to examine the relationship between memory, identity, and suffering. Influenced by the works of theorists such as Sigmund Freud, Cathy Caruth, and Judith Herman, literary scholars have investigated how traumatic events affect individuals and communities and how these experiences are represented in narrative forms. Trauma is generally understood as a deeply distressing experience that overwhelms an individual's ability to cope and leaves enduring psychological and emotional consequences. Because traumatic memories are often fragmented and difficult to articulate, literature frequently employs silence, disruption, and non-linear narration to convey their effects.

Within postcolonial literature, trauma occupies a particularly important position. Many postcolonial writers address the consequences of colonialism, displacement, violence, social exclusion, and gender oppression. Their works explore how personal suffering intersects with broader historical and cultural forces. Caribbean literature, in particular, has contributed significantly to discussions of trauma through its engagement with issues of identity, marginalization, and historical memory. The region's complex colonial history and multicultural heritage have provided fertile ground for literary representations of individual and collective suffering.

Among the writers who have explored these concerns is Shani Mootoo, whose novel *Cereus Blooms at Night* (1996) offers a powerful portrayal of trauma and its long-term effects. Set on the fictional Caribbean island of Lantanacamara, the novel narrates the story of Mala Ramchandin, a woman who endures years of abuse and neglect. As a consequence of these experiences, she becomes socially isolated and psychologically distressed. Through Mala's story, the novel examines the relationship between trauma, memory, silence, and identity. It

also exposes society's failure to recognize and respond to the suffering of vulnerable individuals.

The present study investigates the representation of trauma in *Cereus Blooms at Night*. It seeks to examine the different forms of trauma depicted in the novel and to analyze their impact on the protagonist's psychological and social life. Particular attention is given to the ways in which trauma influences memory, identity formation, and interpersonal relationships. Furthermore, the study explores how narrative can serve as a means of confronting and expressing traumatic experiences.

This study pursues several objectives. It aims to identify the major forms of trauma in the novel, analyze their effects on the protagonist, examine the narrative strategies used to depict traumatic experiences, and investigate the role of storytelling and human connection in healing.

This dissertation is guided by the following research questions:

1. How is trauma represented in Shani Mootoo's *Cereus Blooms at Night*?
2. What are the psychological and social effects of trauma on Mala Ramchandin?
3. To what extent does the novel suggest possibilities for healing and recovery from trauma?

To answer these questions, the following hypotheses are presented.

1- Trauma in the novel is represented primarily through sexual abuse, silence, memory fragmentation, and psychological disintegration.

2- The psychological consequences of trauma are harsh and long-lasting, such as Identity Fragmentation, as Mala develops a divided sense between her younger self, Pohpoh, and Mala the adult and old woman. This dissociation represents a defense mechanism that protects her from overwhelming flashbacks and traumatic memories.

3-Healing is presented through storytelling, testimony, human connection, and the natural environment.

The study adopts a qualitative literary approach based on close textual analysis. The theoretical framework draws primarily on trauma theory, particularly the contributions of Sigmund Freud and Cathy Caruth. Freud's early observations concerning trauma and hysteria provide an important foundation for understanding traumatic experiences, while Caruth's work offers valuable insights into the relationship between trauma, memory, and narration.

The study also benefits from theories of healing that emphasize the importance of narration and testimony in the recovery process.

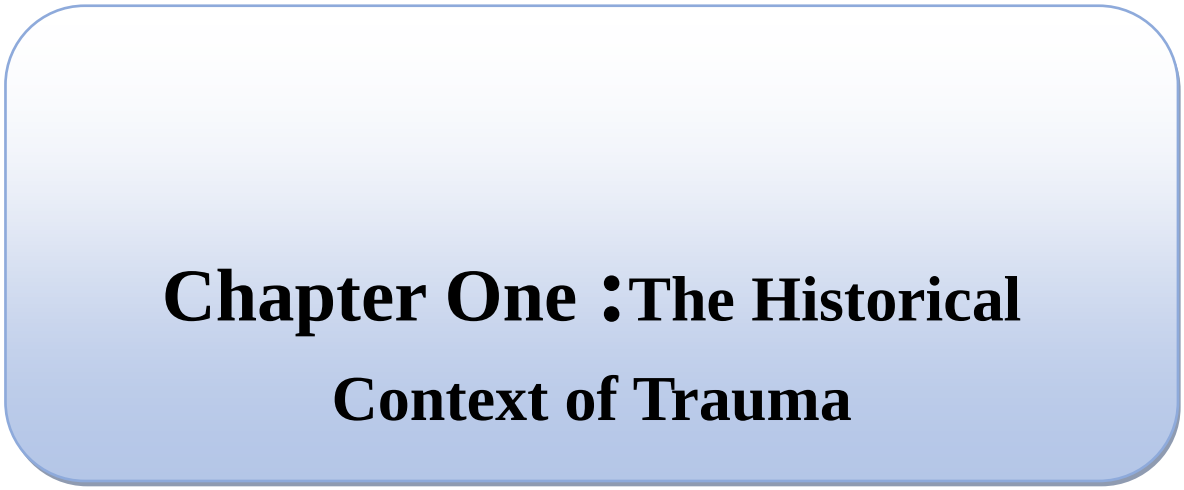
The significance of this research lies in its contribution to the growing field of trauma studies within literary criticism. By examining the representation of trauma in *Cereus Blooms at Night*, the study enhances understanding of the complex relationship between suffering, memory, identity, and narration. It also highlights the relevance of Caribbean literature to contemporary discussions of trauma and recovery.

This dissertation consists of three chapters. Chapter One, entitled " The Historical Context of Trauma''presents the historical development of trauma and the conceptual framework by defining trauma, discussing its types, causes, and effects, and exploring its relationship with identity. Chapter Two, entitled "Between Early and Contemporary Trauma Theories'', provides the theoretical framework, focusing on major trauma theories, trauma in literary studies, typologies of trauma in literary texts, and theories of healing. Chapter Three, entitled "Trauma in *Cereus Blooms at Night*," applies these theoretical perspectives to Shani Mootoo's *Cereus Blooms at Night* through a detailed textual analysis of the novel's representation of trauma and healing.

Chapter One:The Historical Context of Trauma

I. 1 Introduction:

Understanding trauma has shifted from a physical injury to a harsh psychological condition. Throughout history, societies have explained trauma differently, relying on cultural, social, medical, and historical contexts. During the nineteenth and even the twentieth centuries, scholars started to give more importance to the emotional and mental effects caused by war, sexual violence, brutality, slavery, oppression, colonialism, and personal loss rather than the physical harm. Therefore, in this chapter, more focus is placed on defining the nature



of trauma, its causes, effects, symptoms, and historical development.

I.2 Definition and Nature of Trauma

The literature is replete with definitions of trauma. For a long time, healthcare practitioners have struggled with the topic of what exactly defines trauma; as a result, definitions have altered significantly throughout time. This study will mostly focus on more recent definitions. These also tend to emphasize the individual's experience of the trauma and to account for details previously overlooked.

I. 2.1 Definition of Trauma

Spiegel (2008) defines trauma as a helplessness and "a loss of control over one's body" (14) as the core of severe stress. He further clarifies this in the following terms: "[t]he mental

imprint of such frightening experiences sometimes takes the form of loss of control over parts of one's mind - identity, memory, and consciousness - just as physical control is regained" (Ibid, 47). Peichl (2007b:23) defines trauma as a toxic situation characterized by extreme anxiety, complete helplessness, and a loss of control.

According to Levine (1997:128-9), whether an incident is considered traumatic to a person is determined by whether its influence stays unresolved. The relevance of an individual's perspective on the true nature of an event is equivalent to determining whether an experience was traumatic for them. The terms 'perceived life-threatening events' and 'perceived overpowering experiences' appear often in the literature (e.g., Levine 2005:7; Van der Kolk & McFarlane 1996:6). The intensity and character of the event's influence on the individual are also determined by how they perceive it.

The name "trauma" is derived from the Greek word ("wound"). This word can refer to both physical and emotional injury. This chapter talks about trauma leaving psychological consequences, rather than physical trauma or harm. However, the lines between events and their consequences frequently blur, and physical trauma that has a long-term psychological impact also qualifies in the context discussed. To guarantee clarity, this study requires a difference between trauma and traumatic experiences. This is seen in Corsini's (2002:1019) definition of trauma as the aftermath of a painful occurrence, whereas the 'traumatic event or experience' is the injurious event itself. Corsini's definitions for the former are given below, followed by his definition for the latter (2002:1019):

1. The result of a painful event, physical or mental, causing immediate damage to the body or shock to the mind. Psychological traumas include emotional shocks that have an enduring effect on the personality, such as rejection, divorce, combat experiences, civilian catastrophes, and racial or religious discrimination.

2. Continuing result of such an event to the body or mind or both. Plural is traumata, traumas.

Physical or psychic injury, stressful or shocking (sic), may be the original cause of some emotional or mental disorder. Some such events early in life may be the foundations for adult neuroses or psychoses.

Scaer (2005:58) discusses trauma's impact on the brain as follows:

In the brain of the trauma victim, the synapses, neurons, and neurochemicals have been substantially and indefinitely altered by the effects of a unique life experience. Not surprisingly, the perceptual experience that constitutes the mind has been altered in kind...

Trauma thus represents a time-based corruption of learning. In trauma, the brain has lost its ability to distinguish between past and present, and as a result, cannot adapt to the future. This confusion of time further immobilizes the trauma victim, who still remains immobilized by a thwarted freeze discharge. Procedural memory is bombarded by environmental and internal cues that represent old, unresolved threats.

The preceding discussion explains how alterations in brain processes lead to a range of physical and psychological symptoms. This highlights how the line between physical and psychological stress blurs. Sutton (2002:25) confirms this, stating that sensory overload during a traumatic situation can have long-term effects on brain processes. According to Struwig (2008:13), trauma can not be characterized without addressing both the event and the symptoms. She recommends that numerous elements, including the incident, culture, resilience, social support, and trauma-related symptoms, be assessed concurrently. Van der Kolk and Saporta (1991:199) argue that trauma differs from stress in that it causes long-term biological emergency responses, whereas stress does not. Scaer (2005:206) considers both stress and trauma as lying on the same continuum, but makes the distinction that the sympathetic nervous system, responsible for the fight/flight response, plays a greater role in stress, while the parasympathetic nervous system, responsible for initiating the freeze response, is frequently involved in trauma-related diseases. Furthermore, Scaer's (2005:71) definition of trauma as "a disorder of the perception of time, the body, and the self" has major consequences on individuals' bodies and psyche.

I.2.2 Nature of Trauma

As previously indicated, trauma was initially classified as a medical issue, followed by a psychological one. The American Psychological Association later recognized this mutation, and the term "PTSD" started to refer to people who had suffered psychological wounds. This sequence of events raises questions regarding the nature of trauma.

Clinical practitioners and theorists like Herman, Erikson, Caruth, LaCapra, Maria Root, and Bessel Van der Kolk engage in heated arguments over the nature of trauma. Some argue that the character of trauma is inherent in the traumatic event itself, while others emphasize the uniqueness of the trauma experience. According to sociologist Kai Erikson, the boundary is becoming more muddled, making a clear distinction problematic. (Erikson, 1991)

Certainly, Van der Kolk (2014) defines trauma as an individual's reaction to an overwhelming incident that transcends human emotional and cognitive function. In other words, an experience that might destabilize one's mind and have long-term psychological

consequences. Similarly, Herman adds that trauma is a human reaction to danger in overwhelming conditions when "neither resistance nor escape is possible" (Herman, 2015, p. 34).

On various parameters, Chris Brewin emphasizes the response to extreme stress as PTSD, and specifies that "it is not the symptoms themselves, but rather their frequency, persistence, intensity, and failure to become more benign with time that define the disorder" (Brewin, 2007, p. 42).

In other words, the difference between a normal reaction and a traumatic reaction lies in degree and duration rather than quality. In this context, it is important to note what recent studies have 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”(Afifietal.,2010,p.108).

The topic of why some people acquire pathological and chronic symptoms after experiencing certain traumatic experiences, while others can manage with acute levels of pain, remains unsolved in trauma research.

Most psychologists believe that trauma overwhelms an individual's deepest sensations and alters his or her connection with reality. In this scenario, the character of trauma is in how one feels it, without eliminating the effect of the damaging occurrence, since Van der Kolk agrees that "trauma is not simply an incident that occurred in the past," he says, "it is also the imprint left by that experience on the mind, brain, and body.” This imprint has continuing implications for how the human body survives in the present" (Kolk, 2014, p. 21).

Trauma, in this situation, affects people's "psychological, biological, and social equilibrium such that they become obsessed with the past" (Vickroy, 2015, p. 6). Traumatized persons remain locked in the past because they see the environment through a different neurological system (Van der Kolk, 2014; Herman, 1996). Furthermore, LaCapra contends that the traumatized person relives the past as if it were current, rather than seeing it as a memory fragment (LaCapra, 2014). Trauma does not occur in the present moment, making it difficult to comprehend. Caruth specifies.

The wound of the mind –the breach in the mind’s experience of time, self, and the world–is not,like the wound of the body,a simple and healable event,but rather an event that…is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor…so trauma is not locatable in the simple violent ororiginal

event in an individual'spast,but rather in the way that its very unassimilated nature—the way it was precisely not known in the first instance –returns to haunt the survivor later on. (Caruth, 1996; pp. 3-4)

As a result, from a Caruthian perspective, the nature of trauma is difficult to communicate. In fact, it is often incomprehensible to the person who has experienced it, which is why it is known as the indescribable experience. Similarly, 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, an individual's subjective response to trauma, as well as his cognitive encoding of it, modifies his view of reality and meaning-making. As a result, the individual is left with a fractured sense of self, fragmented memories, and damaged beliefs. Shame, doubt, feelings of powerlessness, and the "closing off of the spirit as the mind tries to insulate itself from further harm" are further signs of trauma. (Erikson, 1991, p. 457).

According to Erikson, it is harm that shapes and defines the 'traumatic' event. The severity of the symptoms varies from person to person, as does the experience of trauma and ability to cope with it (Erikson, 1991; Vickroy, 2015).

Another significant aspect to consider is Kai Erikson's interpretation of trauma. The sociologist posits that trauma can arise from catastrophic events like war or genocide, as well as from quotidian occurrences. The latter manifests as "a sudden flash of terror, [or] a continuing pattern of abuse as well as from a single assault" (Erikson, 1991, p. 457). Psychologist Laura S. Brown asserts that trauma can be a cultural phenomenon when there is a collective repression of certain facets of social life, such as violence, poverty, and abuse, which exacerbates the traumatization of minority groups (women, people of color, and gays) (Brown, 1995).

However, it is critical to distinguish stress from Posttraumatic Stress Disorder. Individuals who develop PTSD, for example, are more likely to experience the symptoms listed above. What, then, defines Posttraumatic Stress Disorder? From a broader viewpoint, trauma differs from stress in that it is "outside the range of usual human experience" (Erikson, 1991, p.457), while stress refers to a series of periodic or temporary events.

The most recent edition of the DSM, the DSM-IV-TR11, defines trauma as having three components: the traumatic incident, the individual's reaction, and the disorders that result (APA, 2000, pp. 463-468). Criterion A1 (stressor) in the diagnosis criteria defines

traumatic events as "an event or events that involved actual or threatened death, serious injury, or a threat to the physical integrity of the self and others" (APA, 2000; p. 467).

Criterion A2 (subjective emotional response) emphasizes that an incident or events must be perceived with "intense fear, helplessness, or horror" to be classified as traumatic (APA, 2000; p. 467). The DSM-IV describes the traumatic experience in terms of both objective characteristics and subjective emotions of the traumatized individual. This is rather unnatural since, while trauma is an external occurrence, it appears that it cannot be accurately characterized without including the individual's response. One argument is that trauma is determined by the structure of the traumatic event and receives significance from the individual's reaction to it. Although the DSM-IV and DSM-512 use different methods to conceptualize what makes an experience traumatic, the basic aspect of a traumatic event remains the same: "an intense confrontation with one's own or someone else's vulnerability and morality" (Schönfelder, 2013, p. 63).

People who have experienced trauma relive the original event through "intrusions" (intrusive memories, daydreams, nightmares, flashbacks, and hallucinations) (APA, 2000, p. 468). Trauma is therefore defined by repetitiveness inside the individual's dynamic process of feelings, allowing them to be present in the moment since, after all, trauma is "something alien breaks in on you, smashing through whatever barriers your mind has set up as a line of defense." It invades, occupies, and dominates your internal environment (Erikson, 1991, p. 458).

I.3 Historical Development of Trauma

Trauma and post-traumatic stress disorder are challenging and complex experiences, but many people today believe they understand them. Trauma became a medical word as a result of Victorian-era railway spine accidents in Britain in the 1860s, as well as the rise of psychoanalysis in the 1890s. Around this time, the term "trauma" grew beyond describing physical wounds or injuries to include psychological suffering.

The concept of physiological trauma emerged during the industrial period, particularly with the rise of railroads and trains (Luckhurst, 2008; Shepard, 2001; Leys, 2000; Trimble, 1981; and Micale, 2001). The majority of early diagnoses of what is now known as psychological trauma were based on physical symptoms. In his 1866 work On Railway and Other Injuries of the Nervous System, written from a series of lectures, John Eric Erichsen admits the modern character of the railway spine: "These Concussions of the Spine and of the Spinal Cord not infrequently occur in the ordinary accidents of civil life, but from none more

frequently or with greater severity than in those which are sustained by Passengers who have been subjected to the violent shock of a Railway collision" (1866, p.2). Even when there is no apparent wound or injury, Erichsen is confident the symptoms stem from a physical source. During WWI, for example, shell shock was widely viewed as a physical indication of being close to an explosion.

The aftermath of World War I increased awareness of trauma, but did not define it. Further investigation into the concussions generated by these spine accidents revealed a more psychological explanation. While Erichsen argues that the ailment was caused by biological materials, Page (1883), a surgeon with the London and North Western Railway Company, refutes this assertion, stating that there was no medical explanation. Page disagrees with the notion that concussions without apparent indicators can induce railway spine symptoms. Page dismissed contrary views as overly ambiguous and unsubstantiated by medical evidence. In his treatise Injuries of the Spine and Spinal Cord Without Mechanical Lesion and Nervous Shock: In Their Surgical and Medico-Legal Aspects, Page carefully destroys the notion that a concussion could cause physical harm to the spine without causing symptoms, and he concludes by proposing that a railway spine is a psychological, not a physical, result of a traumatic experience.

As a result, the term “trauma” came to refer to a psychological state of distress rather than a physical illness. Trauma has its roots in the concept of hysteria, which is characterized primarily by altered memory and a lack of language. In the late 1800s, hysteria was a common diagnosis. Notably, neurologist Jean-Martin Charcot of the Salpêtrière Hospital in Paris investigated and treated cases of hysteria. According to Van der Kolk (2014, p. 177), hysteria is "a mental disorder characterized by emotional outbursts, susceptibility to suggestion, and contractions and paralyzes of the muscles that could not be explained by simple anatomy.

Hysteria, on the other hand, is a long-standing idea. Since ancient Greece, it has been understood in various ways, with some seeing it as a psychological ailment and others as a medical illness affecting the female reproductive system. The debates persisted until later experiences experienced in the late 1800s. Since then, the diagnosis of hysteria has become a catch-all term for a wide range of inexplicable physical and mental diseases with unknown causes, prompting condemnation from a substantial segment of the medical community. Many of the currently recognized dissociative diseases, including somatization disorder (also known as Briquet's syndrome), borderline personality disorder, and post-traumatic stress

disorder, can be classified as hysteria. As a result, hysteria became an important topic of academic research.

Charcot was praised for his daring in seeking to investigate hysteria in the first place; his popularity elevated a subject previously seen as unworthy of serious scientific investigation. Before Charcot's time, hypnotists and traditional healers treated hysterical women as if they were fraudulent. Charcot's investigation produced results. By the middle of the 1890s, Freud, his Vienna companion Joseph Breuer, and Janet in France had reached essentially identical conclusions: hysteria was a disease induced by psychological trauma. The hysterical symptoms were induced by severe emotional reactions to tragic events, which resulted in an altered state of consciousness. Janet coined the term "dissociation," while Breuer and Freud referred to it as "double consciousness."

I.4 Trauma in West-Indian Literature

The Caribbean experience was characterized by the severe systems of slavery, exile, racism,colonization, and displacement. These harsh realities and hostilities produced deep collective wounds and psychological traumas. Many Caribbean writers found literature as a tool to face their hardships and the negativity born of the historical clash imposed by Europeans. Caribbean writers' aim was to reveal the legacy of colonialism that continues to degrade identity, culture, language, memory, and social relations.

For Frantz Fanon, the two systems of colonialism and slavery not only have bad effects on territories but also damage the human mind and the colonized subject. In Black Skin, White Masks, he writes, "The black man has two dimensions. One with his fellows, the other with the white man" (Fanon 8). This statement reveals the psychological alienation, fragmentation , and the lack of coherence created by colonial oppression and suppression. The colonized individual becomes the victim whose identity suffers fragmentation, split, and high disturbance.

Memory and historical silence are also connected with trauma in West Indian literature . These writers often attempt to demonstrate histories erased and suppressed by slavery and imperial discourse. Édouard Glissant emphasizes the importance of collective memory in reshaping Caribbean identity and maintaining a solid relation to the traumatic past. He states that "History is a highly functional fantasy of the West" (Glissant 64). This statement urges the need for building the colonized history out of silencing the voices of myriads of oppressed peoples, reconstructing Caribbean historical memory.

Trauma representation appears through the process of madness, psychological illness, and suffering. Madness emerges in many writings as a symbol of displacement, oppression, exile, traumatic abuse, and social exclusion. Jean Rhys clearly highlights this issue in Wide Sargasso Sea through the character of Antoinette. Antoinette suffers mental collapse, mental instability, paranoia, and reflects all types of silence and identity fragmentation born beyond colonial and patriarchal violence. Antoinette says, “There is always the other side, always” (Rhys 99). This statement reflects her fragmented identity and unstable sense of self.

West Indian literature thus represents a form of resistance, challenge, and healing. Through storytelling, Caribbean authors transform silenced histories and identities into artistic expression and collective remembrance.

I. 5 Types of Trauma

Trauma has many types, including acute, chronic, and complex Trauma.

I. 5.1 Acute trauma

Acute trauma is typically associated with a single event that endangers an individual's safety, such as a car accident or experiencing or witnessing violence. In contrast, incidents that occur repeatedly, such as long-term child abuse, domestic violence, or combat situations, can lead to chronic trauma (Fullerton &Ursano, 2009). In certain circumstances, individuals who have experienced extensive, prolonged harm may be exposed to complex trauma.

All traumatic events can have a profound impact on an individual's life, both immediately and in the long term. However, the longer someone is exposed to trauma, the greater the impact is likely to be (Bryant et al., 2017). There are several possible factors that may impede or facilitate healing from a traumatic event. With solitary traumatic events, for example, survivors can often seek safety once the event is over.

On the other hand, complex trauma is ongoing or frequently repeated, offering very little time for people to recover. This may be because it often occurs in secrecy, preventing the person from talking about it and getting help, or due to the prolonged nature of chronic trauma. It is also worth acknowledging that many acute events, such as car accidents or natural disasters, are shared experiences and are often made public.

The collective nature of some singular events promotes awareness and builds connections within a community, potentially validating survivors and reducing shame. In most cases, complex trauma events are interpersonal and begin early in life (Briere & Scott, 2015; Wamser-Nanney & Vandenberg, 2013). Trauma in childhood can interrupt development, leading to difficulties with emotions, concentration, and memory, which can result in ongoing challenges in maintaining safe relationships (Greenberg, 2020).

The interpersonal nature of complex trauma means that it occurs within a relationship that is 8 meant to be safe, and survivors often feel as though they were unable to escape, leading to chronic feelings of helplessness (Greenberg, 2020). The discrepancies between how things should be and how they are create an inner conflict that results in survivors doubting themselves and feeling unsafe when they grow close to people outside of the trauma.

1.5.2 Complex Trauma

Complex Trauma alters how people think, behave, and feel about themselves and others. It can lead to difficulties with thinking and concentration, feeling absent from one's own life, lack of attention, dissociation, problems with memory, and trouble with emotional regulation (Briere & Scott, 2015). These struggles can result in complex post-traumatic stress disorder, developmental trauma disorder, disorders of extreme stress not otherwise specified, or enduring personality changes (Briere & Scott, 2015; Wamser-Nanney & Vandenberg, 2013).

Secondary Trauma ; It is possible to feel the effects of trauma without having experienced a traumatic event directly. The impact of trauma extends far beyond those directly involved and can have a significant effect on those who assist victims of trauma, such as mental health professionals (Jenkins & Baird, 2002). Professionals in these roles dedicate their practice to helping others following traumatic exposure. As a result, they have a multitude of traumatic narratives relayed to them on a regular basis, which in itself is a form of indirect trauma.

Efforts to clarify the stress placed on those who work with survivors of trauma have produced a handful of terms, including burnout, compassion fatigue, secondary trauma, and vicarious trauma (Bride, 2007; Baugerud, Vangbaek& Melinder, 2018). These terms are often used interchangeably, although some clear differences have been identified.

Burnout is a possible side effect across a range of professions and is not specific to trauma-related work. Symptoms of burnout include emotional exhaustion, physical fatigue, depersonalization, and feelings of self-inefficacy, often in the context of chronic stress

(Barrington & Shakespeare-Finch, 2014). Studies have suggested that burnout occurs when the demands of a job outweigh the resources, and that measuring these factors can be predictive (Bakker, Demerouti & Euwema, 2005).

The current central hypothesis follows a job demands-resources model, assuming that while every job is likely to have its own stress or benefit risk factors, these can be classified as demands or resources, resulting in a format that can be applied to any role, irrespective of field. Bakker, Demerouti, and Euwema (2005) described job demands as aspects of an individual's role that require sustained physical or mental effort and therefore take a physiological and psychological toll. Job resources, on the other hand, include aspects such as social support from colleagues and supervisors, role autonomy, constructive feedback, and regular appraisal of good performance (Bakker, Demerouti &Euwema, 2005). Several job resources may buffer the impact of various job demands, including stress reactions such as burnout, although these interactions are also likely to differ between individuals and occupational characteristics.

Burnout as an idea is far better developed and documented than trauma-specific concepts, as it relates to a wide range of occupational stress. Currently, it is conceptualized as a defensive response to prolonged occupational strain in situations that provide minimal support (Jenkins & Baird, 2002). The symptoms of which can be monitored with measures such as the Maslach Burnout Inventory (Maslach, Jackson & Leiter, 1997). Cases of burnout in those who work with trauma survivors can escalate and cause significant impairment if not addressed or mediated.

A potential decompensation of burnout is compassion fatigue. Definitions of compassion fatigue vary, with many researchers using the term to describe secondary or vicarious trauma (Figley, 1995). A more inclusive definition is provided by Cocker and Joss (2016), who explain that the caregiver's empathetic capacity is compromised by prolonged exposure to the overwhelming demands of others' needs. Compassion fatigue often occurs due to burnout in those vulnerable to secondary trauma, such as those working with trauma survivors (Baird &Kracen, 2006). Although it can also occur after brief exposure, such as when emergency responders assist survivors of an accident (Baird & Kracen, 2006; Barrington & Shakespeare-Finch, 2014).

Symptoms of compassion fatigue arise from an individual's inability to cope with their everyday environment, resulting in a state of total physical and mental exhaustion. This concept is characterized by exhaustion, irritability, maladaptive coping behaviours, a reduced

capacity for sympathy and empathy, loss of interest in work leading to absenteeism, and an impaired ability to make decisions about patient care (Cocker & Joss, 2016).

While practicing, mental health professionals are at risk of compassion fatigue; some have suggested that the satisfaction derived from their work is a protective factor. This has been posited as a buffering factor, referred to as compassion satisfaction, and could include any positive influence within an individual's profession or beliefs about themselves (Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015). Despite the use of compassion fatigue to discuss vicarious or secondary trauma, the effects of compassion fatigue do not encompass the cognitive disruptions that occur because of traumatic exposure (Barrington & Shakespeare-Finch, 2014).

The term vicarious trauma was coined by McCann and Pearlman in 1990, having been conceptualized within constructivist self-development theory, to describe the change that occurs within a trauma worker resulting in empathetic engagement (Pearlman & Mac Ian, 1995). Many believe that vicarious traumatization is an inevitable result of working with trauma survivors and hearing their narratives (Baird &Kracen, 2006; Barrington & Shakespeare-Finch, 2014; Finklestein et al., 2015).

It carries a significant cost for the professional, presenting with many of the same symptoms as post-traumatic stress disorder, the differentiating factor being that the sufferer has not experienced the trauma directly (Linley & Joseph, 2007). Vicarious trauma is most often seen in therapists and other mental health workers due to repeated empathetic engagement with trauma narratives, resulting in disrupted cognitive schemas, hyperarousal, avoidance of triggers and cues, and intrusive imagery related to trauma narratives they have heard (Baird &Kracen, 2006; Finklestein et al., 2015; Linley & Joseph, 2007).

Changes within an individual that occur due to vicarious trauma, as with direct trauma, challenge their beliefs about themselves and the world around them. These changes are pervasive and permanent and may significantly impact one’s ability to do one's job, especially as a trauma worker (Baird &Kracen, 2006). It has been suggested that when a clinician is suffering, they struggle with increasingly negative thinking in five key areas: trust, safety, control, esteem, and intimacy (Barrington &Shakespeare Finch, 2014).

Mental health workers rely on their ability to form empathic bonds with their clients. Unfortunately, it is this empathy that creates a vulnerability to vicarious traumatization, as clinicians risk taking on the pain of their clients (Hernandez Wolfe et al., 2015). It is important to note that this outcome does not speak to the clinician’s pathology, nor is it the

client's intention . Several characteristics that may influence the development of vicarious trauma in therapists have been posited, including personal trauma history, the meaning of certain events to the therapist, their psychological and interpersonal style, their training, and current stressors and supports (Pearlman & Mac Ian, 1995)

I.6 Main Causes of Trauma

Trauma is so distressing and refers to a psychological response to highly life-threatening events. It can result from a single incident or prolonged exposure to stress. According to the American Psychiatric Association, trauma is commonly linked to experiences that involve "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013).

I. 6.1. Physical or Sexual Violence

Sexual violence , assault, and rape are among the main causes of trauma. Sexual abuse is a process of intimidation by which men exercise all sorts of fear over women. Women's silence leads to all sorts of domestic exploitation and long-term psychological effects such as PTSD, stress, and anxiety disorders (American Psychiatric Association, 2013).

I.6.2 War and Armed Conflict

The conditions of war, exposure to terrorism, or being a victim of displacement can cause traumatic abuse and deeply affect mental stability. Survivors exposed to war , violence, and brutal acts often experience anxiety, chronic stress, fear, and post-traumatic stress disorder (PTSD) (Herman, 1992).

I. 6.3 Natural Disasters and Serious Accidents

Earthquakes, floods, violent storms, and fires can lead to traumatic abuse due to the sudden loss occurring at the level of one's life, home, health, and safety. Workplace accidents and car crashes, when occurring unexpectedly, can trigger stress reactions. These experiences can overwhelm an individual's coping mechanisms.

I. 6.4 Emotional and Psychological Abuse

Long-term exposure during the period of childhood to all sorts of neglect, brutality, humiliation, manipulation, or domestic violence can lead to complex traumas (Herman, 1992).

I. 6.5 Loss and Grief

Death or separation of a loved one, or an unexpected event,t can be traumatic, particularly when the loss is violent in nature.

I. 7 Effects and Symptoms of Trauma

A discussion of trauma is incomplete without considering Sigmund Freud's work. Although understanding of the issue has grown significantly since Freud's time, he played a critical role in formulating the concepts at the outset. Freud (1939:76) observed that trauma and its reactions have a high psychical intensity, that the effects of trauma can cause an organization within the mind that is independent of other mental processes, and that psychoses are possible when psychical reality takes precedence over external reality.

These are all potential trauma consequences that can manifest in circumstances of exceptionally severe trauma or in individuals with vulnerabilities. Fortunately, most people have the resilience, support systems, and coping techniques to prevent such catastrophic symptoms. Traumatized persons are nevertheless likely to experience symptoms, which may be less severe than those listed above but still require discovery, explanation, and treatment.

Regardless of the pathological signs and effects that can be classified as illnesses, the most direct and immediate effect of trauma is a drain on the musician's available energy for other duties. Watkins (2005:2-8) describes in detail how artists require significant quantities of'self energy' in their professional capacity. He also regards'self energy' as an expendable commodity. As a result, the extent to which any given trauma drains the musician's available energy is exactly proportional to a drop in creative production.

Furthermore, Montello (2002:202) states that in cases of severe childhood abuse, a child's subpersonality freezes at the age of the original trauma. She claims that while the core self is always present, dealing with the unfulfilled wants of so-called subpersonality(ies) requires a significant amount of cognitive energy. Montello describes this loss of energy and recognizes consciousness as a crucial component of the healing process (2002:203): Ideally, this same energy could be used more productively in facilitating creative growth and change,

but instead, the subpersonalities, which are typically fear-based, resist change and keep you centered in survival mode... The way to harmonize and integrate these fragments into a whole is to first become aware of who they are and when they are throwing you off balance; and second, to find a way for your core self to lovingly communicate with these subpersonalities and get them on the same page with respect to your mission in life.

Watkins (2005) and Montello (2002) explain that trauma diminishes our energy. As will be seen in the remainder of this section, other authors also refer to the effect of trauma on energy, described in various ways such as the 'frozen energy' of the immobility response (Levine 1997:99-100), energy released in order to prepare for fight or flight, and energy released when we heal from trauma (see the quotation from Levine's work at the beginning of this chapter, p 47).

Sutton (2002:24) summarizes the sequence of processes that trauma initiates as follows: "Trauma is not caused by an external force in a single incident. Trauma is entwined in an external process of attempting to comprehend how the event has irreversibly harmed the individual." She further argues that what traumatizes the individual in such a scenario is the loss of the ability to experience, act on, and re-experience one's own influence, as the person is controlled by an event that occurs to him or her (Sutton 2002:31). Unfortunately, according to Jensen (1998:58-9), the effects of loss of control can be severe enough to rewire the brain, resulting in learned helplessness. He also claims that if the victim was allowed to make decisions and act on them during a stressful incident, regardless of the outcome, learned helplessness would not develop in the aftermath. Nancy Coles, the clinical director of the center where pianist Linda Cutting was treated for a traumatic response to incest as a kid, depicted trauma by sketching a black hole. Cutting (1997:73) reports Coles as saying in a course on trauma theory at the aforementioned treatment center: "It is obtrusive, unpredictable, causes a sense of helplessness, and destroys homeostasis. Trauma affects everything, even one's balance."

Spiegel (2008) describes the immediate reactions to trauma as encompassing several dissociative states:

- Being profoundly dazed;
- Demonstrating an unawareness of serious physical injury; and
- Experiencing the trauma as if it were occurring in a dream, including the sensation of
- floating over one's own body.

Furthermore, in cases of childhood abuse, individuals may seek comfort from imaginary protectors, which are also referred to as ego-states.

Trauma remains unresolved if traumatic events are not properly addressed and no or insufficient intervention is provided. According to Levine (2005:3), unresolved trauma may result in one or more of the following effects:

- Alterations in an individual's habits and general outlook on life;
- Disruptions within family dynamics and interpersonal relationships;
- The triggering of physical symptoms and somatic diseases;
- Impaired decision-making capabilities, potentially leading to addictive behaviors;
- Increased states of dissociation; and
- The precipitation of self-destructive behaviors.

In contrast, the effects of trauma, when witnessed, might provide evidence that trauma is the source of issues. The list of long-term indicators of unresolved trauma is so vast that caution must be exercised to avoid misidentifying them as trauma-related when none may exist. According to Stein (2007:443-444), the victims' experiences may exceed their ability to articulate them through words.

In these instances, the need to narrate may be expressed in somatic, kinaesthetic, or aesthetic registers (Stein 2007:443-444). This can result in the development of a wide range of difficult-to-understand or undiagnosable disorders, as described by Scaer (2005:209-251). He also acknowledges that many of the ailments listed below would be classified as psychosomatic by other researchers and medical professionals. Scaer (2005:214-250) puts these into five major groups, which are mentioned below with examples for each:

- Diseases of abnormal autonomic regulation, such as fibromyalgia, migraine, and irritable bowel syndrome;
- Syndromes of procedural memory, such as myofascial pain and other forms of chronic pain;
- Diseases of somatic dissociation, such as reflex sympathetic dystrophy; Disorders of endocrine and immune system regulation, such as hyperthyroidism and diabetes;
- Disorders of cognition and sleep, such as attention deficit/hyperactivity disorder, narcolepsy, and sleep paralysis.

The rapidity with which traumatized people react to their emotions is a significant feature of their symptoms. They tend to respond quickly to potentially threatening inputs, almost as if survival depended on their response to regular situations, without making a psychological Assessment of the source of their excitation. This may drive them to overreact and intimidate others (Van der Kolk & Saporta 1991:202), and it is related to the observation that, when stressed, these people may feel traumatized again (Van der Kolk 1996b:291).

Another part of unresolved trauma that has to be addressed is the lack of unconditional love. According to Miller (1997) and Weeks (2000), the emotional damage inflicted on a child who does not receive unconditional love can prevent the youngster from developing an inner sense of self. It may potentially contribute to the development of narcissistic personality disorder. Weeks contends that youngsters and even adults who have been traumatized in this manner are commonly encountered by high-achieving musicians.

Miller (1997:1) claims that emotional knowledge about our childhood history is the only long-term weapon against mental disease. This is possibly a limited perspective. Although the importance of early experience cannot be overstated, we are constantly confronted with painful or stressful situations throughout our lives. Aside from the temporal constraints of this form of treatment, recalling old memories may invite further unfavorable events into our lives. Because energy is focused on the specific event, the likelihood of attracting experiences similar to the initial traumatic experience is high, according to the laws of resonance, a phenomenon repeatedly, however briefly, mentioned in this chapter. Treatment strategies that overemphasize revisiting past events may reduce the ability to take control of current circumstances, make choices, and respond to challenges, and may also miss out on so-called serendipitous opportunities for healing along the way.

In recent breakthroughs in neuropsychology, biological alterations generated by trauma are increasingly recognized as a causative factor in the symptoms of the aftermath. Van der Kolk and Saporta (1991:199) identify this phenomenon as 'physioneurosis'. While Scaer (2005:58) discusses the association between alterations in the brain of a trauma victim and altered perceptual experience, Nijenhuis et al. (2004) link trauma-induced neurobiological changes to issues with integrative functioning.

Scientific writers frequently emphasize trauma's impact on memory. According to Bremner (2002:104-5), chemicals released under stress, such as norepinephrine and epinephrine, can enhance memory consolidation, although cortisol can inhibit it. He goes on to describe how these and other trauma-related changes in the brain can cause distortions and other changes in traumatized people's memories. Bremner has discovered that PTSD patients

recall experiences from a long time ago but struggle to learn new things (Bremner 2002:113). He (2002:111) depicts flashbacks as automatic and involuntary experiences, similar to Cutting's depiction of unwanted recollections during a musical performance.

According to Scaer (2005:62), the process of kindling or neurosensitization creates a condition in which internal cues might cause arousal in response to a traumatic incident. In PTSD, this occurs when memories create symptoms without any external stimuli to explain the reaction. According to Goddard (2005:2), each instance of remembering triggers an adrenergic hormonal response, potentially increasing the vividness of memory recall. Bradshaw (1990:180) refers to neurologically imprinted experiences as 'anchors' and affirms that situations similar to the original trauma might reactivate previously established anchors. Unfortunately, painful memories can become dormant and resurface, even spreading.

Goddard (2005:1) compares the behavior of traumatic memories to that of viruses, which are inanimate packets of information that operate in a feedback loop and attempt to replicate themselves. He advises that doctors treat previously traumatized individuals as if they were infected with dormant memories that could resurface and cause new damage. In a more optimistic vein, Goddard (2005:1) feels that adrenoreceptor antagonists offer some hope for preventing the feedback loop from reinforcing itself. Despite the fact that trauma harms the brain, Scaer (2005:76) claims that replication of new neurons in the hippocampus has been documented, providing hope for recovery.

Different people will react differently to adversity. The severity of traumatic impacts is heavily influenced by one's attitudes and beliefs. According to Robertson (1999:223), one's attitude toward mortality and the extent to which one believes the world has become unpredictable are crucial factors influencing one's response to trauma. It is also important to consider the cumulative effect of repeated traumas: these consequences will eventually exceed a person's tolerance threshold, even if they have previously demonstrated high levels of resilience.

Trauma can be devastating, yet it can also serve as a catalyst for transformation. At different phases of recuperation, both outcomes are possible. According to Levine (2005:79), numerous Buddhist and Taoist traditions view trauma as one of the 'great gates' or catalysts for surrender and enlightenment. He explains that transformation occurs when we confront an uncertain environment and abandon the illusion of safety. This approach allows us to'reconnect with life' and live fully in the moment. In a similar vein, Tolle (1999:139) refers to the potential of emotional pain to bring an individual closer to awakening by stating that 'if

you are trapped in a nightmare, you will probably be more strongly motivated to awaken than someone who is just caught in the ups and downs of an ordinary dream'.

The potential for traumatic situations to trigger growth in those who have experienced them is now being examined scientifically. Drs. Mark Chesler, Carla Parry, and Bradley Zebrack, for example, specialize in what they refer to as 'Post-Traumatic Growth'. In an interview with Steven Ungerleider (2004:2-4), Chesler defines PTG as "the experience or expression of positive life change as an outcome of a trauma or life crisis," distinguishing it from resilience, which he defines as a "bounce-back," whereas PTG implies something gained in terms of quality of life. His research on PTG concentrates on long-term survivors of childhood cancer, while admitting that PTG can occur in survivors of various sorts of traumatic experiences. (See also Tedeschi, Park, and Calhoun 1998).

I.8 Post-Traumatic Stress Disorder (PTSD)

The World Health Organization undertook a 24-country study to assess the link between lifetime traumatic events and post-traumatic stress disorder (Kessler et al., 2017). Of the respondents, 70.4% reported having experienced at least one of the 29 traumatic incidents described in the study (see Appendix A). However, the prevalence of PTSD ranges from 6.1 to 9.2%, depending on the event (Pagel, 2020). This mismatch shows that the development of PTSD is influenced by more than simply one stressful experience.

It is important to note that any numbers on the prevalence of PTSD are likely to be underestimates, as people may avoid seeking care for their symptoms owing to shame, guilt, and other internal and environmental causes (Pagel, 2020).

Psychological responses to trauma were formerly thought to be variations on the typical grieving process for up to six months following an occurrence. This timescale has lately been reduced from six months to one month, following which those who continue to experience psychiatric symptoms should be assessed for PTSD (American Psychiatric Association, 2013). Diagnostic criteria have evolved significantly since their initial publication in 1980, with some standards tightened and others becoming relaxed (Pagel, 2020). According to current criteria, a diagnosis of PTSD requires a history of major trauma (Criterion A) and pervasive symptoms from each of the following clusters: avoidance, intrusion, negative changes in cognitions and mood, and changes in arousal and reactivity (American Psychological Association, 2013). The symptoms must have persisted for more than a month

and caused considerable functional impairment. Symptoms cannot be the result of medication, substance abuse, or another medical condition.

Although a diagnosis requires substantial functional impairment in multiple areas of life, some people can function at a high level despite severe PTSD symptoms. When quantitative impairment is used to determine the existence or absence of a psychiatric condition, there is a high danger of missing those who hide their symptoms from others.

Multiple populations have been found in studies to be more susceptible to PTSD following traumatic occurrences. Adolescents and young adults are more likely to report it than other age groups, as are women, those from lower socioeconomic levels, those who live in rural regions, those with lower IQs, and persons who have a family history of PTSD. It has also been proposed that certain themes within the traumatic experience, such as betrayal by a trusted person, sexual violence, and acts of human atrocity, enhance the risk of posttraumatic stress disorder developing (Layne et al., 2008).

I.9 Trauma and Identity Crisis

Trauma has a tremendous effect on human identity, as it transforms how people see themselves and their connection to the world. Trauma, whether through violence and abuse, displacement, loss, or neglect, may disturb emotional equilibrium and alter one's sense of self. Trauma may have a profound effect on personal identity, rather than being a short-term psychological disturbance, producing a sense of bewilderment, alienation, and fragmentation. This link between trauma and identity has become an important object of investigation in literary studies. It is difficult for many literary characters to recreate their identities following unpleasant or life-changing experiences.

Trauma is not processed at the time it occurs, but comes back later in indirect and frequently distressing ways, such as flashbacks, intrusive memories, and emotional pain (Cathy Caruth, 1996). This delayed return of trauma inhibits people from integrating the incident into their own histories, so that their identities remain unstable and incomplete. Therefore, trauma brings a break in the continuity of the self, which makes it difficult for the victims to reconcile their pre-trauma identity with the post-trauma one.

This psychological rupture is closely connected to the notion of an identity crisis, as defined by Erik Erikson (1968), who defines identity as the individual's feeling of continuity and coherence. If trauma breaks this continuity, people may feel unsure, doubt themselves, and feel they don't belong. Often, they begin to doubt their job, their ideals, and their personal significance. Trauma, in this view, is not merely an injury to the mind, but a subversion of the ground upon which identity is created.

In literary writings, trauma is typically depicted by characters undergoing emotional disintegration and psychological solitude. The characters commonly exhibit symptoms such as silence, dissociation, memory loss, and emotional detachment, all of which are indicative of their internal identity conflicts. They cannot speak their grief, and cannot know themselves. In literature, these fractured identities are used to show that trauma may create a split inside the self, played out as a struggle between memory and reality, past and present, or individual desire and social expectation.

Silence is also an important element in the link between trauma and identity crises. Many trauma survivors are mute because language frequently cannot express the intensity of their agony. Trauma isolates people from others and damages their ability to trust or communicate with others, as Judith Herman (1992) puts it. Silence in literature is not just an absence of words; it is a sign of concealed anguish, emotional suppression, and the loss of a personal voice. The inability to talk about trauma frequently compounds the identity dilemma, as people are caught between what they remember and what they cannot articulate.

Trauma may erode not only the personal but also the cultural and societal identity. Experiences such as colonial brutality, racism, forced migration, and gender discrimination may result in a feeling of dislocation and estrangement from one's community, culture, or heritage. For those who have had such experiences, it can be difficult to find a place for themselves in society, leading to a broken sense of belonging. Postcolonial and feminist literary studies are especially sensitive to the impact of trauma on identity, both individual and larger social and historical.

Trauma may be devastating, yet it can also launch a process of change and self-reconstruction. Healing does not remove traumatic memory, but can help people to reconstruct meaning from pain. Through narrative, recollection, and self-reflection, trauma survivors may piece together the broken self. In literature, this process is typically portrayed as a movement from silence to voice, from disintegration to reconstruction, and from sorrow

to resilience. Narrative, therefore, becomes a significant instrument of healing, helping traumatized persons recover agency over their identities.

Ultimately, trauma and identity crisis are closely related ideas that show the long-term psychological effects of suffering. Trauma breaks the continuity of the self, destabilizes emotional stability, and leads to internal conflict. One of the most important consequences of trauma is an identity crisis. This link may be explored in literary studies to help readers better comprehend the ways characters manage grief, memory, selfhood, and the ways in which trauma can transform both personal and cultural identitie**s.**

I.10 Conclusion:

Trauma is an important concept across psychology, sociology, and literature. Trauma helps scholars comprehend the lasting effects of suffering on both individuals and societies. Therefore, I devoted this chapter to understanding its meaning and its historical development over time and across societies.

Chapter Two :Between Early and Contemporary Trauma Theories

II.Chapter two: Between Early and Centemporary Trauma Theories

I.Introduction

Trauma has contributed to shaping diverse painful experiences of individuals and societies. Trauma has become a central issue and concept in contemporary literary and cultural studies. Trauma theories focus on exploring the human psychological, emotional, and social effects of all brutal acts or losses, such as violence, colonialism, slavery, and displacement. The emphasis in this chapter is not only on theorizing the experience of suffering but also on the difficulty of expressing traumatic memories through language and narration. Scholars such as Sigmund Freud and Cathy Caruth contributed significantly to the lasting impact of traumatic events on identity and consciousness.

II. 1 Trauma in Literary Studies

Cathy Caruth's Unclaimed Experience (1996) is one of the most important theories of trauma in the humanities. Her groundbreaking book provides crucial insights into literary trauma theory. Caruth proposes stories of how representations of trauma can aid in comprehending the wounded identity, as well as how trauma, a concept that contradicts standard narrative forms, may, ironically, be articulated through word failure and language deconstruction.

Although Caruth's work may be used in literary trauma studies, some theorists have pointed out ludicrous and often illogical insights in Caruth's concept of trauma (Leys, 2000; Forter, 2008). In Caruth's view, the phrase refers to a broader notion in which the distinction between the traumatized and the non-traumatized, as well as between victim and perpetrator, appears to dissolve. In doing so, the past is essentially transformed into a "history of trauma" (Caruth, 1996, p. 18).

Ruth Leys believes that Caruth's theoretical arguments on the concept of trauma are "diluted and generalized," which may undermine victims who have genuinely experienced trauma, because Caruth has lumped both the traumatized and the non-traumatized together (Leys, 2000, p. 305). Nonetheless, Caruth's monograph Unclaimed Experience (1996) remains relevant because it was quickly followed by several trauma-related works..

Trauma evolved from its primary area of medicine and psychology to find relevance in literary and cultural studies. Why does literary trauma matter? To answer this topic, it is crucial to emphasize Laurie Vickroy's claim that "literary and imaginative approaches to trauma provide a necessary supplement to historical and psychological studies" (Vickroy, 2002, p. 221).

The literary imagination has the potential to represent, fictionalize, and create room for feelings that are unexplainable and defy verbalization, particularly threatening experiences of shame and vulnerability, which can be examined from a variety of angles. Fictional worlds in literary writings allow for a variety of encounters with the subject of trauma, which is frequently historicalized, personalized, metaphorized, and contextualized.

As a result, literary responses to trauma can elicit emotional identification and sympathy in readers while also encouraging critical thinking. In this vein, Vickroy (2015) contends that trauma in literature challenges readers' perceptions of crisis and conflict by demonstrating how emotional reactions can be generated from painful experiences.

Vickroy claims that literary texts are produced not only to "make terrifying, alien experiences more understandable and accessible," but also to provide a means of "witnessing or testifying for the history and experience of historically marginalized people" (Vickroy, 2002, pp. 221-22). Whitehead (2004) notes that trauma fiction generally focuses on "the denied, the repressed, and the forgotten" (p. 82). However, trauma narratives and "limit-cases" investigate self-narration and self-representation within a literary structure, allowing authors to explore different perspectives on writing trauma and writing the self .

As a result, according to Zapf, literary trauma texts may influence readers because they operate in an imaginary world. In her excellent work Trauma and Survival in Contemporary Fiction (2002), Laurie Vickroy agrees that fictional trauma narratives "have taken an important place among artistic, scholarly, and testimonial representations in illuminating the personal and public aspects of trauma and in elucidating our relationship to memory and forgetting with the complex interweaving of social and psychological relationships" (Vickroy, 2002, p. 1).

Vickroy focuses on not only the impact of trauma as a narrative but also on the various fictional techniques through which trauma is mediated, while keeping in mind that trauma fiction varies from text to text, depending on the sociocultural and sociopolitical context in which the writing is born.

Literary trauma texts frequently reflect a paradox in the nature of trauma. They express what is difficult to remember and narrate, as well as what is difficult to represent and comprehend. 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).

Trauma, according to Luckhurst, "issues a challenge to the capacities of narrative knowledge" (Luckhurst, 2008, p. 79), or, more broadly, a challenge to language, narration, and understanding. He also points out that most trauma literature discusses the relationship between "narrative possibility" and "impossibility" (Luckhurst, 2008, pp. 80-3). The novel examined in this study discusses these conflicts, emphasizing the potential and/or limitations of language in relation to trauma.

One of the difficulties in literary trauma writing is that it performs a complex performance regarding the (un)speakability, (un)narratability, and (in)comprehensibility of trauma, and trauma theory shows an equally strong concern for the interrelations between wound and word, trauma and literature, and trauma and language (Sütterlin, 2020). These interrelationships, however, have been conceived in quite diverse ways. Caruth's seminal

work, Unclaimed Experience (1996), exemplified theorizing trauma through the possibility/impossibility of storytelling. She permits trauma to be converted into a narrative in order to make sense of the incomprehensible. However, she claimed that such a technique is likely to mislead the "truth" of trauma:

> The transformation of trauma into a narrative memory that allows the story to be verbalized and communicated, to be integrated into one's own and others' knowledge of the past, may lose both the precision and the force that characterize traumatic recall (Caruth, 1995, p. 153).

Geoffrey Hartman claims that words are insufficient and inadequate in the face of trauma, but he also believes that "literary verbalization, however, still remains a basis for making the wound perceivable and the silence audible" (Hartman, 2003, p. 259). Vickroy and Whitehead also show how trauma narratives not only depict but also perform trauma, meaning they "incorporate the rhythms, processes, and uncertainties of trauma within [their] consciousness and structure" (Vickroy, 2002, p. 13; Whitehead, 2004).

These critics' main focus differs from Caruth's in that they do not put emphasis on the incomprehensibility and unspeakability of trauma. What Whitehead and Vickroy highlight is that traumatic experiences may be presented in narratives. They do acknowledge that trauma resists being fully remembered and represented, but they also assert that writers have the means to represent trauma in fiction, thus facilitating its understanding.

In Luckhurst's view, focusing on narrative impossibility rather than potential is risky not only for comprehending trauma but also for rehabilitation and healing. In other words, the inability to describe trauma implies the inability to recover from it (Luckhurst, 2008). In Unclaimed Experience (1996), Caruth visibly marginalizes all ways of recovery, focusing on what he calls "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" (Caruth, 1996, p.6).

According to Leys (2000), Caruth's readings of both theoretical and literary texts are focused on this "new mode," characterized by aporia, incomprehensibility, and fragmentation, and they illuminate the possibility of recovery through literature. Shoshana Felman investigates Caruth's response to trauma in Testimony. According to Felman (1991), Caruth emphasizes repetition as a crucial aspect of trauma writing because it reflects the first-hand experience of trauma through the concepts of compulsion and acting out, as well as being

trapped in an infinite circle of pain. Thus, neither trauma narratives nor Caruth's theory narratives permit language and healing.

Whitehead reads Caruth's approach similarly, observing that Caruth "articulates concerns that the traumatic cure implies a dilution of the experience into the reassuring terms of therapy," and adds that "[t]here 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, pp. 166-17).

The inability to narrate and recover from trauma is problematic for several reasons. First, theorizations about how trauma disrupts and delays narrations risk overlooking the reality that trauma has a strong proclivity to create narration. Luckhurst says on this point that "[i]n its shock impact, trauma is anti-narrative, but it also generates the manic production of retrospective narratives that seek to explicate the trauma" (Luckhurst, 2008, p.79). Furthermore, Schönfelder observes that anti-narratives and anti-therapeutic stances create ethical problems: "it is problematic for trauma theory to insist on the preservation of the 'truth' and full force of trauma while ignoring trauma victims' needs, especially their need for narration and desire for integration and recovery" (Schönfelder, 2013, p. 33).

This brings up historian Dominick LaCapra's pertinent critique of Caruth's views on acting out, working through, and recovery. According to LaCapra (1996), focusing solely on "symptomatic acting out" or repeating compulsive risks exacerbates trauma. This means that reading the wound as "traumatic writing or posttraumatic writing in closest proximity to trauma" may risk perpetuating trauma (LaCapra, 2014, p. 23).

Furthermore, in Writing History, Writing Trauma, LaCapra criticizes trauma narratives 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" (LaCapra, 2014, p. 78).

LaCapra, with an implicit reference to Caruth's theorization of literary trauma, explores the contradiction between narrative impossibility and potential, as well as acting out and working through problems. Thus, one meanders between narratives defined by the “phantasm of total mastery, full ego identity, definitive close" (which Caruth rejects) and narratives marked by "endless mutability, fragmentation, melancholia, aporias, irrecoverable residues or exclusions" (LaCapra, 2014, p. 78).

In light of this, LaCapra proposes the presence of trauma narratives between these two poles, which represents a significant shift in trauma research. Deborah Horvitz's reading

of women's trauma in Literary Trauma, Sadism, Memory, and Sexual Violence in American Women's Fiction (2000) is a notable example of this claim, as she identified the female protagonists' ability to use art, primarily writing, as a creative tool for 'working through' or healing from trauma. She concludes her book with a key view about the positive outcome of telling trauma that differs greatly from the negative view of Caruth and Felman: As I hope my study illustrates, power lies in the capacity to find or create individual, personal meaning from a traumatized and tortured past. If traumatic events are not repressed, they can be used: victims remember and imagine stories to be repeated and passed on. That is, when the stories of the past are consciously recognized, the cycle of violence can end, because the narratives, not the sadomasochism or the trauma, are repeated and passed on. (Horvitz, 2000, p. 134).

Horvitz's argument perfectly matches the purpose of this study, which seeks to shed light on the tales of traumatized women while also demonstrating the capacity of telling and narrating trauma. Having said that, Horvitz distinguishes herself from Caruth and Felman's theory that trauma is conveyed through contagion or contamination. Jennifer Griffiths' Traumatic Possessions (2009) is an excellent illustration of trauma recovery and self-reconstitution. While Caruth and Felman's theoretical approaches are critical to the development of a literary trauma theory, they are complex and sometimes difficult to understand. In a more positive light, critics such as Horvitz, Vickroy, Kaplan, and Griffiths make literary trauma writing accessible through narration, reading, and recovery.

In particular, trauma in literary studies emphasizes the study of trauma writing. Indeed, strategies of verbalization and storytelling have distinguished the aforementioned criticisms from the Caruthian trauma theory. Traumatic stress has led literary critics to reconsider their preconceptions about literary trauma, particularly when trauma studies address questions such as how trauma may be integrated into a story and whether or not recounting trauma can be a method of working through it (LaCapra, 2014).

Furthermore, comparing three diverse women's trauma narratives may shed new light on questions of healing, particularly when postcolonial narratives approach recovery in very different ways. Instrumenting the complex relationship between wounds and words, as well as speaking about and healing from the wound, is a major concern in my readings of all my chosen texts; broadly speaking, postmodern explorations of healing methods contrast with postcolonial skepticism, ambivalence, and, somehow, a rejection of recovery.

In addition to their severely critical attitudes toward narrative and trauma rehabilitation, famous literary scholars' trauma theories contain other problematic characteristics. Hartman inquires, "What is the relevance of trauma theory for reading, or

practical criticism?" After that, he responds succinctly: "In short, we gain a clearer view of the relationship of literature to mental functioning in several key areas, including reference, subjectivity, and narration" (Hartman, 1995, p. 547). Harman's perspective often uses trauma to describe what it signifies on an individual and social level.

But most crucially, he highlights the primary goal of literary trauma studies: "There is more listening, more hearing of words within words, and a greater openness to testimony" (Hartman, 1995, p. 541).

The stories this dissertation examines, such as Malika Mokeddem's L'Interdite (1993), Calixthe Beyala's Tu t'Appelleras Tanga (1988), and Chimamanda Ngozi's Purple Hibiscus (2004), all address specific traumatic events and their effects on women. They need to be looked at in a way that does justice to trauma as a life-changing event and does not make it a universal human condition.

Whitehead contends that literary studies frequently invite the act of interpretation that occurs between an active subject (reader) and a passive object (text), and literary trauma theory "readjusts" the reader-text relationship so that reading is done ethically (Whitehead, 2004, p. 8). Similarly, Hartman (1995) claims that this new manner of reading and hearing makes trauma accessible to both readers and the wider public.

Given the intricacies and contradictions inherent in literary trauma theory, many inquiries emerge, particularly pertaining to psychological and cultural trauma. Psychology examines the psychological remnants of traumatic events on individuals, while cultural trauma emphasizes the many processes through which trauma is culturally mediated, positing that "individual traumatic experience is always culturally mediated" (Davis &Meretoja, 2020, p. 4). This underscores the significance of cultural discourse in ascribing meaning to certain manifestations of violence, such as gender-based or racial violence. LaCapra's perspective is pertinent here, as he posited that the discourse of trauma is a significant element of culture, offering people a way to interpret painful experiences and ultimately leading to the formation of diverse meanings (LaCapra, 2014).

II.2 Trauma Theories

Sometimes, trauma stops people from feeling their emotions and physical pains. In this case, people also stay quiet and cut off from the rest of the world. According to Gibbs (2004), “People with PTSD may feel numb; have less interest in events around them; have

lessability to feel emotions, especially those related to intimate involvement with others, and may end up detached from other people and with a sense that they have no future'' (p. 153).

A person's past can affect how likely they are to develop PTSD after going through a stressful event. As an example, people who have been through violence are more likely to develop PTSD if they think violence is okay. Someone who goes through a traumatic event in a place or situation where they do not feel safe or protected may be more likely to develop PTSD. How someone understands what happened to them and how they respond to a traumatic event may depend on what they believe.

Sigmund Freud and Cathy Caruth both say that trauma is an action that happens later and has effects that happen later, making the subject feel blind, late, and in denial. Just like Freud, Caruth thinks of trauma as a process that happens over time, with the traumatic event "not fully assimilated or experienced at the time, but only belatedly, in its repeated possession of the one who experiences it" (Caruth, 1995, p. 4). In this case, the victim is haunted by the recurring event or something connected to it, even though he or she only realizes the traumatic event later, because "it is inherent that it is first experienced at all" (Caruth, 1995, p. 8). So, the traumatic event can only exist after it happens, when the person is somewhere between forgetting and not being aware of what happened.

Caruth writes about how stress makes people forget things and prevents them from talking about them. "Survival itself can be a crisis," she says (1995, p. 9). It is hard to figure out what a traumatic experience means because the victim's mind has already twisted the event. When a victim goes through a traumatic event, their memories may become distorted, making it hard for them to correctly describe what happened. This can also make it hard for others to fully understand how the stressful event affected the victim, and it can make it harder for them to get help or support. PTSD, according to Caruth (1995, p. 4), is when someone has "repeated, intrusive hallucinations, dreams, thoughts, or behavior that stem from the event, along with numbing that might have begun during and after the experience, and possibly also increased arousal to stimuli recalling the event."

II. 2.1 Early Trauma Theories (Freud's Theory of Hysteria)

In the broadest sense, the origin of the experience of trauma lies in the nineteenth-century diagnosis of nervous disorders known as railway spine (Luckhurst, 2008). It was, however, Freud's discoveries and his earliest hypotheses about the unconscious and the mechanisms of repression that laid the foundation of the concept. According to Forter, Freud

suggests in Studies on Hysteria (1895) that hysteria caused by a traumatic experience “that have not been fully integrated into the personality (Forter, 2007, p. 262).

In the sameway, Van der Kolk defined hysteria as “a mental disorder characterized by emotional outbursts, susceptibility to suggestion, and contractions and paralyses of the muscles thatcould not beexplained by simple anatomy” (Van der Kolk, 2014, p. 177). Nevertheless, Rousseau thinks that hysteria is a complicated phenomenon in the agenda of western medicine as itreveals the “binary components of the medical model –mind/body, pathology/normalcy, health/sickness, doctor/patient –as no other condition ever has” (Rousseau, 1993, p. 92).

Throughout his scattered work on trauma, Freud located the root of hysteria in childhood sexual trauma. He argues that the painful experience is often repressed and forgotten by the conscious mind. However, these repressed experiences continue to dwell in the unconscious, as Freud called them “foreign bodies” in the mind (Forter, 2007, p. 262).

In fact, Freud developed two types of trauma theory, according to Cathy Caruth (1996): the model of castration, generally considered as an early model, is linked to the theory of repression and the return of the repressed. From his and the French neurologist Jean-Martin Charcot's insights, the concept of hysteria captured the public’s attention as “a great venture into the unknown” (Herman, 2015, p. 10).

Initially, the term hysteria was not defined systematically, and it was linked to incomprehensible symptoms that were proper to women and originating in the uterus, hence the term hysteria (Ellenberger, 1994).

Symptoms of hysteria often included motor paralysis that demonstrated neurological damage, amnesia, confusion, and fragmented memory. Moreover, Freud noticed unbearable emotional reactions to traumatic events that generated an altered state of consciousness and consequently induced in return the hysterical symptoms. Pierre Janet called this alteration in consciousness dissociation, while Freud called it double consciousness (Herman, 2015). Janet believed that one’s capacity for dissociation stems from a psychological weakness. Freud, on the contrary, argued that hysteria “could be found among people [women mostly] of the clearest intellect, strongest will, greatest character, and highest critical power” (Herman, 2015, p. 12).

As a result, Freud maintained that hysteria “represented disguised representations of intensely distressing events which had been banished from memory” (Herman, 2015, p. 12). According to Herman, hysterical symptoms are linked to traumatic memories that can be

recovered and put into words. Freud called this “catharsis”, and later called it “psycho-analysis”, which started as a treatment with the purpose of explaining the traumatic symptoms to patients (2015, p. 12).

Hysteria offered a more or less scientific explanation for prevailing phenomena such as witchcraft, religious ecstasy, and demonic possession states in the late nineteenth century. The French neurologists Charcot, Pierre Janet, and Freud used the Salpêtrière as their kingdom to emphasize the role of hysteria in understanding trauma (Davis &Meretoja, 2020).

On one hand, the downside of the performance is that Charcot and his colleagues needed an audience to illustrate the quality of their work, which cannot necessarily be classified as a scientific investigation, and most importantly, they did not have an interest whatsoever in the victims' inner lives, as they viewed their emotions and feelings to be cataloged. On the other hand, these investigations were not done in vain, as by the mid-1890s Freud and Janet arrived at a striking formulation: hysteria was a condition caused by psychological trauma (Herman, 2015).

Accordingly, one can say that the roots of trauma trace back to the concept of hysteriathatism, mainly characterized by an altered memory and lack of language. In Van der Kolk’s words, “traumatized people simultaneously remember too little and too much” (Van der Kolk, 2014, p. 179).

II. 2.2 Contemporary Trauma Theories (Cathy Caruth)

Cathy Caruth asserts that "trauma is not simply an effect of destruction, but also, fundamentally, an enigma of survival" (1996, p. 85). To solve the enigma of trauma, one must first understand what exists after the trauma. She claims that the trauma's recollection is all that remains afterward. She does not, however, refer to the memory of the actual event, which all civilizations share, but to the memory of what none of them can remember. This, according to Caruth, is a new type of memory; it is the trauma's own memory. This memory can be accessible solely through the victim's post-traumatic symptoms."A central claim of contemporary literary trauma theory asserts that trauma creates a speechless fright that divides or destroys identity" (Balaev, 2008, p. 149).

Trauma-induced speechlessness may leave people feeling alienated from themselves and their memories, resulting in a fragmented sense of identity. The traumatic experience can be so overwhelming that it creates a schism in the individual's sense of self, impeding his or her ability to fully process and integrate it into his or her personal narrative. As a result,

trauma patients may struggle to express themselves verbally and emotionally, worsening the sensation of separation and harming their sense of self.

The traumatic encounter may also leave lasting emotional scars that affect the victim's future experiences and relationships, altering their sense of self. Finally, trauma has a significant and long-term impact on identity, undermining an individual's ability to make sense of his or her experiences and grasp who he or she is. Situating a traumatic history within a contextual framework is one way to gain access to it. This framework can help an individual understand the incident or experience and connect it to other elements of their life. Furthermore, the framework might provide a means of investigating the event or experience from several angles. Caruth discusses the traumatic past as follows:

> The history that a flashback tells […] is, therefore, a history that literally has no place, neither in the past, in which it was not fully experienced, nor in the present, in which its precise images and enactments are not fully understood. In its repeated imposition as both image and amnesia, the trauma thus seems to evoke the difficult truth of a history that is constituted by the very incomprehensibility of its occurrence (1995, p. 153).

Trauma does not happen once; there are stories of trauma. Caruth defines trauma as the story of a belated experience. She says: "The story of trauma, then, as the narrative of a belated experience, far from telling of an escape from reality—the escape from a death, or from its referential force-rather attests to its endless impact on a life" (1996, page 7). In this situation, she argues that traumatic experiences and memories have a profound impact on people's minds. Caruth claims the following:

[Trauma] cannot be defined in terms of a distortion of the event, achieving its haunting power as a result of distorting personal significances attached to it. The pathology consists, rather, solely in the structure of its experience or reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it. To be traumatized is precisely to be possessed by an image or event. And thus the traumatic symptom cannot be interpreted, simply, as a distortion of reality, nor as the lending of unconscious meaning to a reality it wishes to ignore, nor as the repression of what once was wished (2013, pp. 4-5).

Caruth said that people who have been traumatized "carry an impossible history within them, or they become themselves the symptoms of a history that they cannot entirely possess" (1995, p. 5). Henry Krystal wrote in 1978 that "the adult catastrophic trauma state is

determined by the presence of unavoidable danger," which is different from the infantile traumatic state. People in a traumatized society are affected by the things that happen around them and have to deal with the effects. Caruth says that trauma is a reaction to an event that a person can not deal with or incorporate into their life. A person can be traumatized when they have no control over the event or their reaction to it.

To understand trauma theory, Caruth examines it through three major conceptual dimensions. According to Freudian psychoanalysis, the first factor is linked to the fact that a traumatic event is rarely remembered or made clear. She talks about Freud's idea of "deferred action," which holds that stress has effects that manifest later and make it impossible to see clearly. Things that happen to you can never be forgotten. So, Caruth's idea of traumatism as a result of memory is mostly about the forgotten returning. "Trauma brings back what was pushed down." (Caruth 1996, p. 88) Before you can understand the return of the suppressed, you need to know that trauma comes from feeling scared or like your life is in danger. Those who are victims go through trauma because they can not handle the fear that would destroy them. Repression is what keeps people from feeling the fear of trauma, but it is also what brings the trauma back. That which scares people is death and the thought of being wiped out. Trauma is the feeling of losing oneself, of being smashed to pieces.

Caruth's second way of looking at trauma is linked to Derrida's deconstructionist theory, which says that the way texts show reality is never simple. It is not a sure thing and might not even be possible. In line with Caruth's idea, Dominick Lacapra (2001) says that "trauma is a disruptive experience that breaks down the self and makes holes in existence" (p. 41). He says, "The study of traumatic events presents especially tough challenges in portraying and writing" (p. 41). The Nazi Holocaust, which Felman and Laub (1992, p. xiv) call the "watershed of our times" in terms of trauma, is Caruth's third view of trauma theory. Miller and Tougaw (2002) also say that a lot of historians "deny the Holocaust as an example of unimaginable human suffering" (p. 3). There is a lot of pain and suffering in psychological trauma, but it also forces people to face truths they have not been ready to face yet (1995, p. vii). To quote Caruth, the suffering of a traumatized person comes from realizing that there are "unacknowledged and unarticulated realities" (1995, p. viii). When you realize that things you have been denying exist because you thought they were too horrible to admit, you experience trauma.

The trauma victim is then faced with three realities that are at odds with each other: the reality of his or her own suffering, the reality of realities that are not being recognized, and the reality of realities that others have denied. The person who has been traumatized loses

faith in reality itself because of this struggle. This loss of faith makes people feel alone and cut off from other people. The person who has been traumatized feels alone in the world because they are the only ones who know about the unacknowledged truths.

A more psychological method seems to be taken by Caruth, who says that trauma is not just about the event itself, but also about how it changes the victim's life. Trauma can change the way a person lives, which is something she talks about. What she says is that "the very worst parts of traumatic events cannot be absorbed by normal ways of knowing, remembering, and identifying oneself" (2013, p. 6). Caruth also seems to be interested in the idea that everyone goes through pain. She says that “trauma is an experience of a singular disaster that has the character of being overwhelming and is not simply an experience of oneself, but an experience of oneself in a particular relation to the world” (2013, p. 6).

II.3-Typology of Trauma In Literary Texts

Trauma in literary texts may be structured psychologically and culturally. The latter, however, received significant criticism and attention among trauma scholars due to its various forms in the field of sociology. However, for the sake of simplicity and to avoid deviating from the purpose of this dissertation, psychological and cultural trauma will be examined from a literary perspective, focusing on how they are narrated in trauma fiction.

II.3.1-Psychological Trauma

Terms like psychological, individual, or personal are added to ‘trauma’to differentiate it from collective,political, or cultural trauma. Today, psychological trauma is taken for granted and is loosely used in the vernacular to signify mildly painful experiences. Yet, in spite of its ambiguous use in everyday use, psychological trauma calls attention to the diagnosis, treatment, and recovery from the posttraumatic suffering. In the last decades of the twentieth century, psychological trauma experienced in childhood and within the family, such as sexual abuse, incest, and domestic violence, has emerged as permanent themes in fiction. Previously, psychological trauma was known as‘war neuroses’, a term used to diagnose soldiers who came back from war with an altered psyche. Psychological or personal trauma is usually the ‘invisible’ impact on the mind caused by a traumatic event. Luckhurst (2008) described psychological trauma as a state of intense fear that chokes the nervous system and challenges the victim’s self.

Consequently,anxiety and depression are often the result of psychological trauma. This development can be seen in connection with the construction of Posttraumatic Stress Disorder (PTSD) as a diagnostic category within the field of psychiatry. Moreover, 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, p. 49). Judith Herman lists two prominent characteristics of psychological trauma, namely intrusion and constriction, in Trauma and Recovery (2015). When the individual is continually hijacked by the memory of the traumatic event, even after the danger has passed, it is called an 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, p. 37).

The intensity of the traumatic memories renders the individual amnesiac and/or lacking verbal narrative. A survivor of Hiroshima describes the traumatic memory as an "inedible image" or "death imprint" that constantly intrudes on the individual's life (Herman, 2015, p. 38). Accordingly, the survivor is always buffeted with fear and terror.

Constriction happens when the individual is completely powerless, thus surrendering to the traumatic memories. Herman (2015) explains that the system of self-defense shuts down in this case, leading to a change in state of consciousness. A rape survivor describes her experiences as follows:

> "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 was going to get it –that's what happened…I couldn't scream. I couldn't move. I was paralyzed … like a rag doll" (Herman, 2015, p. 42).

These alterations of consciousness are at the heart of constriction, or, in other terms, numbing. Sometimes, the response to an inescapable danger may evoke paradoxically a state of detached calmness, in which terror, fear, and pain dissolve into silence, "as though these events have been disconnected from their ordinary meanings"(Herman,2015;p.43). As a result, the person may feel that the events are not happening to her/him, or as though she/he is observing from the outside what is happening, a resemblance to an out-of-body experience. Herman compares the altered state of consciousness to a hypnotic trance state:

They share the same features: surrender of voluntary action, suspension of initiative and critical judgment, subjective detachment or calm, enhanced perception of the imaginary,

altered sensations, including numbness and analgesia, and distortion of reality, including depersonalization, derealization, and changes in the sense of time. (Herman, 2015, p. 43)

Psychological trauma alters the perception of the individual, making him experience life from a different angle. The typical constellation of symptoms further includes self-injury, suicidal tendencies, various forms of somatization, and dissociative disorder (Van der Kolk, 2014). Dissociation refers to experiences of depersonalization and derealization, as mentioned in Herman's (2015) previous statement. In these states,the individual perceives the reality of their self and their environment in an abnormal way, which eventually triggers despair,abuse,shame,and blame.

When we speak of psychological trauma, we speak of repressed memories and experiences. These experiences may be silenced due to cultural norms. Put differently, Alexander (2004) remarks that in order to define psychological trauma, one needs first to locate it within a context. The repressed memories of a war veteran are not, for example, the same repressed memories of a raped woman, or an abused child. Besides, the mechanisms associated with psychological trauma are the intrapsychic dynamics of defense, adaptation, coping, and working through, as mentioned before, which can be unique and subjective to the individual in a given society.

Notably, an important feature of psychological trauma is its embeddedness and indelibility in the structure of personality. Charcot described traumatic memories as “parasites of the mind” (Alexander, 2014, p. 41). The psychiatrist VanderKolk, along with his colleagues, described it as follows:

> When [psychological] trauma fails to be integrated into the totality of a person’s life experiences, the victim remains fixated on the trauma. Despite 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, p. 5).

Nonetheless, this characterization must be regarded as relative because the degree of embeddedness varies according to the severity of trauma, as well as the vulnerability of the victim, and most importantly, the environment of the victim.

A similar point of view is that of Balaev, who challenged the notion of the subjectivity of trauma. She suggested that all responses to trauma are similar among individuals, and that “universal neural-hormonal changes occur in response to a traumatic

experience" (Balaev, 2012, p. 9). Although Balaev's statement is true to a certain degree, to claim that the response to trauma is universal and similar is dangerous. Therapeutic response to psychological trauma may be similar when scientifically explained, in terms of neurology and how the brain functions. But the experience of psychological trauma is far from universal, a point that will be demonstrated throughout this dissertation.

Balaev's argument,however, for a pluralistic approach to psychological trauma alludes to the importance of the social and cultural contexts in which trauma is caused. She connects the individual with society and with culture. In doing so, she calls attention to how the individual's experience of trauma "necessarily oscillates between private and public meanings, between personal and social paradigms" (Balaev, 2012, p. 17).In literature, this context is often represented by the protagonists who "are shown to experience trauma within the context of a culture that ascribes different layers of meaning to the event" (Balaev, 2012, p. 18). Balaev concludes: "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 in relation to a specific culture and place" (Balaev, 2012, p. 25).

Balaev's point of view is useful for my dissertation since it speaks to the central role played by context in the representation of trauma, namely that the speakability of trauma is dependent upon the cultural context within which the event occurs. Furthermore, when cultural values and assumptions are contested or debated following an event, a multiplicity of responses emerges, challenging the notion of a universalized approach to trauma.

II.3.2 Cultural Trauma

In recent years, the cultural aspect of trauma has gotten more and more notice. This is why it is important to talk about how this cultural aspect of trauma has been thought of in the past. In general, the tendency to generalise trauma has been especially strong in how the collective side of trauma has been treated. Some literary scholars have tried to (re)introduce historical aspects to their studies of cultural trauma, but they often get stuck in the Caruthian structural model of trauma.

Kaplan (2005), for example, discusses cultural trauma differently from Caruth. She does not seem interested in the traumatic aspects of communication, representation, and history. Instead, she is interested in the "cultural politics" of specific traumas, such as war,

colonialism, and postcolonialism. She makes a Cauthian move of generalisation, though, when she says that people who read stories or watch films about trauma often experience "vicarious or secondary trauma" (Kaplan, 2005, pp. 21–39). She also says that "most people experience trauma through the media" and wants to talk about "so-called'mediatized trauma'" (Kaplan, 2005, p. 2). This avoids the question of whether the word "trauma" is still appropriate in this situation.

Through this generalized lens of trauma, Kaplan diagnoses “entire cultures or nations” as suffering from the effect of trauma (Kaplan,2005,p.1). Similarly, Kirby Farrell(1998) argues in Post Traumatic Culture that trauma alters cultures in a contagious way:

Because of our capacity for suggestibility, post-traumatic stress can be seen as a category of experience that mediates between a specific individual’s injury and a group or even a culture. […] In cultural implications, then, it is useful to see post-traumatic experience as a sort of critically responsive interface between people. (Farrell, 1998, p. 12)

It is clear that Farrell's meaning of trauma is similar to Kaplan's approach to trauma, which is both historical and structural. This shows how people are apt to "interpret more and more aspects of human existence under the sign of trauma" (Kansteiner, 2004, p. 177). It should be called "cultural trauma" instead of "collective trauma" by both critics in this case.

Kai Erikson was one of the first sociologists to study how grief can change communities and cultures. He wrote a great article in 1995 called "Notes on Trauma and group," in which he discusses how trauma can both hurt and heal a group. He makes the following point: "Let us say that communal trauma comes in two forms, which can happen alone or together: damage to the tissues that hold human groups together, and the creation of social climates, or communal moods, that come to dominate a group's spirit" (Erikson, 1995, p. 190).

Cultural trauma, therefore, illuminates obscure social phenomena, including how individuals might be traumatized by an event they did not experience and why some events are collectively remembered while others are forgotten. In the light of events, Jeffrey Alexander maintains:

> Cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and shaping their future identity in fundamental, irrevocable ways. (Alexander, 2004, p. 1)

As an important part of this description, Alexander goes on to say that what is traumatic is not just the event itself, but also how it is understood and discussed within a community or social group. This means that the nature of the collective trauma is explained through a social process that is often contentious and complicated. This mechanism is usually conveyed through narration, which appears in many forms, such as political speeches, religious sermons, movies, and, of course, writing. In fact, writing has a significant impact on how it conveys and discusses cultural trauma.

In Eyerman's ground breaking book on cultural trauma and slavery, he examines how cultural trauma shaped African American identity through the works of Maya Angelou, Langston Hughes, Toni Morrison, and Alice Walker. He also shows how these writers' works offer different perspectives on the black American collective identity in relation to slavery (Eyerman, 2001).

According to Smelser (2004), this study is based on a story of cultural trauma that shows how trauma is "made, not born." Basically, cultural trauma is not the same as psychological trauma because it does not just affect one person in a society. Instead, it "occurs when members of a collectivity feel they have been subjected to a horrible event that leaves inedible marks upon their group consciousness...changing their future identity in fundamental and irrevocable ways" (Alexander, 2004, p. 1).

Accordingly, psychological and cultural trauma reinforce one another, hence intensifying the experience of shock. Nonetheless, the effects of trauma on the psyche are not similar to the effects of trauma on the cultural level, as Eyerman observes:

As opposed to psychological and physical trauma, which involves a wound and the experience of great emotional anguish by an individual, cultural trauma refers to a dramatic loss of identity and meaning, a tear in the social fabric, affecting a group of people that has achieved some degree of cohesion.In this sense, the trauma need not necessarily be felt by everyone in a community or experienced directly by any or all. (Eyerman, 2001, p. 2)

In his deliberation of how cultural trauma works, Eyerman, in the quote above, clearly borrows from the psychological trauma aspect of harm injury, and most importantly, he deviates from the model that considers the response to traumatic events as unspeakable or unpresentable. Of course, individuals who experience trauma on the personal, psychological level (arguably, first-hand experience) might also experience trauma on the cultural level as part of a collective, or members of a community whose identity has been irrevocably altered due to the cataclysmic event. However, the contrary is not true.

In a recent study conducted by a range of clinicians and theorists on the inheritance of suffering, it appears that children can inherit ‘memories’ of events they did not experience directly. However, the transmission in question does not occur through some mythic genetic inheritance but through the parents' emotional and nonverbal cues. The same applies to the entire community.

Using a constructionist view of cultural trauma, we can say that it is created through a process of negotiating and making sense of things. In other words, the next generation, who did not really go through trauma, continues to talk about and recognise the hurts of the past as something that makes them who they are as a group. It is important to note the similarities and differences between cultural trauma and personal trauma in this case.

Even though they do not show up as PTSD, cultural wounds from the past are still seen as damage to the social fabric and the group identity by future generations. The Algerian situation in the 1990s and 1990s could serve as a good example. There were protests and fights between civilians, cops, and terrorists, which killed hundreds of innocent people. In a way, this is related to Algeria's freedom from French rule and the politics of that time. Even though none of the protesters in the 1990s say they were traumatised by colonisation, they still have wounds from the past and continue to describe these wounds as "a loss of identity and meaning, a tear in the social fabric" (Eyerman, 2001, p. 2).

Kai Erikson wrote an article in 1991 called "Notes on Trauma and Community," in which he argues that when trauma occurs within a group, it not only breaks down aspects of culture but also builds community. This is a very different claim from psychological trauma, which damages the mind in a way that can not be fixed. In the same way that shared cultures and backgrounds can bring people together, Kai says, "trauma shared can do the same" (Erikson, 1991, p. 185). In this way, cultural trauma is very different from psychological trauma, especially when you think about what van der Kolk (2014) says about how psychological trauma makes people feel alone and isolated.

Interestingly, trauma can make people feel unique: when someone is traumatised, they feel alone in their experience, like the pain they are going through makes them unique. On the other hand, for some people, this feeling of being alone can become "a kind of calling, a status, where people are drawn to others similarly marked" (Erikson, 1991, p. 186). It is possible for a sense of kinship to grow out of a strong sense of loneliness; Erikson (1991, p. 186) says, "there is a spiritual kinship there, a sense of identity, even when feelings of affection are deadened and the ability to care numbed."

Consequently, Erikson believed that trauma has "both centripetal and centrifugal tendencies," which means it "pushes one away from the center while often simultaneously drawing one back" (Erikson, 1991, p. 186). Erikson says this feeling of being linked to others is often seen as the driving force in a community:

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

A careful reading of Erikson's words shows that it is not the horrible event itself that brings people together, but their shared experience of it and the pain that follows, which serves as a link between them.

There is also a gap in time between psychological trauma and cultural trauma. Erikson says that cultural trauma "works its way insidiously into the awareness of those who suffer from it" over time, while psychological trauma "breaks through one's defenses so suddenly and with such brutal force that one cannot react to it effectively." However, it is important to note that Kai's understanding of time is different from that of Caruth and Freud. "The time elapsed between the accident and the first appearance of the symptoms is called the 'incubation period,' a clear allusion to the pathology of infectious disease" (Freud, 2010, p. 84). This is how Freud talked about time in his book Moses and Monotheism.

Caruth also says that you can not directly access the traumatic event because you do not know, understand, or even feel it right away. Instead, he says that the event's power lies "precisely in [its] temporal delay" (Caruth, 1996, p. 9).

Finally, it is important to say again that cultural traumas are not caused by the event itself, but by groups that carry them over time, or what Alexander (2004) called "agents of memory." How cultural trauma occurs depends on how well memory-making and meaning-making systems function. The stronger the voice, the more likely it is that the event will have a bigger impact on the community as a whole and for a longer time.

From this point of view, creating cultural trauma could be seen as a risky business, based on who in the community has the most influence, the loudest voice, the best platform, or the most compelling message. When it comes to gender, women in African countries, for example, have the weakest and least powerful voices. This makes you wonder if their traumas are even cultural or psychological. Are their injuries even being talked about and understood? This question will be answered in the dissertation.

II.4 Trauma Recovery Theory

Trauma healing theory has emerged as one of the core issues in current trauma studies, psychology, psychoanalysis, and literary criticism. While the early trauma theories primarily centered on the definition of trauma and the description of its psychological impacts, current theorists directed their focus to the recovery process of traumatised persons from painful events and the reconstruction of their identities after emotional suffering. Recovery from trauma is often understood as a long, intricate process, not something that happens all at once. It requires emotional identification, the processing of memories, storytelling, social support, and the slow reconstruction of personal identity. The exploration of the link between trauma, memory, narration, and recovery by trauma theorists such as Judith Herman, Cathy Caruth, Bessel van der Kolk, Dominick LaCapra, and Dori Laub played a major role in the development of healing theories.

Theories of healing trauma have arisen from the understanding that traumatic experiences have a significant impact on the human psyche, often continuing to affect victims long after the horrific event has passed. Survivors often endure dread, anxiety, emotional numbness, fractured memories, despair, and difficulty building relationships. Because trauma breaks the victim's sense of safety and identity, rehabilitation takes more than just erasing hurtful memories. Healing requires recognizing the traumatic event and incorporating it into the survivor's own history without being trapped by it. Modern trauma theorists think that rehabilitation is achievable via emotional expression, witness, social connection, and psychological rebuilding.

Judith Herman is one of the most significant experts in trauma healing theory. In her ground-breaking work Trauma and Recovery (1992), Herman explores the psychological effects of violence, abuse, and political fear while also offering a systematic paradigm of trauma recovery. Herman states that trauma damages the victim's feeling of control, trust, and safety. Thus, rehabilitation cannot take place instantly, as traumatised persons typically continue to live under the emotional repercussions of dread and powerlessness. Herman describes the process of healing as proceeding through three primary stages: safety, remembering and grieving, and reintegration with everyday life.

The first stage, creating safety, is considered the basis of trauma rehabilitation. In this stage, survivors seek to achieve physical and emotional stability following extreme anxiety and insecurity. Traumatised people require supportive situations, where they feel safe from future violence, Herman says. Without protection, victims might be stuck in worry and mental instability. The second phase, remembering and mourning, addresses painful experiences via

storytelling and emotional expression. Survivors begin to piece together the horrific incident by translating fragmented memories into cohesive narratives. It might include testimony, therapy, writing, storytelling. Herman argues that discussing the trauma enables victims to recover the memories that have been silenced and shattered by overwhelming affect. The last phase, reconnection, focuses on restoring ties and rejoining society. Survivors progressively regain their sense of identity and begin to build meaningful connections with others. Herman's thesis reveals that healing is not about forgetting trauma, but about learning how to live beyond it.

Likewise, Cathy Caruth investigates the process of overcoming trauma through concepts of memory, storytelling, and repetition. In Unclaimed Experience: Trauma, Narrative, and History (1996), Caruth says that trauma is frequently experienced too swiftly or brutally to be completely grasped at the moment of its occurrence. This is why traumatic memories often reoccur through flashbacks , nightmares , repetition , and emotional disturbance . The mind is unable to fully comprehend the incident . Trauma, as Caruth states, creates a space between experience and knowledge that prevents survivors from articulating their pain directly.

Narration, as Caruth argues, is an important aspect of healing, as survivors strive to make sense of situations that were once unimaginable. Victims might eventually address repressed memories and convert silence into speech via narrative and testifying. Caruth concedes that trauma may never be fully healed, but she contends that storytelling helps survivors to confront horrific experiences in ways that lessen emotional fragmentation. Her approach has been extremely significant in the field of literary trauma studies because it foregrounds literature as a venue for expressing, remembering, and symbolically working through trauma. Memory, stillness, and the anguish of emotions are frequently explored in literary texts through characters' struggles, and narration becomes a part of the healing path.

Another major addition to trauma healing theory was made by Bessel van der Kolk in his book The Body Keeps the Score (2014). Van der Kolk focuses on the physical impact of trauma on the body and neurological system, unlike theories that focus mostly on memory and language. According to van der Kolk, trauma is not only preserved in the mind but also in body reflexes and physiological responses. This can produce panic attacks , sleeplessness , emotional numbness , persistent tension, and difficulty managing emotions . The body nevertheless reacts as though the danger were still there .

Van der Kolk says talking therapy alone may not be enough to heal from trauma. Healing is about reconnecting the mind and body, however, via mindfulness, exercise,

meditation, therapy, and social connection. He argues that trauma survivors frequently lose touch with themselves and others, which makes emotional management challenging. Thus, body-based treatments can help sufferers regain control over their physical and emotional responses. Van der Kolk extended the study of trauma by showing that rehabilitation requires mending of the mind and body.

Writing History, Writing Trauma (2001) by Dominick LaCapra also makes an important contribution to the philosophy of healing trauma by differentiating between "acting out" and "working through" trauma. LaCapra explains that acting out develops when victims are caught in recurrent cycles of traumatic memories and emotional distress. In this situation, trauma continues to dominate the survivor's present life since it is relived over and over without resolution. Survivors may review horrific experiences over and over without reaching emotional comprehension or healing.

Working through trauma, on the other hand, refers to a slow process of addressing traumatic events and gaining a critical distance from them. LaCapra does not advocate forgetting trauma but contends that survivors may begin to comprehend and incorporate traumatic experience into their own histories without being emotionally imprisoned by it. Victims may steadily rebuild their identities and move toward healing through contemplation, storytelling, and emotional awareness. In the field of literary studies, LaCapra's thesis is particularly relevant, as it explains how literature helps individuals and communities collaboratively and symbolically work through painful experiences.

Moreover, Dori Laub emphasizes the role of testimony and witnessing in trauma healing. In Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History (1992), authored with Shoshana Felman, Laub describes how trauma distorts memory and language, making it difficult for traumatised persons to communicate their experiences. Survivors may feel alone, silenced, or emotionally estranged from society. Laub argues that healing takes place when survivors tell their tales to attentive listeners who respond to their pain. The presence of a witness helps to turn terrible silence into conversation and recognition.

Laub's hypothesis shows that social connection and emotional validation are intertwined with trauma rehabilitation. Through testimony, survivors are able to piece together fractured memories and restore a sense of self that trauma has eroded. This approach has been hugely important in literary and cultural trauma studies because it foregrounds narrative as a psychological and creative process of healing.

Also, some trauma theorists approach recovery from a communal and cultural viewpoint. For instance, Kai Erikson claims that trauma may be experienced by entire communities, not merely individuals. In times of war, colonization, genocide or natural catastrophes, collective trauma may impair social connections, cultural identity and communal cohesiveness. Healing is consequently a matter of community memory, of solidarity, of common rebuilding. These processes are often reflected in literature, which echoes the pain of communities and the preservation of cultural memory throughout generations.

All modern trauma theorists agree that recovery is neither rapid nor complete. Traumatic events can continue to affect survivors throughout their lives, but healing is achievable via emotional identification, storytelling, testimony, social support, and identity reconstruction. Healing is not about deleting terrible memories; it is about learning to confront the past without being fully governed by it. In literary studies, trauma recovery is often depicted through narration, recollection, witness accounts, and personal change. Literature, therefore, becomes a vital means for people and communities to articulate sorrow, maintain memory, and seek emotional healing and reconciliation.

II. 5 Conclusion:

This chapter is devoted to exploring the main theories of trauma and its effects on the human psyche, consciousness, and emotions. These theories demonstrate how trauma often resists direct expression and reappears through silence, fragmentation, and repetition.

Chapter Three : Trauma in *Cereus Blooms at Night*

Chapter Three: Trauma in *Cereus Blooms at Night*

III.1 Introduction

This chapter investigates the portrayal of psychological trauma and the potential of recovery in Shani Mootoo's *Cereus Blooms at Night*. Mala Ramchandani is a stunning investigation of the long-term ramifications of incestuous abuse, emotional desertion, and social marginalization. Instead of showing trauma as a momentary emotional wound, Mootoo portrays it as a deep psychological state that informs memory, identity, relationships, and the individual's sense of reality. Mala's fractured identity, her retreat from society, and her inability to express herself in the usual ways show how trauma continues to affect the mind and body.

The ideas of Freud offer a framework for understanding the re-emergence of unresolved trauma through disjointed memory, altered behavior, and persistent emotional pain. The research demonstrates that Mala's psychological fragmentation is not only the result of the original acts of violence but also the result of the ongoing existence of the repressed events, still present in the unconscious.

The chapter next shifts to Cathy Caruth's theory of trauma, which emphasizes the belatedness of traumatic experience and the challenges of conveying it through words. Caruth's ideas of unclaimed experience, witnessing, and traumatic narration might serve to understand the novel's fractured structure and the importance of silence in Mala's tale. From this perspective, trauma appears as an event that is beyond instant understanding and that keeps coming back through gaps in narrative, indirect manifestations, and broken forms of memory.The final portion is about the healing process and the slow restoration of the self.

III.2 Trauma in Shani Mootoo's *Cereus Blooms at Night*

The main reason for trauma for Mala is that she falls victim to her father's madness and psychological decline. Chandin is abusive and violent. He repeatedly rape his daughter at night. After being rejected by his wife and the colonizer's family, he loses control, having made many efforts to satisfy The Reverend, a white colonizer. Chandin starts speaking English, adopts Christianity, and changes all his manners. However, he is still a black colonized in the eyes of the colonizer:

> He began to dress impeccably, to speak with the accent and strut with

the airs of he the Wetlanders once again seemed to so admire.(Shani Mootoo,51)

Here is a passage that summarizes the incestuous sexual abuse inflicted upon Mala by her father, Chandin Ramchandin:

> He pulled her up by the front of her dress and pushed her toward his bedroom. He threw her on the mattress of his sagging bed and ripped her dress off. She shut her eye and cried out loudly. It was the first time when she was a child that she felt so much pain. Chandin locked the bedroom door. He set the cleaver down by the bed. He raped her three more times that night.(Shani Mootoo, 223)

This event is not a simple act that took place in Mala's childhood, but it becomes a haunting ghost threatening her present, and renders her silent, unable to tell what happened.IN fact, this unspoken trauma is the outcome of a long history of colonial violence.

Such experiences often overwhelm the victim's ability to process events, resulting in long-lasting psychological wounds. Mala's trauma remains largely unspoken, reflecting the silence that frequently surrounds sexual abuse. In addition to the return of the bad memories at any time, there are fragmented recollections, flashbacks, and symbolic images. This scene reveals the size of pain Mala receives as a child:

> You want to know what hurt is? Eh? Forgiveness?Mercy? I'll show you what hurt is. He pushed her to the sink and shoved her face down into the basin, pressing his chin into her back as he used both hands to pull up her dress. ….as she sobbed and whispered, "Have mercy, lord, I beg, I beg". ..(Shani Mootoo, 1996: 221-222)

III.3 Trauma and Memory

The novel demonstrates how traumatic memories do not disappear but return through fragmented recollections, flashbacks, and symbolic images. Mala's memories emerge in

disjointed forms rather than as a coherent narrative, illustrating what trauma theorists describe as the belated nature of traumatic experie

III.4 The Fragmented Self of Mala: A Freudian Reading

Mala's psychological condition in *Cereus Blooms at Night* (1996)cannot be taken as a mere consequence of individual suffering. Years of incestuous abuse, emotional neglect, and social isolation have shattered her sense of self in ways that heavily shape her relationship to memory, identity, and reality.

Shani Mootoo offers trauma not as a one-off event in the past but as an ongoing psychic force that informs the way Mala perceives herself and her perception of the world around her. The novel's fragmented narrative structure reflects this state, as we see a subject whose consciousness has been deeply fractured by experiences that cannot easily be verbalized.

A Freudian reading is a fruitful framework for analysing this disruption. In his early work on hysteria and later reflections on repression, memory, and melancholia, Freud emphasizes the way in which traumatic experiences persist in the unconscious. Freud (1915) noted that memories of acute pain or conflict seldom disappear. Instead, the psyche relegates them from conscious awareness through repression. This process does not eliminate the traumatic material. The repressed continues to push from within, returning indirectly in the form of symptoms, compulsive behaviour, dreams, and distorted forms of recollection. Trauma, therefore, creates a split subject, caught between conscious forgetting and unconscious remembering. Mala mentally separates herself from her childhood identity, Pohpoh. Pohpoh persists within Mala's psyche and demonstrates Freud's claim on how te repressed memories do not disappear but continue to exert pressure from the unconscious,

> "Mala wished that she could go back in time and be a friend to this Pohpoh. She would storm into the house and, with one flick of her wrist, banish the father into a pit of pain and suffering from which there would be no escape" (p. 142)

So it is with Mala's psychological fragmentation. Throughout the novel, she appears cut off from the ordinary world, speaking only intermittently and living in a world inhabited by memories, plants, insects, and animals. Her apparent withdrawal from social life should not be interpreted as mere madness. Rather, it is a consequence of the long-term effects of a

psyche trying to contain experiences beyond common understanding. The boundaries between past and present become unstable because the traumatic events of childhood remain psychologically active. What might appear incoherent to outsiders is often a different way of surviving, a response to long-term violence and fear. This passage reveals her fragmentation between her childhood identity ‘pohpoh’ and adulthood identity ‘Mala’ :

> "At the top of the hill Pohpoh bent her body forward and, as though doing a breast stroke, began to part the air with her arms. Each stroke took her higher and higher until she no longer touched the ground."(Shani Mootoo, 186).

The novel repeatedly implies that trauma interrupts the continuity of identity. There is no stable narrative to which Mala can arrange her experience into a coherent sense of self. Instead, fragments of memory appear unpredictably, disrupting the present and exposing the unresolved nature of her suffering. In Freud’s theory, this condition is illuminated by the fact that traumatic experiences cannot be assimilated into conscious memory. What is not fully acknowledged haunts the subject, creating a constant tension between concealment and return.

At the same time, Mala’s fragmentation is beyond individual psychology. Her silence is emblematic of a broader set of social conditions that made abuse possible and unpunished. The community sees signs of distress but does not respond well, leaving the victim alone in her trauma. This silence serves to consolidate the mechanisms of repression by not allowing public recognition of violence. Thus, Mala carries the weight of an experience that is largely unsaid and must negotiate its effects on her own. This is another quote to reveal her disintegration and dissociation :

> "Her flesh had come undone. But every tingling blister and eruption in her mouth and lips was a welcome sign that she had survived. She was alive." (Shani Mootoo,134)

From a Freudian perspective, Mala’s fragmented identity is neither accidental nor, in a simplistic sense, pathological. It is the psychological fallout of prolonged trauma and the intricate defensive mechanisms that emerge as a result. Her actions, memories, and lapses indicate an unconscious struggle that is at the root of much of the novel. The following sections will examine this struggle in more detail using Freud’s concepts of repression and

melancholia, which both offer important insights into the lasting effects of trauma on Mala's psychic life.

III.4.1. Repression and the Reappearance of the Repressed

Trauma, for Freud, is all about repression. In his psychoanalytic theory, repression is a defense mechanism by which the mind keeps disturbing memories, urges, and emotions out of conscious awareness. This procedure prevents the individual from being overwhelmed by psychological distress but does not erase the traumatic experience itself. Repressed content is still alive in the unconscious and continues to shape behaviour, frequently surfacing in indirect and distorted ways. What has been repressed will, Freud (1915) says, seek expression in some form or other and will do so through symptoms, nightmares, compulsive acts, and disjointed memories. What does this mean for trauma? It means trauma is persistent, not because it is remembered too well, but because it cannot be properly digested into conscious knowledge. Mala wishes “that she could go back in time and be a friend to this Pohpoh” (Mootoo 142)

This Freudian dynamic may be seen in Mala's psychological state. She has been the victim of incestuous abuse from her father, Chandin, for years. She has developed coping strategies to enable her to survive that which is too terrible to face. She does not weave these occurrences into a cohesive personal narrative but shatters them, casting them into realms beyond conscious expression. Mala, as an adult, seldom speaks in regular English and seems separated from ordinary social realities. But her quiet is not forgetfulness. On the contrary, it implies the persistence of traumatic experiences that stay unresolved in her unconscious.

The narrative continually shows the past impinging upon the present. Mala’s memories do not come in a linear, regulated fashion. They emerge suddenly through sensory perceptions, emotional reactions, and fragmentary connections. Mootoo builds the tale to match this psychological process. The tale is told in non-chronological, discontinuous segments, representing the fragmented structure of traumatized memory itself. Like the traumatized subject, who recalls memories in isolated shards rather than as a full story, readers discover Mala's past piece by piece.

Another example of the reappearance of the repressed is her attachment to the physical surroundings. The unkempt landscape surrounding her house is not just a setting but an outward expression of her unconscious psyche. The entangled greenery keeps the vestiges of a history that refuses to go. The history of violence underlying the chaos is shaping the present. The garden, like memories suppressed in the brain, both buries traumatic experiences

and reveals their lasting effect. When everyday discourse is not enough, the natural environment becomes a language through which trauma may speak.

Another example of this is Mala's hallucination-like experiences . According to Freud , repressed material would emerge in disguised ways. The book often blurs the lines between fact, memory, and fantasy. The figures of the past appear to live in the present,, and tragic events are relived through symbolic encounters rather than memory. They should not be discounted as indicators of insanity. Instead, they can be viewed as expressions of unresolved psychic conflict. The underlying trauma was never properly dealt with; the unconscious keeps breaking into the present.

In this way, argues Freud, suppression produces a dichotomy between remembering and forgetting. The traumatized individual tries to keep painful memories out of consciousness, but such memories nonetheless demand recognition. Mala is this paradox. She is detached from her history, and yet trapped by it. Mala’s behaviors,anxieties, and perceptions reveal the continuing impact of traumas that have not been fully acknowledged or articulated. The result is a fractured self, straddling the wish to be released from the pain of memory and the impossibility of its erasure.

Through Mala’s character, Mootoo illustrates the power of suppression and the harm that can be done when trauma is never reconciled. The novel suggests that what is buried in the unconscious does not fade with time. Rather, it recurs, influencing identity, perception, and behavior long after the original events have passed. Hence, a Freudian reading does not imply Mala’s disintegration as a sign of individual weakness but rather a protracted fight with memories that are still psychologically alive after years of silence.

III.4.2. Melancholia and the Failure of Mourning

Freud’s difference between grieving and melancholia is a key foundation for comprehending the emotional components of Mala’s tragedy. In “Mourning and Melancholia” (1917), Freud states that grieving is a psychological process by which individuals progressively distance themselves from an object of loss. Mourning, albeit painful, enables the person to recognize loss and ultimately to reinvest emotional energy in life. Melancholy follows a different trajectory. When the loss cannot be completely acknowledged or grieved, the person remains bound to the object that has been lost. The lost thing is internalized into the self instead of dealing with absence, therefore creating a continuous psychological agony. The consequence is not rehabilitation but a permanent state in which mourning becomes part

of identity itself.

Mala's experience is much the same in this sad state of affairs. Throughout her life, she experiences a succession of losses that go much beyond the physical reality of death or separation. She lacks the safety and affection that would have been part of her childhood. She loses the sense of safety within her own house. Most importantly, she misses the chance to build a cohesive, stable identity. The losses come gradually, across years of abuse, and therefore are difficult to pinpoint or grieve in any normal way. "Grief is not for one person or event, but for a whole mode of being denied to her." Tyler who is Mala's nurse reminds the readers with the harsh psychological pain, hurt and even bad repetitive memory born from the melancholy, especially when facing harsh traumas by saying:

> I wonder at how many of us, feeling unsafe and unprotected, either ends up running far away from everything we know love, or staying and simply going mad. I have decided today that neither option is more or less noble than the other. They are merely different ways of coping, and we each must cope as best we can. (Shani Mootoo, 97)

This problem is made worse by the absence of her mother, Sarah. Sarah is there in person for some of Mala's upbringing, but she eventually fails to shield her kids from Chandin's brutality. Without her, Mala is left without the emotional support she needs to handle her experience. In Freudian terms, this departure leaves an open wound. This wound never heals because the relationship never reaches any meaningful conclusion. Mala can't openly grieve the loss of maternity care since it was already frail and imperfect before it left. So the grief is suspended, neither completely acknowledged nor overcome.

Freud connects melancholia with lowered self-esteem and an inability to separate one's identity from loss. Mala's disjointed life mirrors this. Her retreat from society, her seclusion in the crumbling house, her seeming indifference to normal human connections all reveal a person psychologically still tied to previous pain. Trauma has become part of her identity, so much so that it defines her daily life. She does not recall loss; she lives it. The lines between her grief and her identity begin to blur.

The novel's conception of time also supports this gloomy mindset. The past never becomes a memory for Mala. Childhood events keep structuring the present, limiting the emotional distance essential for grief to occur. Freud says that the realisation that the loss is in

the past is necessary for healthy mourning. Mala can never get such recognition since trauma conflates past and present over and over again. The awful traumas that shaped her childhood are still psychologically new and fresh, and sorrow remains in an active, unresolved state.

This inadequacy of sorrow is further illustrated by her devotion to the family house. The house is a reservoir of traumatic memories with evidence of violence, terror, and abandonment. Mala doesn't leave these memories behind, but stays tied, both physically and emotionally, to the place where they happened. The home itself becomes a tangible manifestation of melancholia. It is a history not given up, a sadness not converted into memory. Mala stays in that atmosphere and that emotional terrain of her trauma.

But Mootoo's representation of melancholia is not wholly static. Loss still has its imprint on Mala, but the narrative gradually begins to suggest the potential of connection via individuals such as Tyler and Ambrose. Their presence does not wipe away the past or fully heal pain. What they provide instead is the chance of acknowledgment. They provide the space for her experiences to be acknowledged at last by recognizing Mala's pain without judgment. This step toward acknowledgment prefigures the novel's larger thematic preoccupation with healing and implies that the path toward recovery does not begin with the erasure of pain but with its embedding into a common human story.

In a Freudian understanding of Mala's illness, melancholia is one of the most persistent effects of trauma. Her reluctance to mourn arises from losses never properly mourned and scars that stayed mentally raw for decades. The novel treats mourning not as a transient emotional experience but as a formative structure of identity, memory, and vision. Mootoo uses Mala's tale to highlight how unresolved grief may trap the self in the past, while simultaneously suggesting that empathy and acknowledgment may begin to remove that grip.

III.5 Unclaimed Experience and Narrative Gaps: A Caruthian Reading

Freud's ideas shed light on the psychological mechanisms that produce Mala's fractured identity but do not quite explain the strange interplay between trauma and story that underpins *Cereus Blooms at Night*. Shani Mootoo's novel is not just about the impact of trauma on the psyche. It is also about the resistance of traumatic events to representation and the dislocation of traditional narrative structures. Mala's past is not told in a continuous chronological narrative, but in silences, pauses, fragmentary recollections, and partial testimonials. These narrative aspects demand a reading in the light of Cathy Caruth's trauma theory, which focuses special emphasis on the belatedness of traumatic experience and the problems of its translation into language.

Trauma cannot be reduced to a reaction to a violent occurrence, according to Caruth (1996). The traumatic event is beyond the individual's capacity to make sense of it at the time it happens. When the incident occurred, it was not fully processed; as a result, it resurfaced later in unexpected ways. Often, it will come back as intrusive memories ,flashbacks , nightmares, or repeating behaviours . Trauma, therefore, produces a paradoxical state where the survivor is both tormented by the past and at the same time unable to own it as a completely integrated memory. What returns is not a whole remembrance of the event, but shards of an experience that is still in part beyond reach.

This notion of trauma provides a useful insight into Mala's situation. Her history is not a consistent story throughout the novel, and cannot be simply recreated. Instead, the reader is given fragments of recollection that progressively show the scope of her pain. Chandin's inflicted abuse is not depicted in a linear succession. The actuality of it is expressed through gaps, silences, and oblique revelations that demand careful interpretation. The story's fractured structure mirrors the fractured nature of traumatized memory itself. The unsaid is as important as the said.

Caruth's theory also points to the link between trauma and witness. Since trauma experiences are not immediately understood, survivors often seek out others to listen, validate, and make sense of their story. Testimony becomes a vital element in dealing with trauma as it shifts personal pain into a shared experience. But evidence is never straightforward. The survivor frequently cannot find the words to describe experiences that are still psychologically overpowering; the listener cannot accept a narrative of absence, doubt, and fragmentation. This contrast between quiet and speech is one of the primary concerns of Mootoo's work.

This process of seeing is exemplified in Tyler's storytelling voice. Tyler does not disregard Mala like the townspeople do, calling her insane or unintelligible. He comes to her with kindness and understanding. He knows her quiet covers a past that cannot be explained in conventional terms. He's not just a bystander. By listening to Mala and trying to piece together her experience, he is engaging in the process by which trauma becomes increasingly narratable. The work, therefore, presents storytelling as an ethical act grounded in attentiveness, compassion, and awareness.

Narrative gaps are essential to how this tragedy is represented. Mootoo deliberately leaves things out, leaving the reader feeling incomplete and unsure. These gaps are not simply creative techniques; they reflect the very nature of traumatic memory as Caruth has defined it. Trauma short-circuits the survivor's capacity to make sense of experience through narrative,

and the text reproduces that disruption at the level of form. Thus, the fragmented narration is not a deviation from but a representation of Mala's inner reality.

Ultimately, Caruth's work redirects emphasis away from the content of trauma to the ways trauma is experienced, remembered, and conveyed. Looking at this through the lens of *Cereus Blooms at Night*, the novel presents itself as a work that is preoccupied with the challenges of seeing sorrow that cannot be verbalised. Mala's narrative shows that trauma does not always reside in entire memories but rather in the silences, absences, and repeated bits that demand to be seen. The next parts look at these topics in more detail, examining the delayed appearance of trauma and the complicated role of silence as a kind of traumatic communication

III.5.1. The Crisis of Truth and Witnessing in the Late Age

One of Cathy Caruth's most notable contributions to trauma studies is that trauma is characterized by a belated response to reality. In 'Unclaimed Experience' (1996), she argues that traumatic experiences are not experienced at the time of their occurrence, since they are beyond the capacity for understanding. The mind takes note of the occurrence, but does not at once take note of its significance. Trauma comes back belatedly, typically as intrusive memories, repeating visions, nightmares, or repetitive actions. Haunted by the incident, the survivor has never really understood the encounter. Trauma is defined in this sense by the violence of the event and by the temporal gap between the incident and knowledge ;

> "She didn't want to think about the smell of someone else's saliva on her breast..."(Mootoo, 97), "Each stroke took her higher and higher**..."**(Ibid, 186)

Mala's story illustrates this very nicely. The abuse she has suffered in childhood does not emerge as a cohesive story that she can consciously tell. Rather, the painful past continues in disrupted and tangential ways. Her recollections are jumbled, fragmented, and frequently indistinguishable from fantasy or delusion ;

> "The moon lifted higher. Mala herself felt intoxicated and finally, deliriously tired." (Shani Mootoo, 138), "At the top of the hill Pohpoh bent her body forward ... until she no longer touched the ground." (186)

The narrative continually emphasizes that the ramifications of trauma reach well beyond the original events. Chronologically, the abuse may have been in the past, but it continues to mould Mala's present reality, informing her thoughts, behaviors, behaviours and relationships. The trauma is still psychologically active since it has not been fully incorporated into conscious memory.

Trauma creates what Caruth calls a crisis of truth. This crisis does not mean the survivor is a liar or unreliable. Instead, it represents the difficulties of articulating an experience that surpasses common kinds of cognition. The truth of trauma frequently looks fractured because the incident was never completely available to awareness. As such, traumatized testimony may include silences, inconsistencies, gaps, and interruptions that defy traditional assumptions of narrative consistency. These traits are not evidence that what is said is not true. Instead, they expose the complicated link between trauma and memory.

This knowledge is very valuable when we look at Mala's narrative. There is no single source or moment in time at which a reader can get a complete picture of her suffering. Information drips slowly, in fragmented memories, observations, and breaks in narration. Mootoo refuses to provide trauma as a transparent experience, accessible, or explicable. The fractured reveal of Mala's background echoes the pattern of traumatized memory outlined by Caruth. The reality of her experience is as much in the spaces in the story as in what it tells outright.

The narrative also stresses the necessity of late witnessing. For Caruth, trauma often only makes sense via a subsequent act of testifying and acknowledgment. Meaning often comes from further contact with those who will listen, because the survivor can't fully grasp the incident as it's happening. Witnessing is more than hearing a narrative. It calls for an interaction with experiences that are partial, fractured, and affectively charged. The witness helps create a place where the terrible past can begin to make sense.

Tyler is in this role throughout the story. Unlike many who see Mala as a curiosity or a social pariah, they treat her with respect and openness. He knows that behind that quiet lies a tale that needs to be listened to, not judged. His ethical witnessing is an attempt to comprehend her experience. Tyler takes part in the slow recovery of a truth long buried by listening to what is uttered and by being sensitive to what is unspoken. His position indicates that trauma is not only an individual burden, but a relational dimension in which pain is recognized and shared.

The pain, it seems, is not just deferred in Mala's recollections, but in the larger narrative framework of the novel. Only when readers have encountered many scattered bits in the book can they appreciate the full relevance of past events. Understanding comes after the fact, and so does the awareness of trauma in the survivor's personal experience. Mootoo therefore turns reading itself into an experience with the temporal displacement characteristic of trauma. Like witnesses, readers must put together a past that exposes itself gradually and incompletely.

Caruth'sidea of latewitnessing in *Cereus Blooms at Night* shows trauma as an experience that resists easy description. Mala's experience exemplifies how the truth of trauma is rarely present in its full or immediate form. It appears slowly through pieces, repetitions, and deferred recognitions. The novel shows that to understand severe experience, one needs patience, empathy, and a readiness to encounter narratives of absence as much as presence. It therefore emphasizes the crucial role of witnessing in turning an unclaimed experience into a narrative that may eventually be heard.

III.5.2. Silence as Communication of Trauma

The most salient feature of Mala's character is that she withdraws almost completely from verbal communication. Her silence, for many in society, seems to validate the assumption that she is crazy and socially isolated. But these kinds of explanations neglect the complicated link between trauma and language. Trauma theory, especially Cathy Caruth's, implies that the most intense pain is frequently unutterable :

> the speechlessness would have been unbearably loud...She listened hard but all that came from her parents' room were quiet, indistinguishable exchanges. Abruptly, there was silence (Shani Mootoo,58).

Traumatic events exceed standard meaning-making mechanisms, and survivors may struggle to turn them into cohesive stories. Hence, silence should not be seen as just the absence of communication. In many situations, it is a distinct way of expression through which trauma manifests itself. Mala finds her nurse,Tyler, as the voice through which her story can be narrated. Tyler says:

> To everyone else, Miss Ramchadin appeared to have a limited vocabulary or at least to have become too simple-minded to do more

> than imitate. However, I knew for a fact she was able to speak and had volumes of tales and thoughts in her head. She rambled under her breath all day and all night, as long as she and I were alone.(Shani Mootoo,99)

As Caruthers argues, there is an “essential difficulty of representation” that characterizes trauma. The trauma remains partly unavailable to conscious understanding and difficult to explain in everyday language. Often, survivors experience the contradiction that they want to tell about their pain, but they do not have the words to do so. This tension runs through *Cereus Blooms at Night*. Malado does not openly tell her own narrative of trauma. Instead, her experiences are expressed through gestures, broken memories, behaviours and the observations of others. Her silence is not an unwillingness to communicate, but the limitations of words in the face of deep psychological distress.

The novel reveals time and again how much stays unspoken, and how much of that is resonant. The reason Mala can not tell her story is that the abuse she suffered as a youngster was so severe. Years of incest, terror, and solitude have ruined her ability to communicate with the world through normal speech. Language is a social system that failed her over and over again. Signs of abuse were overlooked by the community, her suffering minimized, and she was reduced to a figure of suspicion and derision. In these conditions, silence is a symptom of trauma and a response to a society that has proven unable to listen.

But Mala is is never fully voiceless. Through these new channels of communication, Mootoo allows her inner world to be viewed. In this process, her interaction with nature holds a special position. Plants, insects, birds, and other living animals form part of a symbolic language, in which emotions and memories are given expression. The garden around her home is more than just a physical space; it is an extension of her inner world. In this realm, unspeakable events take on another form of expression. Nature is a way of expressing pain without having to put it into everyday words.Animals perform a similar function throughout the story. Mala has close ties with non-human life, frequently more comfortable with animals than with people. Mala stops speaking and chooses to be muted in her world that is full of insects, plants and animal sound:

> Eventually Mala all but rid herself of words. The wings of a gull flapping through the air titillated her soul and awakened her toes and knobby knees, the palms of her withered hands, deep inside her womb,

> her vagina, lungs, stomach and heart. Every muscle of her body swelled, tingled, cringed or went numb in response to her surroundings- every fibre was sensitized in a way that words were unable to match or enhance.(Shani Mootoo, 126-27)

These collaborations challenge our stereotypes about communication, showing that language is not necessary for understanding. In a world where human relations have been marked by treachery and violence, animals offer a form of friendship free of judgment and coercion. They enable Mala to keep in touch with life while she is quite socially withdrawn. What seems quirky to outsiders maybeseen as an alternate strategy of survival created in reaction to painful experience.

The story framework underscores this non-verbal communication. Much of Mala's experience comes to the reader through Tyler's observations and interpretations, not through her own words. Her quiet makes holes that people try to fill, but never quite can. This dynamic is consistent withCaruth's claim that trauma frequently speaks indirectly. The survivor may not be able to provide a full account of what happened, but remnants of the event persist in scattered signals and symbolic representations. Meaning is not only in words said, but in pauses, absences, and apparently unimportant elements.

In this respect, Tyler's position is essential. He is different from the rest of the community in that he is prepared to pay attention to kinds of communication that go beyond common language. Mala is considered a mad person that is why all nurses " quickly lost interest in this new resident though she was seemed to live in a world that did not include them" (Mootoo, 123). However, Tyler does not see Mala's silence as proof of incomprehensibility, but as a symptom of a deeper background of pain. He learns to read gestures, behaviours and emotional responses that others miss. In this way, the story indicates that real listening is more than just hearing words. It calls for an awareness of the myriad ways trauma makes itself known when language fails.

Ultimately, Mootoo's representation of silence subverts dominant notions of voice and evidence. The novel challenges the belief that healing is possible only via vocal revelation. The need for words is not negated. *Cereus Blooms at Night* is an example of how painful experience maybe transmitted through memory, symbol, interactions with nature, and the attentive presence of a lovingwitness. Mala's narrative does not disappear with her quiet. Instead, it becomes one of the key vehicles for telling tales. In the light of Caruth's

theoretical approach, silence is not a void but an intense articulation of a trauma that continues to seek acknowledgment, even within the limits of words.

III.6 The Reconstruction of the Self: The Road to Healing

Having mapped the severe psychological impacts of trauma via Freudian and Caruthian lenses, the need arises to consider how Cereus Blooms at Night imagines the possibility of recovery. Much of the story is about pain, disintegration, and silence, yet it does not stop with trauma alone. Slowly, Shani Mootoon turns the story toward healing, examining the conditions under which a traumatized person might begin to re-establish a sense of self. Healing does not reverse the past, nor does it restore an idealized state of completeness. Instead, it appears to be a process in which traumatic experiences are acknowledged, assimilated, and given meaning within a larger story of survival.

Modern trauma theorists usually emphasize that time alone does not heal. Unprocessed trauma stays psychologically alive for years and affects the sense of self, memory, and social connection. For survivors to heal, they need to learn to confront the experiences they have repressed or denied. Mala can only heal when her pain is not dismissed as crazy or social deviance. The novel argues that the first step in healing is to create an environment where traumatic events can be acknowledged without judgment or rejection.It happens in partnerships that alleviate the trauma of isolation. Malais was outside the social sphere for a large part of her life, alienated from authentic human connection because of fear, silence, and the long-term effects of abuse. Her solitude amplifies the fracture of her identity, since trauma is sealed in an internal and mostly invisible realm. This is until Tyler and Ambrose, two of the few figures of compassion, enter the picture. Their openness to approach Malawi with compassion rather than suspicion creates the possibility of a connection that has been missing from her life for a long time. Such interactions are used in the novel to demonstrate the importance of human recognition in the rehabilitation process.

Healing is about gradually putting memory back together again in the story. Trauma destroys the continuity with which people see themselves and their past, shattering experience. Healing is not about getting rid of traumatic events. Instead, it is about finding ways to include those events in a story that is no longer controlled by silence and fear. A cohesive sense of self begins to develop as pieces of Mala’s history are revealed and recognized. The past stills, but it is no longer a weight that cannot be expressed.

Mootoo does not suggest that healing is a total resolution of trauma. The psychological trauma of years of abuse is permanent, and the story never argues that healing

can undo the damage wrought by violence. Such an approach would oversimplify the complexities of traumatic experience. Healing is instead a process of becoming, defined by acceptance, recognition, and a restored relationship with others. The focus is not on the removal of pain, but on the survivor's ability to live beyond its ultimate control.

In this way, *Cereus Blooms at Night* gives a complex image of rehabilitation. Mala's life is still very much defined by trauma, but it's not all that she is. The novel reveals that healing is possible when stillness meets comprehension, when solitude gives way to connection, and when fragmented memories begin to find narrative significance. The subsequent sections investigate these processes in terms of sympathetic witnessing and eventual incorporation of a broken history into a reconstructed sense of self.

III.6.1. Safe Spaces and Empathic Witnessing

One of the key tenets of modern trauma theory is that healing seldom occurs in a vacuum. Trauma typically impedes the survivor's capacity to trust people and to engage in normal social interactions. Abuse, especially in the family, may deeply undermine a person's feeling of safety and belonging. Thus, recovery requires not just internal psychological processes but also supportive relationships where traumatic events may be acknowledged and valued. In *Cereus Blooms at Night*, healing is presented by Shani Mootoo as a relational process that is dependent upon empathy, acknowledgement, and human connection.

Mala lives much of her life in a state of profound seclusion. The abuse she receives at the hands of her father alienates her from the rest of the community and affects her capacity to trust others. Instead of support, she is the subject of gossip, mistrust, and misunderstanding. The community people see her behavior as evidence that she is insane, and do not seek to comprehend the anguish that generated the behaviour. This social rejection exacerbates the trauma as it deprives her of the validation essential for psychological rehabilitation. Her silence continues, in part, because there is no secure space in which her experiences can be validated.

And the big twist of this situation is that Tyler comes in. Tyler is patient and kind with Mala, unlike some who condemn or fear her. He does not push her into normal modes of communication, nor does he identify with the tragic episodes that defined her life. Instead, he embraces her diversity and acknowledges her humanity. He listens without expectation, which gives Mala the space to be without fear of judgment. This kind of compassionate interaction is a prerequisite for healing: the survivor's experience must be encountered with understanding, not skepticism ;

> "Somehow you don't question things until you come face to face with the person and suddenly ... you realize that behind all the stories it have a flesh and blood, breathing, feeling person."(Shani Mootoo, 10)

Tyler is more than a storyteller. He is a witness, a testimony to a past that others have neglected or rejected. Trauma often isolates individuals since their experience is not validated by others around them. Seeing is the opposite of this isolationism and denies the reality of suffering. Tyler is helping to re-establish a sense of human connection, which trauma deeply damaged, through his attentiveness. Hispresence shows that healing does not begin when the past is wiped out, but when it is possible to share the load of the past with another person.

Ambrose also helps in fostering a supportive environment. His role isn't the same as Tyler's, but his compassion and emotional openness give Mala a sense of care, a sharp contrast to the brutality of her upbringing. His love does not erase her trauma, but it provides her with an alternative model of human contact, one that is based on respect and tenderness rather than control and fear. The novel, via Ambrose, indicates that healing involves opportunities to experience kinds of connection that undermine the emotional patterns of abuse ;

> "her first time with someone of her own choice" (Mootoo, 218), "*Ambrose and I would dance together.* She and I. Did I ever tell you? I used to be a very good dancer, you know.*"*(Mootoo,209)

Seen in the larger framework of Mala's life, the importance of these interactions becomes evident. Trauma had told her closeness was hazardous, vulnerability an invitation to violence. Tyler and Ambrose chip away at these preconceptions slowly. Their encounters with her create circumstances where trust might cautiously begin to develop. The process is gradual and imperfect, for there is no quick fix to severe trauma. Healing happens when we experience safety and acceptance again and over again, which allows new ways of seeing ourselves to emerge.

There is a moral component to Mootoo's representation of empathic observing. It invites us to examine how cultures treat people carrying trauma. Mala suffers for so many years, not just because of the initial assault, but because the community can't see and respond to it. By contrast, Tyler and Ambrose show the value of meeting survivors with empathy rather than judgment. Their behaviors demonstrate that recovery is not the unique duty of the

traumatized person, but also a function of the willingness of others to listen, to acknowledge, and to care.

The networks that develop around Mala in *Cereus Blooms at Night* demonstrate the importance of safe space and empathicwitnessing in rehabilitation. Stillness, meeting understanding, and solitude become a meaningful human connection, where healing begins. While trauma continues to affect Mala's life, caring witnesses enable her experiences to be acknowledged rather than suppressed. In this realization, the reconstruction of the self is conceivable. Socially isolated , but these kinds of explanations neglect the complicated link between trauma and language. Trauma theory, especially Cathy Caruth's, implies that the most intense pain is frequently unutterable. Traumatic events exceed standard meaning-making mechanisms, and survivors may struggle to turn them into cohesive stories. Hence, silence should not be seen as just the absence of communication. In many situations, it is a distinct way of expression through which trauma manifests itself.

As Caruthers argues, there is an "essential difficulty of representation" that characterizes trauma. The trauma remains partly unavailable to conscious understanding and difficult to explain in everyday language. Often, survivors experience the contradiction that they want to tell about their pain, but they do not have the words to do so. This tension runs through *Cereus Blooms at Night*. Malado does not openly tell her own narrative of trauma. Instead, her experiences are expressed through gestures, broken memories, behaviours and the observations of others. Her silence is not an unwillingness to communicate, but the limitations of words in the face of deep psychological distress.

The novel reveals time and again how much stays unspoken, and how much of that is resonant. The reason Mala can not tell her story is that the abuse she suffered as a youngster was so severe. Years of incest, terror, and solitude have ruined her ability to communicate with the world through normal speech. Language is a social system that failed her over and over again. Signs of abuse were overlooked by the community, her suffering minimized, and she was reduced to a figure of suspicion and derision. In these conditions, silence is a symptom of trauma and a response to a society that has proven unable to listen. But Mala is never fully voiceless. Through these new channels of communication, Mootoo allows her inner world to be viewed. In this process, her interaction with nature holds a special position. Plants, insects, birds, and other living animals form part of a symbolic language, in which emotions and memories are given expression. The garden around her home is more than just a physical space; it is an extension of her inner world. In this realm, unspeakable events take on another form of expression. Nature is a way of expressing pain without having to put it into

everyday words. Animals perform a similar function throughout the story. Mala has close ties with non-human life, frequently more comfortable with plants than with people ;

> "She knew every plant intimately, as though each one were a friend or relative." (Shani Mootoo, 129), "The garden seemed less a place of neglect than a place that obeyed a logic of its own."(Shani Mootoo, 17)

These collaborations challenge our stereotypes about communication, showing that language is not necessary for understanding. In a world where human relations have been marked by treachery and violence, animals offer a form of friendship free of judgment and coercion. They enable Mala to keep in touch with life while she is quite socially withdrawn. What seems quirky to outsiders maybe seen as an alternate strategy of survival created in reaction to painful experience.

The story framework underscores this non-verbal communication. Much of Mala's experience comes to the reader through Tyler's observations and interpretations, not through her own words. Her quiet makes holes that people try to fill, but never quite can. This dynamic is consistent with Caruth's claim that trauma frequently speaks indirectly. The survivor may not be able to provide a full account of what happened, but remnants of the event persist in scattered signals and symbolic representations. Meaning is not only in words said, but in pauses, absences, and apparently unimportant elements.

In this respect, Tyler's position is essential. He is different from the rest of the community in that he is prepared to pay attention to kinds of communication that go beyond common language. He does not see Mala's silence as proof of incomprehensibility, but as a symptom of a deeper background of pain. He learns to read gestures, behaviours and emotional responses that others miss. In this way, the story indicates that real listening is more than just hearing words. It calls for an awareness of the myriad ways trauma makes itself known when language fails.

Ultimately, Mootoo's representation of silence subverts dominant notions of voice and evidence. The novel challenges the belief that healing is possible only via vocal revelation. The need for words is not negated. *Cereus Blooms at Night* is an example of how painful experience may be transmitted through memory, symbol, interactions with nature, and the attentive presence of a loving witness. Mala's narrative does not disappear with her quiet. Instead, it becomes one of the key vehicles for telling tales. In the light of

Caruth’s theoretical approach, silence is not a void but an intense articulation of a trauma that continues to seek acknowledgment, even within the limits of words.

III.6.2. Integrating the Shattered Past

The last step towards healing in *Cereus Blooms at Night* is neither the forgetting of trauma or psychological repair. Shani Mootoo's easy stories of healing speak of a restoration to some pristine state of innocence. But there can be no return, for the tragedy has irrevocably altered the trajectory of Mala’s life. What the novel gives instead is a more realistic understanding of the slow process of integration in healing. Recovery occurs when traumatic events are no longer seen only as fragmented and intrusive memories but are integrated into a larger perspective of the self.

Violence in Mala's childhood has a profound impact on her identity throughout the story. Years of violence, desertion, and solitude had fragmented her sense of continuity, making it impossible to form a cohesive narrative of her life. Her memories come in disjointed pieces, and her interaction with the world is analogous to the lasting repercussions of psychological dislocation. Trauma divides the past from the present, and the survivor cannot view his life as a continuous tale. The healer's task is to reconnect these fragmented pieces without ignoring the anguish they convey.

The eventual acknowledgment of Mala’s past greatly advances this process. For many years, her experiences were shrouded in obscurity, misunderstanding, and societal apathy. Traumatic memories assume a particular narrative structure as her story begins to emerge in Tyler's and the other sympathetic characters' work. This growth does not erase misery, but it allows previously isolated bits of experience to be incorporated into a broader matrix of meaning. When trauma is talked about, rather than being hidden, part of its ability to damage is lost.

The novel indicates that identity may be recreated after a profound psychological dislocation. Mala’s healing is not about forgetting the past but about recognizing it as part of her own history. This acceptance is not resignation. This does not indicate support for what happened or disinterest in suffering. Instead, it’s an acknowledgment that those traumas, no matter how terrible, are a part of the person’s reality. Healing happens when the survivor can face that truth without being completely defined by it.

Tyler is instrumental in effecting this renovation. He listens to Mala and helps preserve her tale, turning a horrific experience into common knowledge. His presence makes

possible the forging of links between history and present that had previously been separated by silence. In this way, Mala's experiences become understandable not only to others but also to the novel's larger narrative structure. Storytelling itself becomes a way of re-establishing continuity in a life torn asunder by violence.

The symbolism of the garden supports this march towards unification. Earlier in the narrative, the garden is a place of concealment, solitude, and the persistence of horrific memories. But as the story develops, it takes on other implications: perseverance, development, and rebirth:

> "The garden was Mala's refuge. It was where she escaped from the horrors of the house and created a world of her own."(Shani Mootoo, 129)

The garden does not efface those signs of misery which are traced in it. Instead, it reveals the potential for life to continue after a disaster. It echoes Mala's own movement towards a more settled relationship to the past. The blooming of the Cereus plant renews her traumatic body with new energy :

> …, an urgent call to insects and bats to find and pollinate the flowers. One by one the moths came. They slid from cracks in the walls of Mala's
>
> house. They bored through and wriggled out from every moth-ridden enclave in the neighbourhood. They unbound themselves from sticky webs nestled in dents of rocks and from cocoons that dangled from leaves. They migrated in swarms from the lime tree in her yard to the wall of expectant cereus. The arrival of thousands of moths, already drunk from the smell alone, held Mala spellbound. The sound of a thousand pairs of flapping wings drowned out the screaming crickets and created a draft. Mala rubbed her arms for warmth. Crazed bats swooped by, crisscrossing each other's flight en route to suckle the blossoms. They disturbed the swarms of frantic moths. …The moon lifted higher. Mala herself felt intoxicated and finally, deliriously tired.

> She must have dozed off because suddenly there was only a handful of moths' lilting heavily and precariously in flight. She hadn't noticed the swarm leaving. She slumped in her chair. The scent was indeed more pleasant than the stink that usually from behind the wall.(Shani Mootoo, 138)

Most importantly, the narrative does not provide healing as a final answer. The scars of trauma remain apparent, and many losses cannot be entirely healed. This lack of a flawless conclusion underscores the novel's picture of rehabilitation. Mootoo recognizes that abuse has lasting effects, but also argues that trauma need not decide a person's whole life. Malais is still haunted by her past, but she is no longer defined by victimhood. But she is as much about survival, resilience, and connection as she is about any of them.

The ego is reconstructed at the end of the novel, but this reconstitution is a process, not a finished state. Healing does not erase memories, nor does it alleviate suffering. It opens up the potential of living with such memories in a way that no longer utterly shatters the self. In *Cereus Blooms at Night*, healingis a slow weaving of a broken history into a story of survivalthatmakessense via the character of Mala. Ultimately, the novel proposes that while trauma may leave indelible marks, recognition, connection, and narrative can transform suffering from a site of constant fragmentation into a site of resilience.

III.7 Conclusion

This chapter has analyzed the portrayal of trauma and recovery in *Cereus Blooms at Night* through the theoretical frameworks of Sigmund Freud and Cathy Caruth. The investigation revealed that Mala's psychological state cannot be explained as an individual disease or weakness. In fact, her fragmented identity is a result of long-term incestuous abuse, emotional abandonment, and social isolation. Mootoo depicts trauma as a force that continues to shape memory, perception, and identity long after the events themselves have occurred, thus illustrating its continuing impact on the survivor's inner life.

General Conclusion

In this dissertation, the portrayal of trauma in *Cereus Blooms at Night* by Shani Mootoo has been studied through the theoretical lenses of Sigmund Freud and Cathy Caruth. The study aimed to evaluate how trauma is portrayed in the novel, how it influences the protagonist's life and identity, and whether the narrative offers opportunities for recovery. The

research shows that trauma is the paramount factor organizing not only the narrative structure but also the psychological development of characters.

The first chapter laid the conceptual foundation of the study by providing a historical overview of trauma and by reviewing its definitions, causes, symptoms, and repercussions. Trauma was found to be more than a passing psychiatric disorder. It disorients memory, distorts vision, fractures identity, and reshapes the person's relationship to self and community. The chapter also demonstrated that the prominence of trauma in Caribbean literary creation stems from the region's historical experiences of slavery, colonial rule, relocation, and cultural fragmentation.

Chapter two studied the development of trauma theory from its initial psychoanalytic formulation to its current literary approach. Freud's work offered a conceptual foundation for understanding repression, dissociation, and the reappearance of repressed memories, whereas Caruth's theory highlighted the paradoxical character of trauma as an event that cannot be fully understood at the time of its occurrence. The debate showed that literary writings have a special place in trauma studies, as they can tell experiences that frequently resist straightforward narrative. Silence, fragmentation, and the disruption of narrative are often strategies of trauma fiction because traditional forms of representation fail in the face of overwhelming pain.

The third chapter applied these theoretical viewpoints to Mootoo's novel. The analysis revealed that trauma is mainly represented through incest, sexual violence, emotional neglect, and social exclusion. Mala Ramchandin appears as a severely traumatized individual whose traumas determine all aspects of her being. Her quiet cannot be regarded as disengagement from society; it works as a sign of psychological harm. Her broken sense of self, fragmentary recollections, and lack of capacity to express her feelings point to the continued impact of recurrent abuse. This state is mirrored in the novel's nonlinear narrative style, which reproduces the shattered chronology of traumatized memory.

The study also showed that identity is essential to the novel's dealing with trauma. Mala's trauma creates a split between her past and current personalities, forming a fragmented identity that mirrors the psychological fallout of ongoing victimhood . Freud's theory of repression is particularly helpful in describing the manner in which traumatic memories stay unavailable to conscious comprehension yet continue to influence behaviour and emotional reactions. At the same time, Caruth's theory explains the reason why these memories are reproduced in fragments, gaps, and indirect expressions. In the novel, trauma does not seem

as a completed event of the past, but as a constant presence that continues to affect the survivor's world.

The study also showed that the human suffering in *Cereus Blooms at Night* is inextricably linked to larger systems of power. Mala's experiences are situated in a patriarchal context that sanctions abuse and silences victims. The apathy of the community deepens her isolation, and the private agony becomes a communal failure. Trauma, therefore, has both individual and communal dimensions. Mootoo reveals the processes by which the disadvantaged are marginalized, but also interrogates the societal institutions that allow such marginalization.

The novel treats trauma as a destructive force, but does not reduce the survivor to a state of perpetual victimization. The story progressively creates a place where rehabilitation can occur through acknowledgment, witness, and human connection. It is here that Tyler's position as a narrator becomes especially important. His compassionate participation allows Mala's narrative to be listened to, saved and conveyed. Healing does not come from the erasure of traumatic memories; it comes through the possibility of witnessing and retelling. The act of recounting the tale is an act of defiance against silence, an act of partial rebuilding of the fractured self.

The results validate the hypotheses put forward at the beginning of the investigation. The novel depicts trauma via sexual abuse, silence, fragmentation of memory, and psychological collapse. These events have a significant impact on identity, emotional stability, and social engagement. The research also affirms that healing is related to storytelling, compassionate witnessing, and the formation of meaningful human connections. The scars of trauma remain, but the story implies that through acknowledgment and connection, the circumstances for healing may be created.

Ultimately, *Cereus Blooms at Night* is a remarkable investigation of pain, memory, and identity." Through its fragmented narrative and intricate characterization, the novel exposes the persistent effects of violence and interrogates the silence that often accompanies terrible experience. Through Mootoo's work, storytelling is demonstrated not only as a literary device but also as an ethical act through which buried histories, repressed voices, and wounded identities may be made apparent. In this way, the novel makes a valuable contribution to the field of modern trauma fiction and to larger concerns of suffering, resilience, and the attempt to reconstruct the self in the wake of serious psychological devastation.

Future work might expand this study by studying trauma in a broader selection of Caribbean literary texts, investigating the intersections of trauma and postcolonial identity, or analyzing the link between gender, sexuality, and traumatic memory in contemporary Caribbean literature.

References

Afifi, T. O., Asmundson, G. J., Taylor, S., & Sari, N. (2010). The Economic Burden of Post Traumatic stress disorder. *Journal of Anxiety Disorders*, *24*(1), 107–112. https://doi.org/10.1016/j.janxdis.2009.09.006

Alexander, J. C. (2004). Toward a Theory of Cultural Trauma. In J. C. Alexander, R. Eyerman, B. Giesen, N. J. Smelser, & P. Sztompka (Eds.), *Cultural Trauma and Collective Identity* (pp. 1–30). University of California Press.

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.). https://doi.org/10.1176/appi.books.9780890423349

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Baird, K., & Kracen, A. C. (2006). Vicarious Traumatization and Secondary Traumatic Stress: A Research Synthesis. *Counselling Psychology Quarterly*, *19*(2), 181–188. https://doi.org/10.1080/09515070600811899

Bakker, A. B., Demerouti, E., & Euwema, M. C. (2005). Job Resources Buffer the Impact of Job Demands on Burnout. *Journal of Occupational Health Psychology*, *10*(2), 170–180. https://doi.org/10.1037/1076-8998.10.2.170

Balaev, M. (2008). Trends in Literary Trauma Theory. *Literature Compass*, *5*(1), 149–166. https://doi.org/10.1111/j.1741-4113.2007.00513.x

Balaev, M. (Ed.). (2012). *Contemporary Approaches to Geographic and Cultural Trauma in Literature*. Palgrave Macmillan.

Barrington, A. J., & Shakespeare-Finch, J. (2014). Working with Traumatic Stress: Burnout, Compassion Fatigue, Vicarious Traumatization, and Growth in Clinicians. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(4), 382–389. https://doi.org/10.1037/a0033241

Baugerud, G. A., Vangbaek, S., & Melinder, A. (2018). Secondary Traumatic Stress, Burnout, and Compassion Satisfaction among Child Protection Workers. *European Journal of Psychotraumatology*, *9*(1), Article 1538030. https://doi.org/10.1080/20008198.2018.1538030

Beyala, C. (1988). *Tu t'appelleras Tanga* [You shall be called Tanga]. Éditions Stock.

Bradshaw, J. (1990). *Homecoming: Reclaiming and Championing Your Inner Child*. Bantam Books.

Bremner, J. D. (2002). *Does Stress Damage the Brain? Understanding Trauma-related Neurobiology*. W. W. Norton & Company.

Bride, B. E. (2007). Prevalence of Secondary Traumatic Stress among Social Workers. *Social Work*, *52*(1), 63–70. https://doi.org/10.1093/sw/52.1.63

Briere, J., & Scott, C. (2015). *Complex Trauma: Principles of Treatment and Recovery* (2nd ed.). SAGE Publications.

Brewin, C. R. (2007). Autobiography, Memory, and the Anatomy of posttraumatic stress Disorder. *Wiley Interdisciplinary Reviews: Cognitive Science*, *2*(1), 41–53. https://doi.org/10.1002/wcs.102

Brown, L. S. (1995). Not Outside the Range of Human Experience: A Feminist Perspective on Psychic Trauma. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 100–112). Johns Hopkins University Press.

Bryant, R. A., Edwards, B., Creamer, M., O'Donnell, M., Forbes, D., Felmingham, K. L., Silove, D., & McFarlane, A. C. (2017). The Longitudinal Course of Acute and Complex Trauma Outcomes. *American Journal of Psychiatry*, *174*(4), 340–348. https://doi.org/10.1176/appi.ajp.2016.16020182

Caruth, C. (Ed.). (1995). *Trauma: Explorations in Memory*. Johns Hopkins University Press.

Caruth, C. (1996). *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press.

Caruth, C. (2013). *Literature in the Ashes of History*. Johns Hopkins University Press.

Cocker, F., & Joss, N. (2016). Compassion Fatigue Among Healthcare, Emergency and Community Service Workers: A Systematic Review. *International Journal of Environmental Research and Public Health*, *13*(6), Article 618. https://doi.org/10.3390/ijerph13060618

Corsini, R. J. (2002). *The Dictionary of Psychology*. Brunner-Routledge.

Cutting, L. M. (1997). *Memory slashes: A Memoir of Survival and Song*. Harper Collins.

Davis, C., & Meretoja, H. (Eds.). (2020). *Storytelling and Ethics: Literature, Visual Arts and the Power of Narrative*. Routledge.

Ellenberger, H. F. (1994). *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. Basic Books.

Erichsen, J. E. (1866). *On Railway and other Injuries of the Nervous System*. Walton and Maberly.

Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.

Erikson, K. (1991). Notes on Trauma and Community. *American Imago*, *48*(4), 455–472.

Erikson, K. (1995). A new Species of Trouble: Explorations in Disaster, Trauma, and Community. *W. W. Norton & Company*.

Eyerman, R. (2001). *Cultural Trauma: Slavery and the Formation of African American Identity*. Cambridge University Press.

Fanon, F. (2008). *Black Skin, White Masks* (R. Philcox, Trans.). Grove Press. (Original work published 1952)

Farrell, K. (1998). *Post-Traumatic Culture: Injury and Interpretation in the Nineties*. Johns Hopkins University Press.

Felman, S. (1991). Education and Crisis, or the Vicissitudes of Teaching. *American Imago, 48*(4), 473–499.

Felman, S., & Laub, D. (1992). *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. Routledge.

Figley, C. R. (Ed.). (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress disorder in Those who Treat the Traumatized*. Brunner/Mazel.

Finklestein, M., Eiymoy, M., & Walter, C. (2015). The Impact of Empathetic Engagement on Trauma Professionals. *Journal of Clinical Psychology*, *71*(6), 546–558. https://doi.org/10.1002/jclp.22150

Forter, G. (2007). Freud, Hysteria, and the Structural Model of Trauma. *Journal of the American Psychoanalytic Association*, *55*(1), 259–283. https://doi.org/10.1177/00030651070550011101

Forter, G. (2008). Against Melancholia: Contemporary Trauma Theory, the Rise of Aporia, and the End of History. *PlatForm*, *3*(2), 74–93.

Freud, S. (1915). Repression. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 14, pp. 141–158). Hogarth Press.

Freud, S. (1939). *Moses and Monotheism* (K. Jones, Trans.). Hogarth Press.

Freud, S. (2010). *Studies on Hysteria* (N. Strachey, Trans.). Basic Books. (Original work published 1895)

Fullerton, C. S., & Ursano, R. J. (Eds.). (2009). *Acute and Chronic Trauma: Clinical and Public Health Responses*. Cambridge University Press.

Gibbs, A. (2004). Trauma and Healing in the Post-Conflict Landscape. *Journal of Social Issues*, *60*(1), 145–161. https://doi.org/10.1111/j.0022-4537.2004.00104.x

Glissant, É. (1989). *Caribbean Discourse: Selected Essays* (M. Dash, Trans.). University Press of Virginia. (Original work published 1981)

Goddard, P. (2005). Traumatic Memories as Viral Architecture: Feedback loops and Neurosensitization in PTSD. *Neuropsychology Review*, *15*(1), 1–14. https://doi.org/10.1007/s11065-005-2465-z

Greenberg, M. T. (2020). Developmental Impairments and Interpersonal Relationships in Survivors of Childhood Complex Trauma. *Development and Psychopathology*, *32*(3), 821–835. https://doi.org/10.1017/S095457941900089X

Griffiths, J. (2009). *Traumatic Possessions: The body and Memory in African American Women's writing*. University of Virginia Press.

Hartman, G. H. (1995). On Traumatic Knowledge and Literary Studies. *New Literary History*, *26*(3), 537–563.

Hartman, G. H. (2003). Trauma within the Limits of Literature. *European Journal of English Studies*, *7*(3), 257–274. https://doi.org/10.1076/ejes.7.3.257.27983

Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*. Basic Books.

Herman, J. L. (1996). Crime and Punishment: The Psychological Fallout of Structural Violence. *American Journal of Orthopsychiatry*, *66*(1), 12–18. https://doi.org/10.1037/h0080150

Herman, J. L. (2015). *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror* (Revised ed.). Basic Books.

Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious Resilience, Vicarious Trauma, and Compassion Satisfaction among Clinicians Treating Trauma Survivors. *Health & Social Work*, *40*(2), 115–124. https://doi.org/10.1093/hsw/hlv011

Horvitz, D. M. (2000). *Literary trauma: Sadism, Memory, and Sexual Violence in American Women's Fiction*. Northeastern University Press.

Jenkins, S. R., & Baird, S. (2002). Secondary Traumatic Stress and Vicarious Trauma: A Clarificatory Study of Competing Constructs. *Anxiety, Stress, and Coping*, *15*(5), 423–438. https://doi.org/10.1080/1061580021000056501

Jensen, E. (1998). *Teaching with the Brain in Mind*. Association for Supervision and Curriculum Development.

Kansteiner, W. (2004). Genealogy of a Category Error: A Critique of Cultural Trauma Studies. *Media, Culture & Society*, *26*(2), 173–191. https://doi.org/10.1177/0163443704041173

Kaplan, E. A. (2005). *Trauma Culture: The Politics of Terror and Loss in Media and Literature*. Rutgers University Press.

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., Ormel, J., Ustün, T. B., & Wang, P. S. (2017). The global Burden of Mental Disorders: An update from the WHO World Mental Health Surveys. *World Psychiatry*, *16*(3), 315–322. https://doi.org/10.1002/wps.20459

Krystal, H. (1978). Trauma and Effects. *The Psychoanalytic Study of the Child*, *33*(1), 81–116. https://doi.org/10.1080/00797308.1978.11822474

LaCapra, D. (1996). *Representing the Holocaust: History, Theory, Trauma*. Cornell University Press.

LaCapra, D. (2001). *Writing History, Writing Trauma*. Johns Hopkins University Press.

LaCapra, D. (2014). *Writing History, Writing Trauma* (Revised ed.). Johns Hopkins University Press.

Layne, C. M., Warren, J. S., Watson, P. J., & Shalev, A. Y. (2008). Risk Factors and Developmental Trajectories of PTSD Symptoms in Clinical Populations. *Journal of Traumatic Stress*, *21*(2), 119–131. https://doi.org/10.1002/jts.20311

Levine, P. A. (1997). *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences*. North Atlantic Books.

Levine, P. A. (2005). *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body*. Sounds True.

Leys, R. (2000). *Trauma: A Genealogy*. University of Chicago Press.

Linley, P. A., & Joseph, S. (2007). Therapy Work and Positive Personal Change: A Review of Vicarious Growth. *Journal of Traumatic Stress*, *20*(3), 321–334. https://doi.org/10.1002/jts.20215

Luckhurst, R. (2008). *The Trauma Question*. Routledge.

Madigan, N. (2020). Socially-Mediated Representations: The Structural Evolution of Psychological Trauma Narratives. *Poetics Today*, *41*(1), 45–68. https://doi.org/10.1215/03335372-8002341

Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). *Maslach Burnout Inventory Manual* (3rd ed.). Consulting Psychologists Press.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims. *Journal of Traumatic Stress*, *3*(1), 131–149. https://doi.org/10.1007/BF00975140

Micale, M. S. (Ed.). (2001). *Discovering the History of Psychiatry*. Oxford University Press.

Miller, A. (1997). *The Drama of the Gifted child: The Search for the True Self* (R. Ward, Trans.). Basic Books.

Miller, N. K., & Tougaw, J. (Eds.). (2002). *Extremities: Trauma, Testimony, and Community*. University of Illinois Press.

Mokeddem, M. (1993). *L'interdite* [The forbidden woman]. Éditions Grasset.

Montello, L. (2002). *Essential Musical Intelligence: Using Music as Your Path to Healing, Creativity, and Radiant Health*. Quest Books.

Mootoo, S. (1996). *Cereus Blooms at Night*. Press Gang Publishers.

Adichie, C. N. (2004). *Purple Hibiscus*. Algonquin Books.

Nijenhuis, E. R., Van der Hart, O., & Steele, K. (2004). Trauma-Induced Neurobiological Changes and the Integration of Personality Functioning. *Journal of Trauma & Dissociation*, *5*(3), 51–77. https://doi.org/10.1300/J229v05n03_04

Page, H. W. (1883). *Injuries of the Spine and Spinal Cord without Mechanical Lesion and Nervous Shock: In their Surgical and Medico-Legal Aspects*. J. & A. Churchill.

Pagel, J. (2020). Global Epidemiology and Diagnostic Margins of Post-Traumatic Stress Disorder. *The Lancet Psychiatry*, *7*(5), 411–423. https://doi.org/10.1016/S2215-0366(20)30042-X

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious Traumatization: An Empirical Study of the Effects of Trauma work on a Clinician's Identity. *Professional Psychology: Research and Practice*, *26*(6), 558–565. https://doi.org/10.1037/0735-7028.26.6.558

Peichl, J. (2007b). *Die Innere Traumatische Landschaft: Ego-state-therapie bei komplexen traumatisierungen* [The inner traumatic landscape: Ego-state therapy for complex trauma]. Klett-Cotta.

Rhys, J. (1966). *Wide Sargasso Sea*. W. W. Norton & Company.

Robertson, M. (1999). *The Threshold of Terror: Belief Patterns, Mortality, and Survival in Extreme Trauma*. Palgrave.

Rousseau, G. S. (1993). A Strange Pathology: Hysteria in the Context of Early Modern Science. In S. L. Gilman, H. King, R. Porter, G. S. Rousseau, & E. Showalter (Eds.), *Hysteria beyond Freud* (pp. 91–224). University of California Press.

Scaer, R. C. (2005). *The trauma Spectrum: Hidden Wounds and Human Resilience*. W. W. Norton & Company.

Schönfelder, C. (2013). *Wounds and Words: Trauma and Renaissance Literature*. Neofelis Verlag.

Shepard, B. (2001). *A war of nerves: Soldiers and Psychiatrists in the Twentieth Century*. Harvard University Press.

Smelser, N. J. (2004). Psychological Trauma and Cultural Trauma. In J. C. Alexander, R. Eyerman, B. Giesen, N. J. Smelser, & P. Sztompka (Eds.), *Cultural Trauma and Collective Identity* (pp. 31–59). University of California Press.

Spiegel, D. (2008). Dissociation and Trauma: The Mental Imprint of Helplessness. *American Journal of Psychiatry*, *165*(11), 1401–1405. https://doi.org/10.1176/appi.ajp.2008.08071011

Stein, D. (2007). Somatic, kinaesthetic, and Aesthetic Registers in the Narrative Expression of Traumatic Memories. *International Journal of Psychoanalysis*, *88*(2), 443–462. https://doi.org/10.1111/j.1745-8315.2007.tb00612.x

Struwig, M. (2008). *A Multi-Dimensional Approach to Clinical Evaluation of Systemic Trauma*. Unisa Press.

Sütterlin, N. (2020). Wounds and Words: The Structural Aporias of Literary Trauma Theory. *Germanic Review: Literature, Culture, Theory*, *95*(2), 112–129. https://doi.org/10.1080/00168890.2020.1739221

Sutton, J. (2002). Sensory overload and Brain Configuration Shifts during Acute Traumatic Occurrences. *British Journal of Psychotherapy*, *19*(1), 23–38. https://doi.org/10.1111/j.1752-0118.2002.tb00051.x

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (Eds.). (1998). *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*. Lawrence Erlbaum Associates.

Tolle, E. (1999). *The Power of Now: A Guide to Spiritual Enlightenment*. Namaste Publishing.

Trimble, M. R. (1981). *Post-Traumatic Neurosis: From Railway Spine to the Whiplash*. John Wiley & Sons.

Ungerleider, S. (2004). Post-Traumatic Growth in Long-Term Cancer Survivors: An Interview with Drs. Mark Chesler, Carla Parry, and Bradley Zebrack. *Journal of Psychosocial Oncology*, *22*(3), 1–12. https://doi.org/10.1300/J077v22n03_01

Van der Kolk, B. A. (1996b). Trauma and Memory. In B. A. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of Overwhelming Experience on Mind, Body, and Society* (pp. 279–302). Guilford Press.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, Mind, and Body in the Healing of Trauma*. Viking.

Van der Kolk, B. A., & McFarlane, A. C. (1996). The Black Hole of Trauma. In B. A. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 3–23). Guilford Press.

Van der Kolk, B. A., & Saporta, J. (1991). Biological Responses to Psychic Trauma: The Concept of Physioneurosis. *Bulletin of the Menninger Clinic*, *55*(2), 199–212.

Van der Kolk, B. A., Weisaeth, L., & Van der Hart, O. (2007). History of Trauma in Psychiatry. In B. A. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (pp. 47–74). Guilford Press.

Vickroy, L. (2002). *Trauma and Survival in Contemporary Fiction*. University of Virginia Press.

Vickroy, L. (2015). *Reading Trauma in Postmodern Fiction: Global Sentiments and Cultural Contexts*. Palgrave Macmillan.

Wamser-Nanney, R., & Vandenberg, B. R. (2013). Empirical Classification of Complex Trauma Typologies in Childhood Populations. *Journal of Child & Adolescent Trauma*, *6*(2), 105–121. https://doi.org/10.1080/19361521.2013.782021

Watkins, D. (2005). *The Expendable Commodity: Self Energy and Creative Production in the Performing Artist*. Oxford University Press.

Weeks, G. (2000). Narcissistic Vulnerability and Performance Anxiety in High-Achieving Musicians. *Medical Problems of Performing Artists*, *15*(4), 161–169.

Whitehead, A. (2004). *Trauma Fiction*. Edinburgh University Press.