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Ministry of Higher Education and Scientific Research
University of Saida, Dr. Moulay Tahar
Faculty of Letters, Languages and Arts
Department of English Language and Literature



Trauma of Kenna Rowan in Colleen Hoover's *Reminders of Him: A Women Study*

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Literature and Civilization

Presented by:

Miss. Sara BOUREGBA

Supervised by:

Dr. Amaria MEHDAOUI

Board of Examiners

Dr. M. MESSAOUDI	(MCB) Examiner	University of Saida
Dr. A. MEHDAOUI	(MCA) Supervisor	University of Saida
Prof. D. Benadla	(Prof) Chairman	University of Saida

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Declaration of originality

I hereby declare that the content of the present thesis has not been previously submitted to meet requirements for any other higher education institution. To the best of my knowledge and belief, the research report contains no material already published or written by another researcher except where due reference is made.

Date : 3rd Juin 2024

Name : Sara Bouregba

Signature :

Dedication

To my parents.

Acknowledgment

Writing this thesis has enhanced my knowledge of how I am relationally constituted and empowered by my relations to various others. I cheerfully confess that this thesis has taught me the profound extent to which lives are linked with each other. Without the advice, critiques, and support of numerous people, a project of this scope could not be finished, and I am appreciative of their time and effort.

I would like to use this chance to thank everyone who has been very helpful to me during this process. I want to start by thanking my academic supervisor Dr Amaria MEHDAOUI for her sweet soul and energy, for her unlimited support during the writing of my thesis and for the critical insights she has been providing throughout the project. I was fortunate enough to be guided by such a teacher. I continue to express my gratitude to the jury member, Dr Merwan Messaoudi and my dear teacher Prof Djamel Benadla, for their efforts and precious time in reading and correcting my work.

Abstract

Writings that are produced during traumatic times or during catastrophic events are likely to be understood or processed only to a certain extent. This thesis looks into the ways that women use their writing to communicate psychological trauma. In the context of this study, trauma fiction writers seek to develop a narrative for the trauma and express their experiences. However, it is important to keep in mind that most trauma fiction either deals with trauma that is shown as a result of colonization, or as a result of war, and with the evolutionary contemporary studies on trauma the focus was on feminist perceptions, how women issues were tackled by many feminists. For instance, gendered-based violence and sexual assault are concepts that have been under the spotlight for many decades. This study seeks to improve our understanding of the contemporary perceptions of traumas and Post-Traumatic Stress Disorder, which might arise from either a significant or insignificant everyday life experience; through analyzing Colleen Hoover's contemporary novel *Reminders of Him*. The focus will be on Kenna Rowan who suffers from Post-Traumatic Stress Disorder after witnessing a shocking accident, how she represented her trauma, and the effects of her specific ways of healing using certain coping-mechanisms. The researcher employs Cathy Caruth and Judith Herman's theories as part of a psychological analysis of the trauma experienced by the main character. The purpose of this research is to ascertain how the main character handled her trauma by employing a specific coping mechanism, in which the researcher is using a psychological approach taking into account how she responded to the occurrence, and how relationships can aid in the process of healing after trauma.

Keywords: *Coping mechanism, healing process, Post-Traumatic Stress Disorder, Psychological approach, Trauma.*

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List of Abbreviations

APA: American Psychiatric Association

DSM: The Diagnostic and Statistical Manual

ICD: The International Classification of Diseases

PTSD: Post Traumatic Stress Disorder

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General Introduction

Trauma is a worldwide issue that affects the individual's psychological and emotional state. It might involve a group of individuals under the form of a cultural trauma; or it might be individual affecting a single person in a unique way. The consistent rise in the interest of trauma have created a language of the trauma to enable its victims to speak of past wounds. The term trauma in its contemporary meaning, emerged in the late 19th century, describes psychological wounds that are the results of various traumatic events. This growing interest in trauma studies led the novelists to use trauma concepts and themes in their writings. Fiction of all genres is seen as an enjoyable piece of art. It offers readers to break out from the real, still many fictional genres are a mere reflection of the familiar world that abides by familiar laws. Over the past century, literary discourse—especially feminist, postcolonial, and psychoanalytic theory—has become more and more important in interpreting the complex societal challenges that result from or are heightened by trauma in fiction.

Within the framework of this research, trauma fiction authors aim to convey their experiences and create a story around the trauma. However, it is crucial to remember that the majority of trauma fiction either depicts trauma as a result of war or colonization, and with the evolution of contemporary studies on trauma, the emphasis was on feminist perceptions and how many feminists addressed issues associated with women. Although these incidents can undoubtedly cause trauma, trauma can also result from everyday exposures and experiences. such as persistent stress, emotional abuse, neglect, or experiencing violent acts.

The contemporary trauma discourse is well-developed in both academia and popular culture. Traumatic narratives that are encountered in daily life are unknown to some readers. Trauma studies have become a trendy topic, however, this led to the reduction of complex experience to be a limited narrative— both expanding on what factors should be considered to constitute a trauma and restricting the outcomes of a traumatic experience. According to this discourse, a psychological trauma may be the result of different events, incidents, or processes, but they all produce a single result in the form of a damaged and demolished psyche unable to cope or heal itself. Trauma, loneliness, derision, and hatred faced by the survivor and his damaged psyche can be healed when a reader reads a trauma tale and empathizes with that person. He has the magical feeling of joining a group of people instead of feeling weak or alone.

In one of the most acknowledged Colleen Hoover's novels *Reminders of Him*, in which the story is not just about a love story but is about a woman's struggle. First after being traumatized by losing the love of her life because of a tragic mistake she had committed she found herself imprisoned for

five years. She experiences a mental breakdown for the second time when her newly born daughter is forcibly taken from her as she gives birth. Kenna thinks about committing suicide several times, but she finds the will to face life's hardships and eventually meet and embrace her daughter. A mother's love is unparalleled in its ability to shape lives, encourage growth, and have no boundaries. It is a powerful, deep emotion. After everything that she had experienced, Kenna is able to carry on with her life thanks to this unique bond with her daughter Diem.

The meanings of trauma are complex and dynamic. This thesis, therefore, explores several approaches to trauma in the literary domain rather than settling on a single interpretation of trauma as dictated by current scientific expertise. This research employs a psychological method, particularly in the analysis of trauma, adopting theories and concepts developed by female theorists –Mostly that of Cathy Caruth and Judith Herman—to a female lead. Therefore, the researcher develops three research questions for this study:

1. In what ways does Kenna Rowan exhibit strength and resilience during her healing journey, and how does her trauma manifest itself?
2. What connections exist between Caruth and Herman's assumptions and notions and Kenna's trauma journey?
3. Does Kenna, as a traumatized person, use any particular coping mechanisms or procedures for handling her trauma?

As trauma is a particular personal experience, each individual's experience ought to vary from another's. How people cope and recover can be greatly influenced by the severity and length of the traumatic event. While some people might heal more quickly than others, others might experience longer-term difficulties. Access to resources, support networks, and individual resiliency are a few more variables that may have an impact on the healing process. It is critical to keep in mind that there is not a single, accepted and standard way of trauma recovery.

Trauma studies has benefited greatly from the scientific and psychological perspectives provided by Cathy Caruth and Judith Herman. We now have a deeper knowledge of the psychological effects of trauma and the subsequent healing process thanks to their theories and notions. It is strongly believed that most traumas follow Caruth's concept of traumatic witnessing and Herman's work on complex trauma, different traumatic reactions, and the stages of recovery. Their works continue to shape the field and contribute to the development of effective therapeutic interventions.

People who have experienced trauma frequently have special coping mechanisms and ways to get through their experiences. These strategies can differ significantly based on the individual and their

unique situation. One method could be social support, where the person gets consolation and empathy from family members, close friends, or support groups. Using creative expression as a way to express difficult feelings is an additional strategy that may be used. Examples of these include writing, painting, or creating music.

The purpose of the first chapter is to present the trauma thesis and examine the ways in which works by female authors address psychological and cultural trauma. Focusing on the creative feminine and how a woman's actions, words, reactions, and personal interactions may reveal psychological traumas. In addition, writing would be viewed as a way for the female character to express her creativity and find healing. While the second chapter provides the background knowledge required to understand the trauma-related subjects presented in this thesis. It presents the historical definitions and conceptualizations of trauma and trauma theory. It is significant because it sets the context for the topics covered in the remaining sections of the thesis as well as providing a historical overview of the key figures and subjects in the field's development. The purpose of this chapter is to explore the repercussions of traumatic experiences and how they may leave a lasting wound on the victim's cognitive and emotional condition. Finally the third chapter's goal is to examine how trauma is portrayed in *Reminders of Him* via the perspectives of two female experts who helped to shape trauma studies in literature: Cathy Caruth and Judith Herman. Furthermore, how the protagonist addressed her experience while accounting for the stages of recovery and the traumatic reaction, utilizing a range of coping techniques.

Chapter One

Trauma and History: A Literary Perspective

Chapter One: Trauma and History: A Literary Perspective

1.1. Introduction

The contemporary trauma discourse is well-developed in both academia and popular culture. Traumatic narratives that are encountered in daily life are unknown to some readers. Trauma studies have become a trendy topic, however, this led to the reduction of complex experiences to be a limited narrative—both expanding on what factors should be considered to constitute a trauma and restricting the outcomes of a traumatic experience. According to this discourse, a psychological trauma may be the result of different events, incidents, or processes, but they all produce a single result in the form of a damaged and demolished psyche unable to cope or heal itself.

With the trauma culture being pervasive indicating that trauma is currently and constantly among us, on public and personal level, it is eminent to give a discussion of the origins of the concept, how it developed, and how it is portrayed within the literary scope. In this chapter, I aim to present what is known as trauma thesis and try to focus on how the creative feminine writings might address psychological and cultural trauma in a variety of styles and discussed themes. Mainly focusing on how can words, actions, reactions, and interactions—Particularly of a woman—reflect on psychological wounds. Also writing as a creative act would be regarded as a possibility of healing for the main female lead.

1.2. The Genealogy and Nature of Trauma: Primary Debates

According to the Cambridge Dictionary, there are two distinct definitions of trauma. First, it is defined as a physical injury, usually caused by an accident or an attack, or a cause of injury happening. The second definition holds that trauma is a severe and lasting emotional shock and pain caused by an extremely upsetting experience or a case of such shock happening.

Etymologically speaking, *trauma* derives from the Greek word for *physical wound, defeat, or injury* inflicted on the body. “*a surgical wound, conceived on the model of a rupture of the skin or protective envelope of body resulting in a catastrophic global reaction in the entire organism*” (p.19), this how Ruth Leys (2000) describes this wound. Similarly, trauma is defined by Laplanche (1976) as an acute physical wound that distorts the entire body, based on an antiquated medico-surgical paradigm.

According to The International Classification of Diseases (ICD), the word *trauma* is used to signify a type of physical injury with rapid onset resulting from an interaction of the body with energy. Trauma as a psychological concept has held a paramount importance within nosology, etiology, and

epidemiology of mental illness. The ICD defines psychological trauma as “*an extremely threatening or horrific event or series of events*” (ICD-11, 2018, 6B40). Correspondingly, the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) defines Trauma as “*death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence*” (DSM-V, 2013, p.309-81). Apparently, these are two different meanings of trauma. The second definition added by the ICD within the psychological frame is to clarify that trauma is not necessarily due to a physical shock but potentially develops into a psychological transformation.

While some argue that the traumatic event itself is what defines trauma, others emphasize the uniqueness of the trauma experience and its relationship to the catastrophic event. Sociologist Kai Erikson observes that the lines are blurring and that it is difficult to draw a definitive distinction (1991). In his article *Notes on Trauma and Community* (1991), he points out that trauma can result from “*a constellation of life’s experiences as well as from a discrete event –from a prolonged exposure to danger as well as from a sudden flash of terror, from a continuing pattern of abuse as well as from a single assault.*” (p.457).

From another angle, Van der Kolk (2014) argues that trauma is a person's reaction to a traumatic incident that transcends emotional and cognitive human functioning. Put another way, a potentially upsetting or psychologically damaging incident that could have a lasting impact. In a similar vein, Herman describes trauma as a reaction of the human body to danger in conditions that are so overwhelming that “*neither resistance nor escape is possible*” (1992, p. 34). She concludes that traumatic occurrences typically involve circumstances that endanger a person’s life or their body, or “*a close personal encounter with violence and death.*” (p.33).

Furthermore, Luckhurst (2008) defines psychological trauma as a condition of great terror that disrupts the victim's neurological system and affects their sense of self. Consequently, psychological trauma frequently leads to anxiety and despair. This growth can be understood in relation to the psychiatric field's creation of post-traumatic stress disorder (PTSD) as a diagnostic category. Chris Brewin highlights that PTSD is categorized as a reaction to intense stress on various factors. He also notes that the illness is defined by the symptoms’ frequency, durability, intensity, and failure to go away with time (2007). Most people are condemned to go through a traumatic event at some point in their lives, but only a minority will have symptoms of PTSD severe enough to be diagnosed. Trauma is a real cause of post-traumatic stress disorder (PTSD). However, this depends on a number of variables, such as the person's attitudes, the exposure setting, and the post-traumatic milieu. Van der Kolk & Van der Hart (1991), emphasize emphatically that PTSD is “*the result of a complex interrelationship among psychological, biological, and social processes.*” (p.431).

In this context, a persistent question in trauma studies is why some people who went through specific traumatic events develop severe symptoms while others have the ability to cope with different levels of harm?

A very concise yet overwhelming answer to this question is related not only to the nature of the traumatic experience itself but also to the individual who experiences it. The nature of trauma lies in how one experiences it, according to Van der Kolk “*trauma is not just an event that took place in the past ... it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present*” (2014, p. 21). Disagreements about the nature and classification of trauma, hence, clarify how complex the concept is, let alone its experience. Before one indulges into theoretical debates over the concept of trauma, it is better to sketch out a historical background of the evolution of trauma studies from medical to psychological contexts.

1.3. Historical Development of Trauma Studies

Trauma and Post-traumatic stress disorder are difficult and nuanced experiences, yet many people today believe they understand them. Trauma emerged as a medical term as a result of the Victorian-era railway spine occurrences in Britain in the 1860s, as well as the rise of psychoanalysis in the 1890s. Around this period, the term trauma expanded from describing wounds or injuries to the body to include damage to the human psyche.

Concepts of physiological trauma arose with the rise of the industrial age, particularly by railroads and trains (Luckhurst, 2008; Shepard 2001; Leys 2000, & Trimble 1981, and Micale (2001)). Most early diagnoses of what is now known as psychological trauma were firmly rooted in the physical body. 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 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 in cases where there is not an obvious wound or injury, Erichsen is certain that a physical source is the root of the symptoms. Throughout WWI, for example, shell shock was widely regarded as the physical symptom of being in close vicinity to an explosion (despite the fact that cases of shell shock were frequently reported in troops who were not in close proximity to exploding shells). The repercussions of WWI hastened awareness of trauma but did not define it. Further research into the concussions caused by these spine incidents led to a more psychological interpretation.

While Erichsen maintains the organic elements were the origin of the ailment, Page (1883)—A surgeon working for the London and North Western Railway Company—refutes this claim saying that there was no medical explanation. Page disagrees with the idea that concussions devoid of visible signs may cause railway spine symptoms. Contrary statements were rejected by Page as being too nebulous and unsupported by medical evidence. In his treatise entitled: *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 showing symptoms, and he ends by putting forth the idea that a railway spine is a psychological, not a physical, result of a traumatic event.

As a result, the term trauma began to refer to a psychological state of discomfort rather than only a physical ailment. The roots of trauma trace back to the concept of hysteria that is mainly characterized by an altered memory and lack of language. In the late 1800s, hysteria was a prevalent diagnosis. Notably, neurologist Jean-Martin Charcot of the Salpêtrière Hospital in Paris examined and treated cases of hysteria. From his part, Van der Kolk defines hysteria as “*a mental disorder characterized by emotional outbursts, susceptibility to suggestion, and contractions and paralyses of the muscles that could not be explained by simple anatomy*” (2014, p. 177).

The concept of hysteria, however, has been around for ages. Since ancient Greece, it has been interpreted in different ways, with some believing it to be a psychological condition and others to be a medical illness of the female reproductive organs. The disagreements lasted until later experiences witnessed by the late 1800s. From that time, the diagnosis of hysteria had become a generalization for a variety of unexplained physical and mental illnesses with unclear causes, leading to criticism of the diagnosis from a large portion of the medical community. Many of the dissociative illnesses currently recognized, such as somatization disorder (also known as Briquet's syndrome), borderline personality disorder, and post-traumatic stress disorder, may be included in a diagnosis of hysteria. Therefore, hysteria emerged as a significant area of academic research.

Charcot was praised for his courage in attempting to investigate hysteria in the first place; his reputation offered legitimacy to an area that had previously been deemed unworthy of significant scientific study. Hysterical women were treated by hypnotists and conventional healers before Charcot's time because they were believed to be deceivers. Charcot's research produced results. By the middle of the 1890s, Freud and his associate Joseph Breuer in Vienna and Janet in France had separately come to quite identical conclusions: hysteria was a disorder brought on by psychological trauma. The hysterical symptoms were brought on by unbearable emotional reactions to traumatic events that resulted in an altered state of awareness. This shift in consciousness was dubbed *dissociation* by Janet and referred to as *double consciousness* by Breuer and Freud.

1.4. Trauma and Psychology

Trauma in Psychology began with Freud. In addition, the more I read of contemporary trauma theories the more I believe that Freud is the one who had given the initial mark of these studies. Unlike today's psychologists and other researchers, Freud and his peers' aim was not to write a theory of trauma. While interpreting hysteria, the concept of trauma emerged in their works and was used to refer to processes in hysteria, rather than as a concept that has itself to be theorized. In his essay in collaboration with Breuer entitled *On the Physical Mechanism of Hysterical Phenomena* (1905), he specifically notes that the symptoms of Hysteria are the current result of trauma.

When reading Freud's *Beyond the Pleasure Principle*, we may say that his primary example of trauma does not refer to any event but to the shocking and unexpected kind of events or accidents that leave marks on the psyche. Explaining a traumatic event by many psychologists must be illustrated in the example of the train accident—in which a person walks away apparently unharmed, only to suffer symptoms of the shock weeks later. For Freud this given example is highly relatable to the traumatizing shock of a commonly occurring violence. So mainly through Freud's perception and other trauma narratives, this accident does not basically represent a degree of violence in a collision but also conveys the impact of its very incomprehensibility.

The Dora case—One of Freud's patients—marked the beginning of a detailed investigation of female hysteria and its traumatic symptoms which are bred mainly by sexual incidents in an environment of strict sexual repression. In Dora's case, hysterical phenomena result from both seduction and fantasies. In their essay introducing *Studies in Hysteria*, Freud and Breuer assert that “the determining causes which lead to the acquisition of neuroses; their etiology...is to be looked for in sexual factors” (p.257). Here they mention that only sexuality is a trigger for traumatic hysteria. Forter claims that Freud hypothesized in *Studies on Hysteria* (1895) that a traumatic event is what causes Hysteria “that have not been fully integrated into the personality.” (2007, p. 262).

While the primary emphasis of these essays was mostly on the processes and symptoms of trauma rather than its causes, and they frequently featured female patients and conditions, they occasionally included examples of male trauma that did not necessarily result in hysteria. In the process of developing other aspects of Psychoanalytic theories, and when referring to trauma, Freud shifted to the symptoms of soldiers in World War I. Only those who were present can completely comprehend the devastation of World War I. The overwhelming majority of individuals who served had some sort of impact from their time in battle. For any healthy person, witnessing such atrocity, let alone feeling threatened by it would be psychologically damaging.

The psychological effects on both military and civilian workers were so great that it was acknowledged for the first time that many ‘causalities’—While not physically injured—were still incapacitated. By the end of hostilities, for instance, the British army had treated almost 80 000 cases of what was known as war neurosis (Young, 1995). In Britain, 200 000 pensions due to nerve injuries were granted following the war (Young, 1995). Many tens of thousands of people suffered deep distress, yet were not necessarily physically wounded. Thousands of soldiers were behaving like hysterical women to the British Establishment. When these cases came to light during the war, there was a lot of worry about the British army’s fighting readiness and morale. Finding a physical cause—Since psychology was still in its early beginnings—for these cases of war neurosis was the approach chosen due to the prevalence of medical treatments. The term *shell shock* surfaced and it referred to being near detonating shells as the main cause of war neurosis.

By the middle of the 1890s, these researchers had also shown that recovering and verbalizing the intense emotions and traumatic memories might help reduce the symptoms of hysteria. This therapeutic approach served as the model for contemporary psychotherapy. Janet dubbed the method *psychological analysis*; Freud subsequently coined the term *psychoanalysis* and Breuer and Freud referred to it as *abreaction* or *catharsis*.

As a point of agreement, the rise of trauma theory was associated from the start with hysteria and with Freud’s early and late formulation of trauma. Contemporary trauma theorists hold that trauma theory focuses on how traumatic events are remembered, represented, and transmitted (Herman, 1992; Luckhurst, 2008; Forter, 2007).

Traumatic occurrences are extraordinary, not because they happen infrequently, but rather because they surpass the typical human responses to life. There is a distinction between trauma as an event, such as a fire or a car accident, or what Dominick Lacapra calls *historical trauma*, and trauma as a process, not identifiable as one incident. Therefore, living through a traumatic event is different from being psychologically traumatized by an event.

PTSD was initially included in the DSM, sometimes known as the ‘Bible of Psychiatry’, in its third edition (1980). The DSM has been the accepted standard for diagnosing and classifying mental disorders—Particularly trauma mental disorders—in the mental health field since 1952. The goal of the original PTSD diagnostic category was to provide guidelines for comprehending psychological trauma as a “*psychologically distressing event that is generally outside the range of usual human experience*” (p.236).

Though one might think of the term *trauma* as referring to a life-threatening event, a therapist may today classify someone who experiences disappointment or frustration as having been

traumatized and in need of PTSD treatment. Trauma can also take the form of something subtle, which the individual experiencing it may not even be aware of to others. For instance, being cheated on in a marriage may be traumatizing and difficult incident to overcome, yet others may do so without much difficulties.

In this wide scope of what constitutes trauma, MedlinePlus, the National Institutes of Health's website provides a more conclusive definition considering a traumatic event as "*an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world*". According to the National Institutes of Health, examples of traumatic events include a move to a new location, anxiety, divorce, fear, hospitalization, and loss of trust.

1.5. Trauma in Literary Texts

Trauma studies have evolved greatly after the two world wars and different fields, including literature, have become interested in bringing an understanding of the phenomenon and suggesting methods to overcome it. In fact, the books *Trauma: A Genealogy* (2000) by Ruth Leys and *Unclaimed Experience* (1996) by Cathy Caruth signal the migration of trauma from psychology and psychoanalysis to literary studies. Leys asserts that the history of trauma has always been shaped by tensions or oscillations between what she refers to as the mimetic and antimimetic tendencies or paradigms, notwithstanding the nonlinearity and singularity of occurrences. Leys argues that the conflict between the mimetic and antimimetic tendencies has shaped psychology and psychoanalysis and that these tendencies cannot be strictly separated from one another. As she states, "*from the moment of its invention in the late nineteenth century the concept of trauma has been fundamentally unstable, balancing uneasily – indeed veering uncontrollably – between two ideas, theories or paradigms*" (2000, p. 298).

Contemporary war literature started to flourish by bringing discussions about the focal cause of trauma, which is war. In *The Soldiers' Tale*, Samuel Hynes uses the naturalization of experience's authority to explain his selection method in his study of contemporary war literature. He insists that if we want to "*understand what war is like, and how it feels, we must turn away from history and its numbers, and seek the reality in the personal witness of the men who were there*" (p.xii). He believes that the ordinary men who were present on the battlefield during the war are the only authorized people to write about war. Therefore, that is the place to start in considering war narratives.

Hynes is not alone in believing that soldiers are particularly competent to represent war and that fighting is unattainable without firsthand experience, these ideas are still strong, convincing, and widespread. Authors who have experienced trauma and who write about traumatic events are thought

to be expressing their trauma through the discourse of their narratives since the trauma thesis encourages us to believe that traumatic experiences yield traumatized individuals (Eilefson, 2015). Margaret Higonnet (2002) examines the propensity of historians, psychologists, and critics to “understand trauma narratives as authentically symptomatic testimony to the unspeakable conditions that precipitated psychological breakdowns” (p.93). These critics see war stories as mimetic truth – direct statements of truth about what it is like to experience war. They forbid imagination, artistic license, or the modification of life experiences for the sake of profit or traumatized individuals – Writers specifically–portray their experiences–Even fictionalized ones–in a way that speaks to their damaged psyches.

In this scope, literary devices and techniques like fragmentation and shifting focalization are now reflections of the damaged psyches of the authors rather than instruments of the literary craft. In her book *Narratology: Introduction to the Theory of Narrative*, Mieke Bal codifies proleptic fallacy highlighting the differences between memory and its representations (fabula). Bal asserts, “*This discrepancy becomes dramatic and, indeed, incapacitating in the case of trauma. Traumatic events disrupt the capacity to comprehend and experience them at the time of their occurrence... The incapability that paralyzes the traumatized person can be situated on both story and text levels*” (2009, p147).

Alternatively put, both the experience and its narrative are imperatively formed by trauma. Although contemporary trauma theory tends to have a focus on the negative or pathological responses to traumatic experiences, many war veteran writers wrote to represent trauma as meaning-making, not nihilistic. As in *All Quiet on the Western Front*, Remarque emphasizes how horrific events can make an individual stronger and more resilient. Although, Remarque’s awareness of shell shock and cases of psychological trauma from World War I, he is not interested in the medical discourse of trauma. He emphasizes resilience as a possible result of traumatic experience.

Both literary and political representations of war are dominated by the rhetorical notion that suggests civilians–Frequently understood to mean women and children–are spared from the experiences of war. As noted by Sandra M. Gilbert, Susan D. Gubar, Sayre P. Sheldon, and James Campbell, women’s experiences are frequently left out of the canon of war literature. The historical lack of participation of women in battle is a primary and legitimate explanation for this fact. However, the civilian experience of war is a substantial element of the war experience and is not dissimilar from that of the noncombatant. Furthermore, being removed from combat does not always imply being safe from or unaware of the fears, suffering, loss, or other memorable aspects of war. Wars impact both the front lines and the home front. They are broadly defined as a state of armed conflict that takes place on an international or intranational scale.

In this discourse, war trauma can be examined too including home front and women's perspectives. I suggest that Virginia Woolf is an author that had represented the perfect image of how civilians saw and interpreted war and patriots. Woolf experienced several major traumatic events throughout her life. As one might anticipate, Virginia Woolf's life and traumatized events are said to have had a significant impact on her writing about trauma and war, especially in *Mrs. Dalloway*, *To the Lighthouse*, and *Between the Acts*.

Louise De Salvo claims that her parents' rough upbringing was a reflection of her own, "*Virginia Stephen was raised in a household in which incest, sexual violence, and abusive behavior were a common, rather than singular or rare occurrence, a family in which there is evidence that virtually all were involved in either incest or violence or both, a family in which each parent had lived through childhood trauma*" (p.1). Suzette Henke and David Eberly describe the events of Woolf's early life as a "*daunting catalogue of traumas*" (p.1). Among these traumas are the deaths of her father and her beloved brother when she was in her mid-twenties, as well as the deaths of her mother and a half-sister when she was a young girl. She was sexually abused by her half-brothers, and throughout her youth and adulthood, she suffered from nervous breakdowns and was diagnosed with neurasthenia. In addition, she experienced protracted depressive episodes before committing suicide on March 28, 1941. In her third novel *Jacob's Room*, it has been said that Woolf included two of the most significant traumas in her life surviving the first World War and her brother's death. As a result, the narrative is typically seen as Woolf's elegy for her brother or as a war novel.

1.6. Trauma and Modern Fiction

Over the past few decades, there has been a rise in the representation of trauma in fiction, Anne Whitehead states in her book *Trauma Fiction* (2004) that "*trauma fiction seeks to foreground the nature and limitations of narrative and to convey the damaging and distorting impact of the traumatic event*" (p. 82). That is to say, the purpose of trauma fiction is to give a narrative for the trauma. It is crucial to remember though, that the majority of trauma fiction focuses on either war (like those of WWI, Vietnam war, or WWII), colonialism, or the fictional work that deals with trauma that is narrated as supernatural, since trauma can be so horrific that it can only be explained by witchcraft or the paranormal. This leads to a gap in the literature's portrayal of trauma since events like abuse can also be the source of trauma; war and colonialism are not the only causes.

Toni Morrison is an eminent figure and female writer whose works reveal traumas and traumatized characters. She focuses on the social trauma created by racial repression that black Africans face in America. Toni Morrison's *Beloved* explores life's worst parts via the story of a fugitive slave and the death of her innocent infant. *Beloved's* tangled mother-daughter interactions

demonstrate how enslavement may have fracturing effects on the human mind. *Beloved* essentially chronicles the life of a single, predominately female family in which she meets her husband while a slave and falls in love, but this does not shield her from psychological trauma or sexual assault.

Morrison's *Beloved* offers a creative approach to the genre by fictionalizing and extending the conventional slave narrative format, in addition to a varied assortment of historical slave narratives. Toni Morrison's *Beloved* is one of the rare works of literature written in a maternal voice, in contrast to numerous stories of this kind. Combining two historical narratives and two unusual stories of female slaves who managed to escape, the novel explores the indescribable and perhaps uncommunicable rawness of trauma. Thus, *Beloved's* themes and structure allude to the widespread nature of psychological trauma. Even the most graphic parts of the story are told in the novel through the detached voice of the narrator, not one of the characters. Morrison's careful handling of trauma is evident in the fact that the book's characters never reveal the full horrific story. This text's subtly unique yet unmistakably persistent topic is the characters' tendency to shield one another from their painful pasts. The reader discovers the bizarre backstory of the family as the book goes on. Sethe is mistreated and disheartened when she and her four children escape slavery. The novel's three main female protagonists suffer a string of violent deaths and emotional disasters from this terrible beginning, which ultimately leads to their collective psychological fragmentation.

God of Small Things, written by Arundhati Roy, is a highly pertinent work about trauma and traumatized individuals. Writings of Arundhati Roy consistently represent the marginalized strata in society. In her book *The God of Small Things*, children are the most traumatized characters. They experience constant torment at various points in their lives. The mental anguish of the older members of the family and the community causes the twins, Rahel and Estha, to suffer eternally. Even though they are now adults, they still carry the trauma from their early years.

A trauma narrative is the method employed in *The God of Small Things*. The narration itself demonstrates how the novel manifests the signs of trauma on the outside. Replicating the trauma so that readers can go through it again is one of the trauma narrative's main goals. By adopting the perspective of traumatized children, the narration attempted to convey to the readers the twins' trauma. Readers can comprehend how their painful childhoods contributed to their perverted lives when they conduct such lives.

The already presented examples of trauma fiction narratives are just few illustrations of how trauma projects itself in different contexts, manners, themes, and writing styles. This thesis envelopes one example of the modern trauma narratives that expose a woman's exterior and interior struggles. Colleen Hoover's fiction classifies her, according to my short and humble experience – and to her

fans who call themselves CoHort-, as the best-read trauma fiction writer of our age. The next section of this chapter, and the last one, sketches examples of Hoover's trauma writings and the thematic explorations she provides.

1.7. Colleen Hoover and Trauma Fiction

Colleen Hoover's novels especially *It Ends with Us* (2016) have been subjected to a substantial quantity of literary criticism from a variety of perspectives. One of the themes on which many scholars have mainly concentrated is domestic violence. This is due to the kind of common trauma-Related to women- that the protagonist Lily Bloom has developed which is related to domestic abuse. Lily experiences terrible events and situations, including seeing her mother being abused by her own father and after that experiencing abuse from her husband. In *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political terror* (1992), people who experience trauma, according to Judith Herman, are paradoxical in that they wish to both “*call attention to the existence of an unspeakable secret and deflect attention from it*” (p. 1). Herman claims that trauma survivors want to forget about the unpleasant incident as much as they want to talk about it.

Among the studies that dealt with this novel in that context is the work of Lestar, T.A., Seteyowali, H.A., and Yukeski, T (2016) entitled *Gender-Based Violence against the female character in Colleen Hoover's It Ends with Us*. The study's critics talked about the various sorts of gender-based violence that Lily Bloom, the leading female character, has experienced. Lestari, T.A. et al (2016) contend that in this regard: “*the main female character in the novel It Ends with Us by Colleen Hoover is proven to experience various forms and impacts of gender violence both physically and psychologically committed by her father and her spouse.*” (p.12). They continued in stating that “*the female main character manage to be an independent woman... and make an unanimous for divorce from her husband*” (p.13). These quotes show that Lily has experienced numerous situations of gender-based violence, which has affected her physically and psychologically while also turning her into a self-reliant woman.

Throughout research conducted by Faizah Islaihiyyah entitled *Lily and Ryle's Post-Traumatic Stress Disorder Through Their Behaviour in Colleen Hoover's It Ends with Us*, it was found that the horrific event, pain, loss, and suppressed emotions that both of the two major characters, Lily and Ryle, have resulted in post-traumatic stress disorder. Their sorrow was not entirely relieved by this repression. Instead, it later manifested itself in their behavior.

As it appears from the above-cited works, Colleen Hoover's *It Ends with Us* (2016) has been the subject of an extensive amount of criticism that explores the novel from a variety of frames and perspectives. This critique, which deals with gender-based violence, focused primarily on trauma

from a feminist perspective. It is true that women have suffered a great deal of violence and abuse. But as this theory makes clear, violence, sexual harassment, and assault are not the only things that create trauma in women. Even in the absence of physical or sexual abuse, a woman may experience trauma. To witness a tragic incident, face death, lose a loved one, or lose one's own child to another person may be traumatic too. Consequently, I decided to base my case study on that.

In one of the most appreciated Colleen Hoover's novels *Reminders of Him* (2022), in which the story is not just about a love story but is about a woman's struggle, trauma is deeply explored and multifaceted. First, after being traumatized by losing the love of her life because of a tragic mistake she had committed, the protagonist finds herself imprisoned for five years with a child in her womb. She experiences a mental breakdown for the second time when her newly born daughter is forcibly taken from her. Since it is a less famous novel, to the best of our knowledge, no studies have attempted to address this novel's reference to trauma theory within a psychoanalytical context. However, it has to be cleared from the onset that the analysis will not be developed from a feminist perspective and scope. The researcher's purpose is study how women experience trauma in everyday encounters. Thus, the aim of this study is to determine women response to such incident, how her guilt and suppressed feelings would contribute in developing a trauma, how the main character manages her trauma using a particular coping mechanism, and how relationships can play a role in the healing process following trauma.

1.8. Conclusion

It is clear from conducting literary analysis on the previous trauma studies, that trauma is a very complicated and multidimensional phenomenon that has been presented and investigated in multiple literary fields. Trauma is defined by its degree of impact on people's psyches and emotions, which are frequently brought on by events that are hard and difficult to deal with, disrupting their feeling of security and wellbeing. The definition and knowledge of trauma have changed and evolved over time. Shifting now to literature, trauma fiction has been on the spotlight for decades. Trauma fiction intrigues writers to delve into their own traumatic experiences or some traumatic incidents they have witnessed. In addition to being a well-known writer in the contemporary romance genre, Colleen Hoover has made a substantial impact on the subject of trauma fiction. Readers could learn more about the significant effects of trauma on people as well as the possibility of growth and healing in the face of hardship by reading and discussing these works.

Chapter Two

Unveiling the Unseen:

Unclaimed Trauma

and the Path to

Recovery

Chapter Two : Unveiling the Unseen: Unclaimed Trauma and the Path to Recovery

2.1. Introduction

This chapter's aim is not only to provide further definitions and deeper understandings of trauma, but also to investigate the effects of traumatic experiences and how these experiences may leave lifelong wound on the victim's cognitive and emotional state. It also provides some of the defense and coping mechanisms that may vary from one individual to another and this mechanism cannot be fully understood without absorbing what the nature of trauma is and how traumatic reactions are embodied among individuals.

2.2. The Unclaimed Trauma

Historically speaking trauma was defined referring to the disciplines of psychology and medicine. However, in the last century and with several theorists and critics such as Cathy Caruth and Anne Whitehead, trauma theory has made a remarkable progression in the field of literary studies and criticism. The term *Trauma* in former times attributed to any physical body injury. Nonetheless Cathy Caruth in her book *Unclaimed Experience: Trauma, narrative, and history* (1996), introduces a contemporary understanding of this term where it points out a mental injury especially after the Freudian psychoanalysis' understanding of trauma as a bodily harm (Rundqvist, 2020). A central scene of psychological trauma is the inextricable conflict between the will to deny terrible events and the will to declare them aloud. People who have survived cruel or shocking incidents their version of the truth cannot be considered as credible because they often tell their stories in a highly emotional, contradictory, and fragmented manner.

In the field of trauma studies, Caruth's *Unclaimed Experience* is recognized as a groundbreaking innovative work. She is additionally acknowledged as the founder of trauma theory in literature. For that matter, her theory, one suggests, provides appropriate background to an analytical reading to the suggested novel in the third chapter.

Caruth is a trauma theorist who believes there is an intricate connection between trauma and literature. She maintains that literature is strongly related to trauma in ways that are yet to be explored. Caruth's Trauma Theory mostly draws from Freud's definition of trauma, which he elaborated upon in his books *Moses and Monotheism* and *Beyond the Pleasure Principle*. These two pieces, in Caruth's opinion are important for comprehending how individuals survive and overcome traumas. She argues that the trauma-causing incident is so severe and unexpected that it is not "*fully known*" in the first place. Its influence is felt long after the event has occurred, and it manifests itself in the

form of nightmares and flashbacks. Caruth investigates the portrayal of trauma and concludes that it is difficult to describe.

Furthermore, Caruth claims that trauma's effect stems from its *belatedness*. The traumatic event does not get fully registered in an individual's consciousness only after the incident is finished. In the same vein, she locates PTSD and contends that it is a historical phenomenon where the survivor's horrific experience haunts them repeatedly, specifying that "... so trauma is not locatable in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature—The way it was precisely not known in the first instance— return to haunt the survivor later on" (1996, p.3-4).

Caruth continues by saying that the traumatic event forces the survivor to move closer to the edge of death. People become insecure about their loved ones and themselves as a result of it. A traumatic event causes someone to completely alter their outlook on life. It alters a person's definition of who they are. According to Caruth, it is not always easy for someone who has survived a traumatic experience to integrate back into daily life. They are unable to confront their own survival or cope with the loss of loved ones. Being the *survivor* does not provide pride to trauma survivors.

From a Caruthian perspective, trauma is difficult to communicate. In fact, it is sometimes incomprehensible to the one who has experienced it, which is why it is known as the *unspeakable experience*. Correspondingly, Herman asserts that trauma "*overwhelms the ordinary systems of care that give people a sense of control, connection, and meaning*" (1992, p. 33). In this sense, the traumatized individual's personal subjective reaction and mental processing of trauma mutates his/her perception of the real world and how he/she makes meaning of it. Thus, the individual is left with a wounded and shattered memory, destroyed and ruined emotions, and a feeling of blame and resentment.

In the same vein, Vickroy (2015), Van Der Kolk (2016), and LaCapra (2014) agree with her. Trauma transforms people's "*psychological, biological, and social equilibrium such that they become obsessed with the past*" (Vickroy, 2015, p.6). People who have suffered trauma become mired in the past because they perceive the world through a distinct nervous system (Van der Kolk, 2014; Herman, 1992). LaCapra (2014) argues that the past to a traumatized individual is constantly living with him/her in his/her present rather than existing as just a memory fragment.

A thorough grasp of how memory works and how an individual's memory resists forgetting or suppressing a painful event is essential to comprehend how trauma is perceived and processed from an individual to another.

2.2.1. Trauma and Experience

Traumatic events according to Caruth are remembered differently comparing to non-traumatic events by victims and survivors. In the post-traumatic period, the victim is not only controlled by the overwhelming events of the past but also, he/she is condemned to relive these events in intrusive images and thoughts in his/her present. Victims of trauma seek to forget the traumatic events they have experienced, resulting in a distorted sense of memory and identity crisis, which can eventually lead to amnesia or an identity crisis on a collective level.

It is clear from Freud's writings on trauma in *Beyond the Pleasure Principle* and *Moses and Monotheism* that trauma caused by an accident conveys the impact of the event's very incomprehensibility in addition to its violent nature. What causes victims psychological traumas is not only the testimony and reality of the lived violent event but also the reality of the way that this event is remembered and interpreted by the victims' psyche.

The first description of traumatic memory as being stored in "*automatic actions and reactions, sensations and attitudes ... replayed and reenacted in visceral sensations*" was given by the renowned French psychologist Pierre Janet in 1889. Traumatic remembrance is distinguished by its complex nature. Trauma definitions have been based on a paradox: images of traumatic reenactment are accurate and precise, but they are difficult to recall and regulate. This occurrence posed a challenge to Freud's understanding of the 'war neuroses' caused by World War I (Caruth, 1995, p.151). These few sentences indicate that the event and the lack of association (connection) between the event and the pathological expression are seen as the cause of illness, and retrieving a memory of the event is seen as the cure. They go on to explain how the curative effect is achieved by remembering later in his texts.

Leading trauma psychologist and healer Peter Levine has stated in the twenty-first century that some shocks to the organism "*can alter a person's biological, psychological, and social equilibrium to such a degree that the memory of one particular event comes to taint, and dominate, all other experiences, spoiling an appreciation of the present moment*" (2015, p. xx). Levine calls this "*the tyranny of the past*".

These studies are executed in the hope of providing insights into the ways in which trauma shapes our thoughts, emotions, and social interactions by maintaining memories that support them. Furthermore, these scholars wanted to describe how our bodies are imprinted with the painful emotional experiences that come with trauma.

“All trauma is preverbal,” the psychologist Bessel Van der Kolk has written. In two respects, his remark is accurate. Firstly, the mental injuries we experience are frequently caused to us prior to our brain developing the ability to construct any sort of spoken story. Secondly, even when we acquire language skills, certain injuries remain on parts of our neural systems unrelated to language or ideas; these include parts of the brain, of course, but also other parts of the body. They are stored in areas of our being that are inaccessible to words and concepts; in fact, this degree of trauma encoding could be referred to by Mathé (2022) as *subverbal*. Like the accident victim's dreams, the horrible recurrence seems to be a waking memory that is only sometimes felt as a dream. It is commonly believed that the patient's obsession with his/her trauma shows how strong the experience was because the terrible incident is forcing itself upon him.

According to Van der Kolk and Van der Hart (1991), traumatic memory differs from nontraumatic memory because traumatic experiences are processed differently than nontraumatic experiences. Flashbacks and the absence of conscious memory are perhaps the two types of memory disturbances that trauma survivors encounter. In this context, flashbacks are often referred to as intrusive memories. According to Ehlers and Clark (1991), the latter are characterized as vivid images of the traumatic scene that give the victims the impression that they are reliving the past in the present. In addition, these incursions are described as being severe and sudden, which forces victims to distance themselves from themselves and their surroundings in order to cope with the suffering (Vickroy, 2015). Herman makes the intriguing claim that the traumatic event is preserved as “*an abnormal form of memory, which breaks spontaneously into consciousness, both as traumatic nightmares during sleep and as flashbacks during waking states*”. (1992, p. 37).

Herman's case is supported by Janet's account of his hysterical patients, who appeared to be controlled by *idée fixe*, a mental illness that causes painful memories to be stored differently than regular memories. Janet clarifies the distinction:

[Normal memory], like all psychological phenomena, is an action; essentially it is the action of telling a story... A situation has not been satisfactorily liquidated ... until we have achieved, not merely an outward reaction through our movements, but also an inward reaction through the words we address to ourselves, through the organization of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history. . . . Strictly speaking, then, one who retains a fixed idea of a happening cannot be said to have a “memory” . . . it is only for convenience that we speak of it as a “traumatic memory”. (Qtd.in Herman, 1992, p. 37)

Unadulterated by suppression or subconscious desire, the traumatic nightmare appears to directly refer to an occurrence; but, as Freud indicates, it resides in a realm that willfully refuses access. In fact, as contemporary academics have noted, the exact and vivid reappearance of the event seems to

be followed by a forgetting of the past—a phenomenon so stunning that a number of influential writers has labeled it as a paradox. One of the paradoxes that affects people with post-traumatic stress disorder (PTSD) is that they may remember and experience parts of the incident in the form of intrusive thoughts, nightmares, or flashbacks. On the other hand, people can simultaneously suffer partial or complete amnesia for the traumatic experiences.

It appears that the flashback offers a type of recollection that endures at the expense of deliberate remembering or the continuity of conscious cognition itself. Although those who have experienced trauma are required to witness and relive the unwavering reality of the past, they are able to reclaim a history that comes into conscious awareness solely by actively refusing to remember it. Thus, in trauma, the capacity to retrieve the past is inextricably and ironically linked to the impossibility of gaining access to it. This implies that what emerges in the flashback is an event that is partially determined by its lack of integration into awareness, rather than merely a powerful encounter that has been obscured by a subsequent act of repression or amnesia. In fact, in traumatic experience, the literal registering of an event—the ability to repeatedly recreate it in all its detail during a flashback—appears to be closely linked to the way it eludes conscious awareness during the time of occurrence.

Trauma specialists really contend that improper processing of traumatic memories causes intrusions and forgetfulness because they defy the usual flow of autobiographical memories (van der Kolk, 2014). As Ehlers & Clark suggest, "*Poorly elaborated and inadequately integrated into its context in time, place, subsequent and previous information and other autobiographical memories*" is how Anke Ehlers and David Clark describe traumatic memory (1991, p. 325). As a result, trauma survivors are unable to deliberately remember the horrific event, but it continues to haunt them in the form of dreams and flashbacks. Literary depictions of trauma frequently touch on the nature of traumatized memory.

2.2.2. Emotions and Trauma

By definition, traumatic events and other emotional upheavals are extremely stressful. Throughout a lifetime, a person may experience numerous emotional upheavals such as divorce, the death of a loved one, job loss, or chronic illness. The interest of trauma studies, for almost two decades, has focused on identifying the psychological and social elements that contribute to how people absorb traumatic experiences. An essential component of trauma healing is the person's ability to speak or psychologically face emotional upheavals when they occur. People are naturally inclined to tell others the details of their traumatic experiences. (Derlega, 1984; Jourard, 1971). According to a study, people actually share over 95% of their emotional experiences on the day they happen, frequently within a few hours of each other (Rimé, 1995).

Even though most emotional experiences are shared, however, some people find it difficult to talk about certain experiences with others. Examples of these experiences include rape and other forms of sexual abuse, losing one's job, being diagnosed with a stigmatizing illness like breast or prostate cancer, and marital infidelity. People frequently attempt to suppress their sentiments and ideas about the encounter in order to put it out of their minds in such situations. Paradoxically, deliberate efforts to conceal thoughts might instead increase rumination and thoughts about the very event that individuals are attempting to forget (Wegner, 1984). Such rumination can deplete significant reserves of mental and emotional energy, raise stress levels, and impair immune system performance, especially if it persists for protracted periods of time.

Traumatic events have the tendency to negatively affect nearly every aspect of a person's life. In addition to making us miserable, anxious, and sick, they also change how we connect with friends, family, and other people we see frequently. Researches done have shown the significant social consequences of emotional upheavals. Individuals have the ability to control how he/she processes a traumatic incident on an emotional and cognitive level, as well as how they interact with others and are seen by them, by deciding whether to express or keep their thoughts and feelings about it to themselves. For instance, if someone chooses to isolate themselves when a loved one passes away, there might be social consequences. In addition to losing out on the opportunity to receive social help, this person stands the risk of others misinterpreting his retreat if he remains silent about the occurrence. (Slatcher & Pennebaker, 2005).

Conversely, sharing a horrific experience with others might improve one's ability to absorb the experience cognitively and can even assist one's personal relationships. More and more evidence to the necessity of this social integration process for overcoming trauma and creating a more cohesive social environment.

In the case of trauma survivors, there is this permanent conflict between the desire to suppress horrible events and the urge to speak about them. The highly unstable, disjointed, and fragmented narratives of atrocity survivors sometimes undermine their credibility and support the conflicting imperatives of secrecy and truth-telling. Survivors can begin the healing process once they accept reality. But all too often, there is silence, and the story of the horrific event becomes a symptom rather than a spoken story.

2.3. Recovery Process

The rehabilitation process needs a full understanding of the trauma's nature and the traumatic reactions that follow the incident. Traumatic reactions occur in the body and mind and are closely associated with a sensation of confinement and constriction. Further, long-lasting alterations in

emotion, memory, cognition, and physiological arousal result from this. The recovery process always follows the same pathway because all traumatic syndromes share basic traits. Rebuilding the trauma narrative, creating a safe space, and mending the rift between survivors and their community are the core phases of healing. This section of the chapter provides an overview of the traumatic reactions and healing process, which may differ from one individual to another based on the pain degree and the amount of loss.

2.3.1. Traumatic Reactions

The typical human reaction to danger is a multifaceted and interconnected chain of events that involves the body as well as the mind. When a person is threatened, their sympathetic nervous system is activated, which results in an adrenaline surge and a feeling of alertness. Additionally, a threat focus attention on the present circumstance. Furthermore, threat can change typical perceptions since those who are in danger might frequently ignore signs of exhaustion, hunger, or pain. Finally, threats arouse strong emotions of rage and dread. These shifts in perception, emotion, arousal, and concentration are healthy, adaptive responses. They force the person who is being threatened to respond decisively.

Traumatizing reactions occur when activity is ineffective. When resistance and escape are out of the question, the human self-defense system becomes overwhelmed and confused. All the components of the conventional response to danger eventually become obsolete and persist long after the actual threat has passed in an altered and heightened form. Physiological arousal, emotion, memory, and cognition are all profoundly and permanently altered by traumatic experiences. Furthermore, these often-interconnected functions may become separated due to traumatic experiences. The traumatized individual may recall everything in detail but not feel anything, or they may feel strong emotion yet not remember the event clearly. They might discover that they are incessantly watchful and agitated without understanding why.

People who have experienced trauma behave and feel as though their nervous systems are not connected to the present. A vivid example is provided by the poet Robert Graves (1957) who describes how, even after leaving the military, he would still behave as if he were there in the trenches of World War I: *“I was still mentally and nervously organized for War. Shells used to come bursting on my bed at midnight, even though Nancy shared it with me; strangers in the daytime would assume the faces of friends who had been killed. When strong enough to climb the hill behind Harlech and visit my favorite country, I could not help seeing it as a prospective battlefield”* (p.257).

According to Judith Herman (1992), three major categories encompass the myriad symptoms associated with post-traumatic stress disorder. The terms ‘hyperarousal,’ ‘intrusion’, and

'constriction' refer to these. The constant sense of impending danger is reflected in hyperarousal, the lasting memory of the traumatic event is reflected in intrusion, and the numbing reaction of submission is reflected in constriction.

2.3.1.1. Hyperarousal

The human self-preservation system appears to go into constant alert mode following a traumatic event, as though the threat could reappear at any time. The state of physiological arousal does not change. The initial hallmark sign of post-traumatic stress disorder, hyperarousal, is characterized by a traumatized individual who is easily startled, irritable to minor stimuli, and has poor sleep quality.

Kardiner thought that a number of symptoms seen in First World War combat veterans—such as nightmares, startle reflexes, hyperalertness, vigilance for the return of danger, and psychosomatic complaints—could be explained as the consequence of persistent autonomic nervous system arousal. Additionally, he saw traumatized men's irritation and explosively aggressive behavior as shards of a broken "fight or flight" response to overwhelming danger.

John Spiegel and Roy Grinker (1945) also noted that Second World War soldiers were traumatized,

[They] seem to suffer from chronic stimulation of the sympathetic nervous system. . . The emergency psychological reactions of anxiety and physiological preparedness . . . have overlapped and become not episodic, but almost continuous. . . Eventually the soldier is removed from the environment of stress and after a time his subjective anxiety recedes. But the physiological phenomena persist and are now maladaptive to a life of safety and security. (P.219-20)

Numerous comparable investigations have now demonstrated how profound and long-lasting the psychophysiological alterations associated with post-traumatic stress disorder are. Patients have both specific anxieties and symptoms of generalized anxiety. Kolb and Multipassi (1982) noted that there are many different kinds of sleep disturbances as a result of the persistent rise in arousal both during sleep and during waking hours. Individuals with post-traumatic stress disorder wake up more often at night, have trouble falling asleep, and are more sensitive to sounds. The human nervous system appears to be reconditioned as a result of traumatic occurrences.

2.3.1.2. Intrusion

People who have experienced trauma recall the incident as if it were still happening now, even after the threat has passed. They are unable to go back to living their lives normally because the trauma keeps coming back. At the time of shock, it seems as though time pauses. The traumatic event

is encoded in an aberrant type of memory that spontaneously resurfaces in consciousness as nightmares during sleep or as flashbacks during awake. These memories can also be brought back by tiny, seemingly minor reminders; they frequently do so with all the emotional intensity and vividness of the original incident. Because the survivor may never be sure that they will not run into a reminder of the trauma, even generally safe places may start to feel hazardous.

Brett and Ostroff (1985) stated that traumatic memories are encoded as vivid feelings and visuals rather than having a verbal narrative or context. Robert Jay Lifton (1980) a researcher on combat, civilian disasters, and Hiroshima survivors, refers to the horrific experience as a 'death imprint' or 'indelible image.' A single sequence of pictures frequently captures the essence of the encounter—what Lifton refers to as the 'ultimate horror.' The heightened actuality of the traumatic memory is a result of the intense attention on fragmentary feeling and image without context.

Although reliving a tragedy can present a chance for mastery, most survivors do not actively look for or accept this chance. Instead, people fear and dread it. Reliving a traumatic event is feeling the full emotional impact of the initial incident, whether it manifests as intrusive memories, dreams or behaviors. Terror and wrath batter the survivor day and night. These feelings are not the same as regular anger and fear. They surpass the normal ability to tolerate emotions and fall outside the realm of typical emotional experience.

2.3.1.3. Constriction

A person may enter a condition of surrender when they feel totally helpless and that trying to resist is pointless. The self-defense mechanism completely breaks down. The defenseless individual escapes her predicament by changing her state of consciousness rather than taking action in the physical world. Animals have been shown to exhibit similar states, such as "freezing" in response to an attack. These are the reactions of a vanquished opponent in combat or of ensnared prey to a predator.

Constriction or numbing, the third primary symptom of post-traumatic stress disorder, stems from these changes in consciousness. Unavoidable danger can, paradoxically, occasionally arouse not only fear and anger but also a detached calmness when pain, rage, and dread all subside. Even if events are still registered in awareness, they appear to have lost their typical significance. There may be partial anesthesia, loss of specific feelings, or numbness or distortion of perceptions. The experience may become less authentic and lose its sense of time, frequently with a sensation of slow motion. The person may have the impression that he is not experiencing the event, that he is watching it from outside of his body, or that it is all just a bad dream that he will soon wake up from.

Traumatized people deny themselves of new opportunities for effective coping that might lessen the impact of the traumatic event by avoiding any settings that remind them of the prior trauma or any effort that would require risk and future planning. Therefore, constrictive symptoms demand a hefty price for any protection they provide, even though they may be an attempt to protect against overpowering emotional states. They ultimately exacerbate the effects of the traumatic incident by narrowing and diminishing life quality.

2.3.2. Stages of Recovery

Herman identifies three stages of healing. The first stage focuses on establishment of safety, while the second stage focuses on remembrance and mourning. The third stage is reconnection with ordinary life. She highlights that the stages of healing ought not to be interpreted as unchangeable, but rather as an endeavor to streamline and structure an incredibly intricate and chaotic procedure.

2.3.2.1. Establishment of Safety

Restoring power and control to the survivor is the fundamental tenet of healing since trauma robs the victim of these abilities. Ensuring the survivor's safety is the first step in the healing process. This task is the most important one since without sufficient safety measures in place, no other therapeutic work can possibly be successful. Until a fair level of safety has been established, no more therapeutic work should ever be tried.

Survivors have body insecurity. Their thoughts and feelings seem uncontrollable. In terms of other people, they likewise feel insecure. Control over the body is the first step in establishing safety, which then progressively extends to control over the surroundings. Physiological integrity issues include meeting fundamental health requirements, controlling self-destructive habits, managing post-traumatic symptoms, and regulating basic physiological processes like eating, sleeping, and exercising. The creation of a secure living environment, financial stability, mobility, and a self-defense strategy that takes into account all aspects of the patient's everyday life are all considered environmental difficulties.

Control over the environment follows control over the body in terms of safety. The severely traumatized individual requires a secure refuge. The first step in crisis intervention is to locate and secure that shelter. The victim of an acute trauma may desire to isolate himself/herself in his/her house during the first few days or weeks after the incident, or she may not be able to return home at all. Home may be the safest location she may select if the traumatizer is a family member. A real flight to shelter may be necessary for crisis intervention.

The survivor tries to create a sense of safety; therefore, her relationships with other people tend to swing between extremes. She might always try to be in the company of others, or she might choose to live alone. She should generally be encouraged to ask for help from others, but great caution must be exercised to make sure she selects individuals she can rely on. In addition to being a tremendous source of support, family, close friends, and lovers can sometimes pose a risk to one's safety or impede the healing process.

In order to create a secure environment, it is necessary to organize compassionate individuals and create a plan for ongoing security. Following the trauma, the survivor must determine the level of ongoing threat and the appropriate course of action.

2.3.2.2. Remembrance and Mourning

During this stage, the trauma victim recounts their experience. He gives a thorough, in-depth, and detailed account. In *The Trauma Story: The Psychiatric Care of Refugee Survivors of Violence and Torture*, Mollica stated that the reconstructive effort changes the traumatic memory to allow it to become a part of the survivor's narrative. Normal memory, according to Janet, is 'the action of telling a story.' In contrast, a traumatized memory is rigid and wordless. The survivor's first version of what happened could be repetitive, clichéd, and devoid of feeling. An observer refers to the trauma story as a 'prenarrative' when it is not altered. It does not change or advance with time, and it does not convey the storyteller's emotions or perspective on what happened.

The necessity to confront the past while maintaining safety must be continuously weighed against the urge to bring the survivor's memories to life. In therapy together, the patient and the therapist need to learn how to safely navigate between the two risks of incursion and confinement. Refusing to confront the traumatic memories causes the healing process to stall, and confronting them too quickly causes a destructive and useless reliving of the experience. It is important to closely monitor the patient's invasive symptoms to ensure that the uncovering work is done within tolerable bounds. During active trauma exploration, if symptoms significantly deteriorate, this should be a warning to slow down and reevaluate the therapy plan.

Reviewing the patient's life prior to the trauma and the events, leading up to it is the first step in reconstructing the trauma tale. According to Yael Danieli, regaining the patient's prior history is crucial to 're-creating the flow' of their existence and reestablishing a feeling of continuity with the past. It is crucial to support the patient in discussing his significant relationships, his goals and aspirations, and his difficulties and conflicts leading up to the traumatic experience. This investigation offers a framework for understanding the trauma's specific meaning.

Reconstructing the horrific incident as a factual recitation is the next phase in which the patient piece together fragments of frozen imagery and experience to gradually create a vocal narrative that is well-organized, detailed, and contextualized within time and history. The story describes not only the actual incident but also the survivor's and the significant others' reactions to it. Reciting facts devoid of the feelings that go along with them is a cold, therapeutic activity. Therefore, the patient has to recreate her feelings as well as what actually happened at each point in the story. Just as much attention to detail must be used when describing emotional states as when describing facts. The patients may experience agitation or withdrawal as they work through their emotions. They are experiencing those emotions again in the present rather than just recounting their past experiences.

Traumatic death encounters and traumatic loss are two of the most common subcategories of stress or traumatic experiences that can happen. According to Raphael (1983), the term '*traumatic loss*' describes the loss of close attachment figures associated with sudden, unexpected, untimely, or otherwise traumatic circumstances of death, for which we experience grief and require the support, comfort, and assistance of our family and other people.

A 'traumatic encounter with death' is the term used to describe the pressures associated with facing mortality, which might result in PTSD. This is the kind of response that people have to intense conflict or violent situations, regardless of whether they were directly harmed or not. These responses may also be brought on by the exposure emergency personnel get when handling the emotional or violent fallout from another person's death.

Trauma invariably results in loss. Even those who are fortunate enough to survive without suffering bodily harm nonetheless lose the psychological framework that keeps them safely connected to other people. In addition, those who suffer physical damage lose their feeling of physical integrity. Furthermore, people who lose significant someone in their lives have a fresh gap in their friendships, familial ties, or sense of community. Tragic losses upend the typical line of succession and challenge accepted social norms surrounding grieving. Thus, it is inevitable that the trauma survivor will experience deep grief when the trauma tale is told. There is little comfort in the conventional rituals of mourning because so many of the losses are unseen or missed. At this point of rehabilitation, going through the grief process is both the most important and the most dreaded. Patients frequently worry that once they allow themselves to begin mourning, there will be no stopping them and that the effort is impossible.

The trauma can never be fully rebuilt since there will always be new conflicts and difficulties at every stage of life that will trigger the trauma again and reveal fresh details of the event. The patient reclaiming her own history and feeling energized to participate with life again marks the completion of the major work of the second stage. Time is moving once more. The horrific event genuinely

belongs in the past once the action of telling a story has concluded. The survivor now has to focus on starting over in the present and achieving her goals for the future.

2.3.2.3. Reconnection

Reaching this stage of recovery, the survivor must now work to create a future after overcoming a horrific past. S/he must now create a new identity because the trauma has destroyed his/her previous one, which he/she has lamented. The trauma has put her relationships to the test and altered them irrevocably; she now needs to forge new bonds. Now that her life's purpose has been called into question, she needs to rediscover a sustaining faith. The third stage of recuperation entails several duties. By completing this task, the survivor takes back control of her world.

During the third stage of healing, the problems from the first are frequently brought up again. The survivor invests her energy once more in taking care of her physical requirements, her immediate surroundings, her material needs, and her relationships with other people. However, by the third stage, the survivor is prepared to participate more fully in society, whereas the first stage's sole objective was to establish a defensive posture of minimal safety. Now that she has established a secure base, she can go further. She is capable of setting a schedule. She may be able to reclaim some of her pre-trauma goals, or maybe for the first time, she may find her own goals.

The major feelings associated with psychological trauma are helplessness and loneliness. The two main sensations of rehabilitation are reconnection and empowerment. The traumatized individual acknowledges that she has been a victim and comprehends the consequences of her victimization during the third stage of rehabilitation. She is now prepared to apply the lessons she learned from her tragic experience to her daily life. She is prepared to take decisive action to strengthen her bonds with those she has come to trust, to feel more in charge of her life, and to defend herself from harm in the future.

Survivors who have reached this point in their rehabilitation are aware that their PTSD symptoms are a pathological amplification of their typical reactions to danger. They frequently have a strong awareness of their ongoing susceptibility to dangers and triggers from the traumatic experience. Instead of accepting these recurring events inertly, survivors can decide to confront their concerns head-on. Choosing to put oneself in risk can be seen as a further trauma reenactment on one level. This decision is an attempt to master the painful event, just like reenactment; but, unlike reenactment, it is made knowingly, in a planned and methodical manner, and has a significantly higher chance of success.

The survivor pulls from the most valuable parts of himself/herself from before the trauma, from the event itself, and from the healing period as s/he goes through the process. By combining all of these components, s/he forges a new identity. The process of reconstructing an ideal self requires the

active use of fantasy and imagination—abilities that have recently been granted freedom. In the early phases, the survivor's imagination was constrained by a sense of futility and powerlessness, and his/her dream life was dominated by recurrences of the trauma. She can now go back and examine past aspirations. At first, the survivor can be reluctant to do so out of concern for the hurt of being let down. It requires bravery to abandon the victim's confined position.

By the time the survivor reaches the third stage of rehabilitation, some capacity for proper trust has returned. She/he has the ability to trust people again when it is justified and the ability to withhold trust when it is not, and s/he is able to discern between the two. She is now able to be independent without losing touch with others; s/he can uphold his/her own limits and point of view while also being respectful of others.

2.4. The Healing Process

Healing is not an easy process, especially for those who go through different traumatic experiences, sometimes successively. The overcoming phase (s) that a traumatized person needs to go through depend heavily on many complex and interconnected traits, the most important is a person's healing mechanisms s/he adopts. After delineating Caruth and Herman's theories of trauma and recovery, it is important to discuss two healing mechanisms that the protagonist of the novel particularly employs. It is not within the scope of this thesis that one can develop a detailed discussion of healing mechanisms in general. For that purpose, one chooses two healing mechanisms that will be dealt in the novel's analysis: Writing as a coping mechanism and Healing through relations.

2.4.1. Writing as a Coping Mechanism

Numerous studies have revealed that discussing or writing about emotional experiences is linked to numerous advantages, including better mental and physical health. Psychologists and other psychosomatic researchers have been attracted by the health benefits of self-disclosure since Franz Alexander's work in 1950. Researchers have learned a great deal about the benefits of writing about emotional events since the first writing study (Pennebaker & Beall, 1986). Studies that have started to clarify the cognitive, linguistic, and social underpinnings of the advantages of writing are especially significant (Lepore & Smyth, 2002; Smyth, 1998).

The significance of trauma narratives is discussed by Susan J. Brison in her chapter *Trauma Narratives and the Remaking of the Self* (1999). Brison suggests that the survivor may be able to process the trauma by talking about the terrible recollections (p.40). According to Felman and Laub, trauma survivors are imprisoned in a 'traumatic reality,' and creating a narrative about their experiences is a necessary first step in the therapeutic process to help them escape (p.69). Vickroy agrees and contends that the painful experience loses its impact when a 'narrative reconstruction' is

created (p.3). Herman also supports the idea that ‘*reconstructing the trauma story*’ (p.3) is the primary goal for the subject in order to heal from a traumatic experience. Expressive writing, such as narrating the painful experience through letters, diaries, or stories, has been shown to be therapeutic for trauma survivors in a number of studies.

Suzette A. Henke first used the word ‘scriptotherapy’ in *Shattered Subjects* (2000). “*The process of writing out and writing through traumatic experience in the mode of therapeutic reenactment,*” is how she defines it (p.xii). The survivors can process the painful events by crafting a story for their recollections. In their book *Opening Up by Writing it Down: How Expressive Writing Improves Health and Eases Emotional Pain*, James W. Pennebaker and Joshua M. Smyth contend that humans have a need to “*reveal ourselves to others*” and that *the act of expressing traumatic, painful experiences, especially through writing, can be extremely healing for the survivor*” (p.1-2).

Furthermore, expressive writing can be utilized as a therapeutic aid in both clinical and ‘self-help’ contexts, according to research by Karen A. Baikie and Kay Wilhelm (p.342). Dorrit Cohn's seminal study of how authors depict consciousness in narrative fiction, *Transparent Minds: Narrative Modes for Presenting Consciousness in Fiction* (1978), includes a section on the diary novel in chapter five. “*Diarists ostensibly write, like monologists speak, only for themselves,*” she explains (p.208).

2.4.2. Healing Relationships

Psychological trauma primarily manifests as feelings of disempowerment and social detachment. Therefore, the foundation of recovery is the survivor's empowerment and the development of new relationships. Recovering is only possible in the context of relationships; it cannot happen on its own. The survivor uses his/her restored relationships with other people to recreate the psychological abilities that were damaged or distorted by the traumatic incident. These include the essential skills for competence, trust, autonomy, initiative, identity, and connection. In relationships with other individuals, these capacities must be reformed, just as they were initially created in those interactions.

The core principal of recovery is the self-determination of the survivor. It is solely related to him/her to write and evaluate their own healing. Others may offer support, love, care, encouragement, advice, and attention, but not healing. This crucial empowering idea is not adhered to, despite the many good-intentioned measures to assist the living. No matter how much it would seem to be in the survivor's immediate best interest, no intervention that takes away his power can possibly promote his recovery.

The social support network plays a critical role in the rehabilitation environment in helping the person process the traumatic experience. Support can be provided during the acute phase or

afterwards to individuals who have gone through the same traumatic experience. It is one of the possible debriefing activities. Additionally, it is a normal element of learning from experiences and individual behaviors (Hodgkinson & Stewart, 1991). Eventually, self-help or mutual support groups may experience it.

The idea that someone handled the matter differently than they felt they should have is one possible problem. Individual experiences of feeling inadequate in a distressing situation are associated with a particular type of stress. One challenge encountered during the response following the trauma is accepting one's conduct during that time. An illustration would be someone who had to let others perish in order to get away. Even while there might not have been anything more the individual could have done to survive, the end consequence might be shame and a psychological problem with regard to the ability to move past the trauma.

Human bonds to one another are crucial and frequently the reason why people survive. Before being recovered, survivors of the Bell Star shipwreck, which happened in October 1973 off the coast of Tasmania, Australia, spent some time on an open boat and later in the bush. Their survival was aided by pictures of the individuals they loved (Henderson & Bostock, 1977). Because they enable people to survive in concentration camps and provide support to trauma survivors when they think they are about to die, human bonds act as motivators. We are motivated to battle awful diseases, to endure, and to live by the pictures of the people we love. They are also the things that enable individuals to advance.

In *Reading Trauma Narratives*, Vickroy (2015) claims that trauma fiction provides readers with a multitude of intricately intertwined insights into psychological and social life that are not achievable with other forms of media. Indeed, a fictional trauma narrative can awaken or access a part of consciousness that allows trauma to be exposed and guides it toward integration on a political and personal level for the female writer, protagonist, and reader.

2.5. Conclusion

As we are concluding this chapter, we went over how trauma is viewed as an experience that profoundly impacts people on a variety of levels. There is no doubt in the strong link between trauma and emotions. Trauma's emotional aftereffects might include a variety of reactions, such as fear, rage, guilt, and humiliation. It also demonstrates the value of expressive writing, whether in the form of letters or journals, as a therapeutic tool and the ways in which the healing effects of a single, uplifting individual in a traumatized person's life may be felt. Readers are likely to rely on these assumptions

in understanding literature related to traumatic events and their aftermath. Therefore, to understand the genesis and evolution of trauma and concepts related to it is indispensable when reading literature.

Chapter Three
Unraveling the
Trauma of Kenna
Rowan: A Study
Drawing from Caruth
and Herman's Trauma
Theories

Chapter Three: Unraveling the Trauma of Kenna Rowan: A Study Drawing from Caruth and Herman's Trauma Theories

3.1. Introduction

This chapter will be dedicated to the novel's analysis. *Reminders of Him* is a novel written by the contemporary renowned author Colleen Hoover, published in January 2022. In this tragic yet hopeful tale, a disturbed young mother longs for a chance of forgiveness. The fundamental principles that the proposed study aims to apply to the chosen literary work are the aforementioned concepts, which include Caruth's Trauma Theory and Herman's Recovery Theory. This methodical approach to reading the book will help the reader comprehend our protagonist Kenna Rowan, her hardships, progress, and evolution over the course of the story. I will be referring to the second chapter constantly as I seek to figure out how Kenna's real-life trauma reflects the concepts and theories that were previously covered.

3.2. The Intersection of Caruthian Trauma and Herman's Theory of Recovery: A Comprehensive Analysis of Kenna

People may have gone through traumatic stress from which some may recover, while others may have persistent effects that last for years or even a lifetime. However, a number of factors, such as the duration, intensity, and existence of prior traumatic events, affect traumatized individuals' reactions. According to Freud (1915), whose theories influenced the emergence of trauma studies, the term trauma is thought to refer to an effect on the mind rather than the body. As stated by Herman (1992), the psychological distress symptoms experienced by the traumatized individuals both draw attention to and divert attention from the existence of an unspeakable secret. It seems sense that a person who has experienced trauma finds it difficult to communicate his emotions or to share his story, even with his family.

From the novel of Colleen Hoover's *Reminders of Him*, the main character Kenna Rowan did not grow up in a perfect household, her mother for her was not a good mother, and because of her bad mother, Kenna was placed in foster care twice. Her biological mother was not as good as Mona, the one who looked after her for a year. Therefore, her mother battled for her and managed to win her back. Kenna was not overjoyed to be reunited with her biological mother, "*I was being returned to a mother who wasn't even adequate*" (p.95).

Kenna wants to prove to her daughter Diem that she genuinely has a caring mother because of her past with her own mother. It becomes clear to us that Kenna had a difficult upbringing due to her negative recollections of her mother. She is aware of her imperfections as a mother, but she believes that every mother, no matter how flawed, can do better than nothing when it comes to raising her kid

“... it's better to grow up knowing your imperfect mother is fighting for you than to grow up knowing she doesn't give a shit about you” (p.94). After Kenna's mother got married, she left and Kenna had to deal with the difficulties of life alone at a young age. Nevertheless, meeting Scotty had her life changed. Kenna can still clearly recall every single detail of her first meeting with Scotty. When she had just moved to a new town and had no one to go to, she got to know him. He was a very special person to her; because of him, she was able to go on and cherish her life. Having someone like Scotty who is always there through thick and thin is truly a blessing and people like him for Kenna make huge difference in other people's life and that is what Scotty actually did with Kenna's life. She brings back her memories of Scotty through her letters to him, since she considers those times to be the happiest, she has ever experienced. She had a difficult life, so when she was at last joyful, everything seemed “unfamiliar”.

Kenna's happiness with Scotty was short-lived as that terrible night arrived. After Scotty died in an accident, Kenna was held accountable and sentenced to five years in prison. She lost custody of her child to Scotty's parents after learning she was pregnant and that it was too late for her to defend herself in court, “*Had I known I was growing a part of you inside me sooner, I'm positive I would have found the will to go to trial and fight for myself. Fight for our daughter*” (p.226). When Kenna was imprisoned and learned she was expecting, she was desperate to find a family member who would maintain Diem's visitation privileges, and her mother was the only person she could possibly contact. Her mother was her only means of remaining in contact with Diem. She was left alone and without hope of ever seeing her daughter again when her mother turned down her request, “*I was on my own Completely. Even the baby still growing in my stomach didn't belong to me.*” (p.98). As if losing her love was not enough now, she is losing her daughter before even getting to see her, “*I've already lost you for good. That's hard enough. How many losses can one person take?*” (p.178).

Diem's happiness is all what Kenna hopes for, despite the fact that she has never met or seen her daughter. She is aware that she is safe and being well-cared for by her grandparents, but she still feels compelled to be in her daughter's life. While imprisoned, Kenna lost custody of her daughter to Scotty's parents and was unable to see or interact with her “*They started fighting for custody the day they were told I was pregnant. The baby did not even have fully developed lungs, but they were already fighting for its first breath. I lost the custody battle before Diem was even born*” (p.63). And she had no right to visit “*The judge said, because of the nature of our situation and the duress I'd caused to Scotty's family, he could not, in good conscience, honor my request for visitation rights*” (p.63).

The accident initially traumatized her because she was in danger and may have died because she was there and witnessed horrific scenes. Second, she spent the rest of her life blaming herself for her

lover Scotty's death who was with her there. It was incredibly difficult for her to deal with the trauma and the guilt of being held responsible for the accident. It was important for her to have a strong support during such challenging times. There was no one for Kenna until she met Ledger who after a while, she discovered that he is Scotty's best friend. But before meeting him her one and only refuge was writing.

In the analysis section of this chapter, I will be using trauma theory to analyze the traumatized protagonist, Kenna Rowan, and I will therefore go into more detail about how trauma theory in the previous section is mirrored through Kenna. Additionally, I will cover Kenna's stages of recovery referring to that of Herman's where expressive writing is regarded as a coping-mechanism.

3.3. Kenna's Trauma Unveiled: Exploring the Impact of Kenna's Trauma from a Caruthian Perspective

Caruth contends that a person going through trauma, or surviving it, needs to go through it more than once. Put another way, the trauma exists not just in the circumstances surrounding its occurrence but also in the recurring memories. A physical wound heals in a matter of days or weeks; this mental wound may take years to heal or might never heal. She also makes the point that trauma's "belatedness" has an impact. A traumatic event does not fully register in the consciousness of the person experiencing it. It only materializes following the conclusion of the event. Caruth places Post-traumatic Stress Disorder (PTSD) in a similar vein, contending that it is a historical phenomenon in which the horrific experience haunts the survivor on a regular basis.

Anne-Laure Fortin-Tournès' chapter *From Traumatic Iteration to Healing Narrativisation in Shalimar the Clown by Salman Rushdie: The Therapeutic Role of Romance* (2012) explores this topic further. She says that in order to transcend the trauma, the survivor must narrate the memories, because "*the traumatized subject lives in a sort of frozen present time, and is caught in a ceaseless imaginative reiteration of the traumatic experience*" (p.204). That is, the survivor must and will go through the experience repeatedly. Though she believed that prison was the finest place for her to be, Kenna battled for the previous five years while inside, and her emotions of guilt and responsibility did not go away "*My sentence was not justice considering the way you died. Eternity wouldn't be justice. But I hope your family knows my actions that night didn't come from a place of selfishness. It was horror and shock and agony and confusion and terror that guided me away from you that night. It was never selfishness*" (p.227). Since she believes that no one will be able to relate to her because she views herself solely responsible for the accident that she and her partner were in, Kenna is never comfortable sharing her story with others.

The reader will get a sense of Kenna's guilt throughout the entire novel, despite the fact that she has served five years in prison and has chosen not to stand up for herself in court, “*I pleaded guilty*” (p.7). To avoid going into specifics, Kenna entered a guilty plea. Kenna spent five years in prison because she felt she was to blame for Scotty's passing and the loss of her daughter, who was her sole surviving family member and the only reminder of him left for her. She makes the decision to live a life of guilt and self-loathing. She informs Scotty in a letter about her meeting with the jail officer and how she feels as though she is betraying him even though he is dead since she feels that she does not have the right to continue living her life, start over, or fall in love with someone else.

The memory of trauma is a crucial component of trauma theory. The memory of trauma is a topic of much discussion, and many thinkers hold contrasting views on the subject. Caruth's widely recognized contention regarding trauma is that those who have experienced trauma are unable to recall the painful experiences until they are relived through nightmares or flashbacks. And this what happens to Kenna After the accident, Kenna was likely high and shocked by what she had gone through. When she got home, she fainted, and the next morning she woke up to the sound of the police knocking, not even knowing that she had been injured in the head. She chooses to enter a guilty plea and avoid discussing or hearing about the incident in court, so she purposefully forgot everything that happened after the accident but actually she remembers every tiny detail about the accident but she chooses to forget and not discuss with any other person. Furthermore, Abdullah (2020) surmises Ruth Leys' act of differentiating traumatic memory from narrative memory by saying, “*narrative memory narrates past events in a linear, chronological way so that it can give them new meanings. Traumatic memory, on the contrary, repeats the traumatic experiences without realizing the significance of those events*” (p.15).

In *Unclaimed Experience*, Cathy Caruth argues that because the traumatic incident occurs suddenly and intensely, the victim's consciousness is unable to completely process it. That is why its memories manifest as flashbacks or nightmares. However, additional research, mostly conducted by Richard J. McNally, demonstrates that traumatic memories are so intense and deeply imprinted in the human brain that they cannot be entirely forgotten, even if the survivor chooses not to discuss them. Although Kenna recalls her trauma in *Reminders of Him*, she chooses to ignore and suppress it. It is like Kenna remembers her trauma, but decides not to dwell on it and tries to push it aside. It can be a way for her to protect herself and focus on moving forward. Sometimes acknowledging the pain but choosing not to let it define you can be empowering.

Trauma victims experience a skewed sense of memory and an identity crisis as a result of their need to forget the traumatic event or events that have happened to them. This condition can eventually lead to forgetfulness or a collective identity crisis. Even though we would like to, we are unable to

disregard or erase the past; instead, we must have the guts to remember it as accurately as possible. We can process trauma and (re)form our identities by rewriting and reinventing the past.

3.4. Kenna's Perspective to Recovery: Unraveling the Layers of Trauma through Judith Herman's Lenses

Herman writes that traumatic events usually concern situations that pose any sort of threat to a person's life or their body, or "*a close personal encounter with violence and death*" (p.33). Thus, Kenna according to Herman's understanding of trauma experiences the death of a very dear person to her who was the love of her life Scotty and even she faced danger because she was with him in the accident. Trauma usually involves violence in some type of way. We cannot say that every act of violence will create trauma, but trauma can undoubtedly be the outcome of violent incident. These traumatic events can lead to the survivor developing Post-Traumatic Stress Disorder (PTSD).

In the 1992 book *Trauma and Recovery: The Aftermath of Violence – From Political Terror to Domestic Abuse*, Judith Herman claims that those who experience trauma are paradoxical in that they wish to both, "*draw attention to the existence of an unspeakable secret and deflect attention from it*" (p. 1). According to her, people who have experienced trauma to forget about the unpleasant incident, as they want to talk about it.

Linking Reminders of Him to Herman's theory of the contradictory mental condition of trauma survivors, it may be inferred that Kenna attempts to write her trauma down in the form of letters written to Scotty in order to tell him about it; she does not, however, speak to anybody vocally about what she is going through. *Reminders of Him* embodies every traumatic reaction previously discussed, one of the initial yet inevitable reaction Kenna experiences is hyperarousal and the other reactions are evident in Kenna, which are intrusion and constriction.

3.4.1. Hyperarousal and Kenna's Expression

Post-Traumatic Stress Disorder is a mental health disorder, that can arise as a result of going through or witnessing a traumatic event, such as the accident that Kenna was involved in. Hyperarousal, or being constantly attentive, is one of the symptoms of post-traumatic stress disorder (PTSD). This may result in being easily startled, having trouble falling asleep, and feeling tense all the time.

PTSD patients frequently suffer from anxiety in addition to other specific symptoms like fear related to the original traumatic incident. Their anxiety disrupt them from living their everyday lives in an ordinary, stable way. This results in the impossibility of getting over the experience itself.

Furthermore, those with PTSD may have a chronic rise in arousal, which can show up as increased alertness, irritation, and trouble falling asleep. A person may experience this elevated level of arousal while they are awake or asleep.

Kenna is always on guard, will not let anyone close to her, and obsesses over even the smallest aspects of her everyday existence. In the book, Kenna's paranoia is evident when she has trouble falling asleep. The first time she stepped in Ledger's bar the first thought that came to his mind about her is that she is a lonely alarmed woman because when he approached her to serve her order she was writing and her first reaction was to shut the notebook quickly "*She's still writing in her notebook when I return with her drinks. I try to get a glimpse of what she's writing, but she closes her notebook She seems flustered*" (p.15).

Kenna's sadness was apparent in her face that Ledger realizes as soon as she walked in the bar "*This girl does seem sad ... it seems like she hasn't had a good thing in a long, long time*" (p.22). Sometimes emotions can be so evident that they are hard to hide. She needed a shoulder to lean on and to help her navigate through her sadness and find some comfort and solace; she had no idea that it would be Ledger's.

Kenna is always anxious, acting hysterical, and was always displaying signals of anxiousness that she could not conceal. When talking to people she was always afraid to be recognized or to be looked up straight in the eyes. Because she was always anxious about people finding out her real identity. For example, when she met Ledger for the second time and found out he was Scotty's best friend and she was stressed by this fact, "*She's hugging herself, chewing on her lip, scratching nervously at her arm*" (p.37).

Like anyone else with PTSD, Kenna had trouble sleeping since the night of the accident and was never able to get a good night's sleep. She has been having a pretty difficult time and has not been able to get any sleep. Her mind seems to be running nonstop, replaying the incident over and over. She makes every effort to get some sleep at night, but her insomnia simply will not go away. It is mentioned several times in the novel, "*I've had insomnia since the night Scotty died. I spend my nights awake, thinking about Diem and Scotty*" (p.119).

3.4.2. Intrusion of Trauma

Regarding intrusion, Herman states that this is the second symptom of PTSD and that it can occur long after the actual trauma or the initial danger has passed. In other words, trauma survivors experience a reliving of the trauma as if it was happening repeatedly in the present, which makes it impossible for them to go back to their normal lives. This finding is corroborated by research conducted by numerous other researchers, including Janet and Freud.

When a traumatic event occurs, the memory of these events becomes so overpowering. It can overshadow and taint other experiences, making it difficult to fully appreciate and be present in the current moment. It is like a constant reminder that lingers, affecting how they perceive and engage with the world around them. A true example of this is Kenna. She fully loses hope after what she experienced and she thought of taking her life many times the only thing that was keeping her alive and which was a very thin string is the urge to meet and make contact with her daughter.

For Kenna the accident and losing Scotty was so devastating that she did not manage to overcome, writing to Scotty she says, "*I swear, it's like this whole town is one huge Monopoly board, and after you died, someone came along and picked up the board and scrambled all the pieces around*" (p.16). She is making reference to her own life and how it became chaotic following Scotty's passing. After his passing, her life is in ruins after that one horrible night. As soon as she goes out of prison, she visited his grave because it is the first place she could think of Scotty's place.

The way traumatic events are remembered by the victims 'psyche can play a significant role in causing psychological trauma. It is not just the testimony of the event itself, but also how the mind processes and recalls those memories. Sometimes the mind replays the event over and over again, intensifying the emotional impact and making it difficult for the victim to heal. These memories can be intrusive, causing distress and effecting daily life. The reader may feel that Kenna is stuck in the memory of the night of the accident everything she thinks about internally is about that night, Scotty and death. She did not forget any detail about the accident but when she first woke up after it, she did not process what was actually happening it took her some time to start referring to the accident, for her there was before and during Scotty but there was no after Scotty, "*There was before you and there was during you. For some reason, I never thought there would be an after you. But there was, and I was in it. I'll be in it forever*" (p.221-222). Because her life stopped moving forward on that night, "*It wasn't the memories of the wreck that took time to come back to me. It was that moment. The part of the night that was drowned out by the adrenaline rush and hysteria that bowled through me*" (p.220). Everything came to a halt for Kenna on that fateful night of the accident. Her life took a sudden turn, and it has been struggling for her ever since. Kenna's life technically stopped on that night.

Traumatic events are processed differently than ordinary events that is why they are strongly remembered by the survivors therefore leaving deep wounds. It is like the emotions and intensity of the event can make those memories more vivid and sometimes even fragmented. This can lead to differences in how details are recalled compared to non-traumatic events. It is a complex and individual experience, and it can vary from person to another. Kenna believes that fortunate people are able to forget about an incident in which they were involved. She was not that lucky however,

and the episode remains engraved in her memory, *"A lot of people are lucky after a wreck because they don't remember the details. They have recollections of things that happened before the wreck, and after the wreck, but over time, every single second of that night has come back to me, whether I wanted it or not"* (p.216). This demonstrates her strong desire to put the incident behind her and carry on with her life. But despite her best efforts, she is unable to.

In contrast to ordinary memory, Janet refers to the process that leads to traumatized memory as *"restitutio ad integrum,"* which translates to mean "when one element of a traumatic experience is evoked, all other elements follow automatically" (qtd. In Van der Kolk & Van der Hart 1995, p.163). Hence, it illustrates how the traumatic components of an incident are interconnected. It is like pulling on one thread unravels the entire tapestry of the traumatic experience. The brain has a way of connecting different elements and sensory cues, so when one aspect is recalled, it can automatically bring forth other related elements. This can be overwhelming for individuals who have experienced trauma, as it can feel like they are reliving the entire event all over again and this can be triggered by a small reminder. Kenna preferred to go to prison because she thought only in prison, she will have peace and she will not see any reminder that will make her recall her trauma and relive it again *"...But I didn't care what the lawyer suggested. I wanted to go to prison. I didn't want to go back out in the world where I could have to look at cars again, or gravel roads, or hear Coldplay on the radio; or think about all the things I'd have to do without you"* (p.225).

She clearly remembers that the night of the accident that Coldplay was playing on the radio when she started the engine and since that night she could never listen to Coldplay or any music and it was so hard dealing with music when she starts working in Ledger's bar because music was always playing in the background because she was way too traumatized that a single piece of music will remind her of something horrible about her life, *"Every song is a reminder of something bad in my life"* (p.150) and when Ledger got to know about it, he finds it absurd because he enjoys music but tried to understand her, *"Music is one thing that grounds me, I couldn't imagine not being able to connect with it, but Kenna is right. Most songs are about love or loss, two things that are probably incredibly difficult to her to absorb in any medium"* (p.161)

At that night, Kenna could not realize that Scotty was not conscious; she thought he is not replying her just because he is angry. Because all her concern was about the glass that got shattered and that Scotty would be so mad at her because she was not processing normally what just happened. Few minutes passes and Kenna is not recognizing that Scotty is not conscious before her and the only thing that was calming her is the fact that Scotty is with her until the moment, she saw the blood Scotty's blood *"...My first thought was that you might have passed out. But when I pulled my hand back to figure out a way to right up, it was covered in blood...I couldn't grasp that. I couldn't fathom*

that a silly wreck on the side of a county road that landed us in a ditch could actually hurt us. But that was your blood” (p217).

3.4.3. Constriction of the Mind

The third PTSD symptom, constriction, is characterized by a person feeling totally helpless and entering a "state of surrender" (p.42). Herman explains that this is because the person's self-defense mechanism shuts down and it totally collapses; for example, someone who is unable to physically escape may choose to change his/her state of consciousness. Rather than acting in the actual world, the helpless person escapes her situation by altering her state of awareness. It is possible for the individual to feel as though he is not actually experiencing the event, that he is witnessing it from a distance.

Kenna could not process what happened the night of the accident she lost a loved one and could nearly lose her life she could not manage to understand what was happening in her surroundings. In the first seconds of the accident, she did not realize that Scotty was not conscious because she did not dare to imagine the damage she had done to the car and automatically to him. At first, she was anxious that he will be mad at her because she ruined the car; this shows to what extent she was not processing the actual events. Few minutes passes and Kenna is not recognizing that Scotty is not conscious before her and the only thing that was calming her is the fact that Scotty is with her until the moment she saw the blood, Scotty's blood.

Kenna had done everything she could to save Scotty, although she made every effort to free him from the car, his body remained caught. She searched the car for a phone, but it was upside down, making it difficult to find anything in the chaos, especially when you needed it. Kenna was in a disturbed state of mind and she could not think in a normal way because everything sounded like a nightmare that should end any second,

What I experienced in those moments was indescribable. You think you know how you'll react in a terrifying situation, but that's the thing. You can't think in a terrifying situation...But that's exactly how I felt. Disconnected. Part of me were moving without my brain even knowing what was happening...I was growing hysterical, because with each passing second, I became more aware of how different my life would be going forward...and all the parts of me that had become disconnected in that wreck would never fully reconnect. (p.219)

Kenna tried to break the windshield but could not and she panicked more when she found that his hand is cold with no beat, this is when Kenna started blaming herself for the first time "*...and I saw what I had done to you then. It was a stark realization that no matter how much you love someone, you can still do despicable things to them. It was like a wave of the most intense pain you could ever*

imagine rolled right over me” (p.219). At that very moment her mind was blank the only thing she could think for is to leave the scene, and she started running to the highway with no thoughts of what will happen to her, “*The further I got, the more confused I grew. I could’ imagine that what happened was real or that what was happening was real...like I was in a nightmare, not making any progress”* (p.220).

Feeling guilty for Scotty's misfortune, Kenna forgot the anguish of losing a loved one and began to focus on Scotty's mother's loss rather than her own losses. This is what everyone did later; they did not view Kenna as a victim or as someone who genuinely loved Scotty; she lost him too, just like Grace and Patrick did, and just like Ledger did, but even Kenna was unable to cope with it, “*I was scared and angry and couldn’t stop seeing your mother’s face. I had killed you and everyone was going to miss you, and you wouldn’t be around to make anyone feel appreciated or important anymore, and it was my fault, and I just wanted to die”* (p.220).

Although Kenna was unwilling to walk away from him, she did so empty-mindedly, and she had no memory of anything following her attempt to kill herself by jumping onto a moving car, “*I began to shrink with every second that passed, until I felt invisible. And that’s the last thing I remember. There’s a long stretch of nothing between me leaving you and me even realizing I left you”* (p.221).

Following the incident, it can be suggested that Kenna felt responsible for the incident, and she had no one that supported her or could help her work through what had happened. So, she experienced post-traumatic stress disorder (PTSD), and her constricting symptoms were evident, particularly when the police arrived at her home and discovered that she would be imprisoned, “*I had questions, I was confused, I was weak, I was hurting. But the most powerful of all the feelings flooding me in that moment was my loneliness. Little did I know, that feeling would become perpetual. Permanent...and nothing that came after you would ever matter”* (p.221). She was completely devastated when she learned in court that Scotty was alive and had been crawling when she had left him. This was the most shocking thing she had ever heard. Because she was already feeling guilty for causing the accident, but now that she knows that she had the opportunity to save him, she decided to let him die on his own, “*I think I lost a little bit of my mind that day”* (p.223). It is the first thing she says to him when she visits his grave after being released from prison since the fact that he was alive back then left a very painful scar, “*I may not have killed him with my actions, but I definitely killed him with my inaction... I thought you were dead Scotty. But dead people can’t crawl”* (p.7).

Kenna's attorney advised her that she has an opportunity to avoid going to jail since she was not in full consciousness, but she decides to punish herself, enters a guilty plea, and accepts going to prison,

...But I didn't care what the lawyer suggested. I wanted to go to prison" (p.225). For the reason that she blamed herself so hard for killing Scotty, at that time prison was the best choice for her "I found comfort being there in the jail cell, so I didn't mind it ... I would have realized that if only I would have stayed with you longer, or tried harder. If I wouldn't have panicked and ran ...If I could have been as calm as you always were, you'd still be alive. (p.224).

Owing to her refusal to hear more details about that night or how Scotty ended up, Kenna wanted the trial to stop as soon as possible so she could enter prison peacefully,

I knew I would rather die than sit through a trial and listen to the details. It was all gruesome, like I was living some horror story, and not my own life... It came time for me to stand up and speak, I couldn't. Physically, emotionally, mentally...That day was so much like that night. A nightmare that I was somehow watching play out from a distance. (p.225-226)

She also believed that her seven-year sentence was too short to be fair for what she had done to Scotty and his parents; "*My sentence was not justice considering the way you died. Eternity wouldn't be justice. But I hope your family knows my actions that night didn't come from a place of selfishness. It was horror and shock and agony and confusion and terror that guided me away from you that night. It was never selfishness*" (p.227).

3.5. Healing The Wounds: Judith Herman's Theory of Recovery in the Context of Kenna's Trauma

According to Herman, there are three phases of recovery. The establishment of safety is the main goal of the first stage, remembering and mourning are the main goals of the second stage, and reconnecting with daily life is the main risk of the third stage. She emphasizes that rather than being perceived as fixed, these stages of rehabilitation are an attempt to streamline and order an incredibly complicated and disorganized process. Kenna's healing journey was not easy; she was all alone in the most horrific phases of her life and had to go through such difficult times alone. It is incredibly challenging to navigate the healing journey without a support system. It is important for anyone going through trauma to reach out to professionals, friends, or family, who can offer support and understanding, but Kenna had no one to reach for, "*I've spent enough time alone with my thoughts over the past five years. I'm craving people and noise and all the thing I haven't had, and my apartment reminds me a little of prison. There's a lot of loneliness and silence there*" (p.26).

3.5.1. Establishment of Safety

As previously mentioned, Herman explains that establishing a survivor's safety is the first step in rehabilitation work with them. She emphasizes that there is no other task that comes before this one. Body insecurity affects survivors. Their emotions and ideas appear out of control. They also

experience insecurity with regard to other people. Kenna's lack of confidence and low self-esteem are mostly the result of her childhood experiences,

I don't know what I'm good at. I don't know that there is anything in this world I could make look effortless...I want to be a good mother ... I want to have a yard ...I want to learn how to talk to people without wishing I could retract every word I said ...I want to be good at life ...but up until this point, I've made every aspect of life appear entirely too difficult to navigate. (p.18)

However, after finding Scotty, she underwent a total transformation and began to value and love herself.

Following the accident, these momentary emotions vanished, especially in relation to her court and prison experiences and the judgments of others, Kenna began her attempt to put her life back together after being released from prison by looking for work, which was a very difficult endeavor for an ex-convict, "...Then they apologize, but not before looking me up and down. I know what they are thinking. It's the same thing my landlord, Ruth, said when she saw me for the first time. 'Didn't expect you to look like this'. People think women who go to prison have a certain look. That we're a certain way. But we're mothers, wives, daughters, humans" (p.52). Social expectations persist in American societies of the twenty-first century, particularly with regard to women's behavior; "*There's a double standard for women, even behind bars. When women say they've been to prison, people think trash, whore, addict, thief. But when men say they've been to prison, people add badges of honor to the negative thoughts, like trash, but badass, addict, but tough, thief, but impressive*" (p.26).

Kenna faced all environmental challenges include the development of a safe living space, monetary security, mobility, and a self-defense plan, she decides to go on and confront everything in spite of all of her struggles and the constant desire to end her life. She also makes an effort to find joy in the little things in her life, "*Because life can be so ... cruel and hard, and I've wanted to quit living it so many times, but then moments like these remind me that happiness isn't some permanent thing we're all trying to achieve in life, it's merely a thing that shows up every now and then, sometimes in tiny doses that are just substantial enough to keep us going*" (p.19). And no matter the cost, she will always keep in mind that she has a daughter to meet and that she must be present in her life whenever she feels depressed, "...All I have is this intangible hope I try to cling to with childlike hands ... My hope is that they've found a silver of forgiveness for me through my daughter. Time heals all wounds, right? Except I didn't leave them with a simple wound. I left them with a causality" (p.63-64).

In terms of safety, control over the environment comes after control over the body. The deeply traumatized person needs a safe haven. Even though Kenna finds the word *prison* to be extremely traumatizing, she saw it as a place for refuge when she had nowhere else to go, "*I found comfort being*

there in the jail cell, so I didn't mind it" (p.224). She prefers to refer to the period she spent in prison as 'When I was away' because she had never accepted the fact that she was really in prison and she had never been used to it, "*Prison, I'll never get used to saying that word. It's such a hard work to say out loud. When you lay the letters out on paper individually, they don't seem that harsh. But when you say the word out loud, 'prison', it's just so damn severe"* (p.25).

3.5.2. Remembrance and Mourning

The ongoing demands for acknowledgment, recompense, and justice have prompted the language of trauma to speak of past wounds. The need to write and discuss trauma arises among victims, survivors, witnesses, and people who believe they have been impacted in some way by the events. Victims of trauma cannot deal with their traumas unless they accept their pasts and create a narrative for it. Remembrance, according to Herman, is the process by which a trauma survivor recounts in detail their traumatic event; this reconstruction of the previous experience modifies the trauma survivor's memory by bringing it into the present. Kenna, on the other hand, finds it impossible to discuss her experience with others. She is terrified of experiencing her feelings and emotions from that evening again, "*saying nothing, when I want to say everything is probably my best bet for now"* (p.112). Kenna decides to remain silent about it. Rather, she writes to Scotty about it, and she does it without hesitating twice because she is aware that he is deceased and cannot read her letters, in a letter to Scotty, she writes him, "*I'm only telling you this because I know you can't actually read these letters"* (p.39).

Even Kenna after having a new trustworthy man in her life who is Ledger, she refused twice to tell him the whole story, because after the accident and even after five years she is in a denial state of mind not accepting to discuss what happened with anyone even if it has to be Ledger, Kenna answers Ledger after asking her to read the letters about that night as following, "*I shake my head. Those letters are personal to me. This is the second time he's asked if I'd read one, and the answer is still no."* (p.195).

A lack of a fitting narrative and the brutalities involved in such incidents frequently make victims and survivors of traumatic events hesitant or unwilling to talk about them. But, when Kenna finally managed to read Scotty the letter, it is evident that she was hurt again retelling the events and reliving the emotions they brought to her. However, she felt as if a weight was lifted off her shoulder as she finally could share her burdens,

He's the first person I've been able to share the full details of that night with...I feel like a weight has been lifted. It's not the weight of the anchor that keeps me tethered under the surface-that won't be lifted until I get to hold my daughter. But a small portion of my pain

has attached to his sympathy, and it feels like he's physically lifting me up for air, allowing me a few minutes to breathe. (p.231)

And even Ledger saw that in Kenna, "*She always looks like she's carrying the weight of the world on her shoulders, but today she looks like she's floating*" (p233-234).

3.5.3. Reconnection

The issues from the first stage of recovery are often revisited during the third stage. The survivor devotes her focus once more to dealing with her material needs, her relationships with others, her immediate environment, and her physical needs. While the first stage's only goal was to adopt a defensive posture of minimum safety, by the third stage, the survivor is ready to engage more completely in society. She can move forward now that she has a stable base. She has got the ability to plan ahead. She might be able to recapture some of her pre-trauma aspirations, or even discover her own goals for the first time.

Kenna's strength is evident when she brought up a reminder of that night which is alcohol and decided to face it and control herself against it, "*I only ordered it so I could feel a sense of control in not drinking it. I wanted to look at it and smell it and then walk away from it feeling stronger than when I sat down*" (p.24). Kenna wanted to test her tolerance against alcohol when she orders alcohol but did not dare to drink a sip of it because she thinks that alcohol is a reason of the accident because she was drunk and high that one horrible night her hesitation against alcohol is apparent when Ledger says, "*I notice the slow roll of her throat as she stares down at the glass of wine, almost as if she's unsure. That split second of hesitation or maybe it's regret, is enough to make me think she might struggle with alcohol. I can always tell when people are tossing away their sobriety by how they look at their glass*" (p.21). For Kenna, alcohol played a crucial role in the accident,

I haven't had alcohol in years because one night of alcohol mixed with a tragedy ruined the last five years of my life, and the last five years of my life have led me back to this town, and this town makes me nervous, and the only thing that calms my nerves is doing things that make me feel like I'm still in control of my life and my decisions. (p.21)

After being released from prison, Kenna started looking for a job so she could continue to be involved in her daughter's life, "*... it's better to grow up knowing your imperfect mother is fighting for you than to grow up knowing she doesn't give a shit about you*" (p.94). She is aware that this will not be an easy path, but rather than giving up and doing nothing, she decides to fight for her daughter, "*...All I have is this intangible hope I try to cling to with childlike hands*" (p.63).

Kenna one day felt so decisive about meeting her daughter and decided to go and meet Scotty's parents, "*It's either going to complete or destroy me. There is no in between*" (p.64). Even though

she knows that it is not a great decision since they blame her for their son's death but she decided to try her chances. Moreover, she always justifies their hatred and understands them she has never resented them, *"Imagine being told the wreck was her fault. The girl who smoked the cigarette and didn't close her eyes during dinner prayer...Imagine being told she was careless ... being told she left him there 'fled' they said"* (p.66-p.67).

3.6. Healing Treasures

A traumatized person, Kenna learns, has no guide-book to show him/her how to regain ones' life back and heal. Each person possesses abilities to recover; all depends on finding them as soon as possible in order not to lose him/herself. Kenna, while writing to Scotty letters that nobody was supposed to read, was not aware that writing itself is a healing mechanism that will lead her safe ashore. When returning back to Scotty's town in hope to regain her daughter back, did not know that relationships, whether with humans or even animal, will open doors she never dreamed to enter. This final section will summarize the two healing mechanisms Kenna goes through to regain herself from the edge of darkness.

3.6.1. Writing to the Dead

Trauma victims experience a distorted sense of memory and an identity crisis as a result of their desire to forget the traumatic event or events that have happened to them. This condition can eventually lead to amnesia or a collective identity crisis. Even though we would like to, we are unable to ignore or erase the past; instead, we must have the courage to remember it as accurately as possible. We can process trauma and (re)form our identities by rewriting and rethinking the past. When James Pennebaker experienced his first experience of depression, he created expressive writing as a therapeutic method. Even though he was a psychology graduate student, he had never sought therapy. He wrote about all the things that were significant to him, such as his childhood, career, and relationships. Pennebaker came to the realization that instead than having individuals talk to others about life upheavals, he could have them write about them. In an experimental atmosphere, writing would also be considerably simpler.

Kenna has not seen a professional about what she went through and her only outlet was to write in her deceased love letters. As far as we as readers know, she has tried to suppress her memories up until this point. But since keeping quiet about painful occurrences can lead to repression and eventually amnesia, it is crucial that they be told and addressed on appropriate and productive forums. According to Abdullah (2020), *"In order for trauma victims to regain control over their experiences and start the healing process, it is essential that they confront and thus remember their traumatic events, share them with others, and transform them into narratives"* (p. 17). Kenna writes down what

is happening, mostly due to the fact that she does not have anyone else to talk to. She does not have any friends or any person. Consequently, her way of coping with the trauma is to keep writing in her notebook.

People can write freely about their emotions when they engage in expressive writing, and research has shown that trauma survivors can find consolation in expressive writing that describes a terrible event through letter writing, journal entries, or storytelling. By giving a story to their memories, survivors can process painful experiences. Kenna writing letters to her deceased lover, Scotty, can be a powerful form of healing and a way to keep their memory alive. It allows Kenna to express her thoughts, emotions, and memories—even the horrible ones—as if she is still able to communicate with him. Writing for her is a therapeutic outlet, helping Kenna process her grief and find solace in the memories they shared. It is a touching way for her to honor their relationship and find comfort in her own journey of healing.

Kenna started writing to Scotty when she was in prison. After giving birth for five days, she started to have her milk but she did not have her daughter, and this made her miserable “*Five days after Diem was born, I was in the prison library, crying in a corner because my milk had come in, my clothes were soaking wet, and I was still emotionally devastated and physically spent.*” (p.83). Ivy, who was in prison with Kenna at the time, entered and saw Kenna in a ripped state. It was she that gave Kenna advice to read books and immerse herself in the beautiful, unfettered worlds they contained. After reading, she began writing to Scotty; at the time, these letters were Kenna's main source of solace,

She helped me dry my shirt, and when we got back to the library, she sat me back down and said ‘Here’s what you’re going to do. You’re going to read every book in this library. Pretty soon you’ll start to live in the lavish world inside these books, rather than the bleak world inside this prison’ ... ‘Are you going to live in your sadness or are you going to die in it?’ ... Ivy didn’t know it, but she saved me that day with her brutal honesty. (p.83-84)

Kenna can only open up to Scotty; she cannot communicate her feelings to anyone else or share her story with them, in a letter to him she writes “*I’m only telling you this because I know you can’t actually read these letters*”(p.39). Writing to Scotty brings her serenity; she's not sure what to do with all those letters, but she finds them therapeutic or how she describes them as ‘cathartic’, assisting her in getting rid of these constant, powerful, and violent feelings “*I write all the time. I write poems. I write letters to Scotty; I write book ideas I don’t know that I’ll ever get around to fleshing out. Writing might actually be what saved me from myself.*” (p.154). It is mentioned in the novel that she wrote almost three hundred letters. She even wrote about that devastating night considering the fact that she has never spoken about it to anyone.

The first time Ledger asks Kenna to read the letter which talks about the night Scotty died she refuses. This proves that writing about a traumatic event is much easier than talking about it out loud to anyone. She is not that confident yet to read it out loud especially that specific night. There was another time when Ledger asked her to read one of the letters to him and she refuses for the second time to read it justifying her refusal by comparing reading the letter is like playing a tape of his therapy sessions. This shows that Kenna considers writing letters is like therapy to her, *"You asking me to read you one of those letters would be like me asking you to play a tape of one of your therapy sessions"* (p.195).

By the end of the novel and after all what Kenna went through finally forgives herself after she is forgiven by Scotty's grandparents, *"It's myself I've been hard on. But I think I've reached the point that forgiving myself finally feels okay...So I do ... You're forgiven, Kenna"* (p.274). Furthermore, she shows signs of healing and the ability to live her life in an ordinary way without bringing the horrible memories, *"For the first time in a long, long time, I want to listen to the radio. I want to hear any song, even the sad ones. I lean forward and turn on the radio. It's the first time we've listened to anything in this truck other than the safe playlist Ledger made me"* (p.282).

3.6.2. Healing with Others

A portion of the survivor's ability for appropriate trust has recovered by the time they enter the third stage of rehabilitation. She is able to recognize when it is appropriate to reestablish confidence and when it is not, and she can tell the difference between the two. She can now maintain her independence without losing contact with other people; she can respect other people's boundaries and opinions while also being true to herself.

Motherhood is the first fascinating relationship in the novel. Even though Kenna does not get to see or cuddle her daughter Diem because she was a premie and therefore was taken to the NICU as soon as she was born, they have a very close relationship, *"They gave me aspirin, some oversized pads, and eventually took me back to the facility with empty arms and an empty womb"* (p.82). Still, she feels this love for Diem since she is a mother. Her sole motivation for remaining and pursuing life after being released from prison is Diem, when Kenna was pregnant, she felt less lonely, *"I was on my own Completely. Even the baby still growing in my stomach didn't belong to me"* (p.98).

Kenna's permanent companion was her kitten. When she first moved to her new apartment after being released from prison, her landlord offered her a kitten. She was so hesitated because she was too afraid to be responsible over a soul's life. After finally accepting the kitten, she named it over her cellmate Ivy who helped her when she first gave birth. Kenna found company in the kitten, *"I wish I could take my new kitten with me. I feel like I need a sidekick"* (p.25).

Kenna's development is evident throughout the whole novel. She rejected the idea of starting a new relationship when she first saw Ledger. She believed that she had no right to happiness or love again, because of what she had done to Scotty, and that she did not deserve a fresh start, "*I didn't come back to this town to meet guys. Even guys as good looking as that bartender-ledger-. I'm here for my daughter and that's it*" (p.24). Nevertheless, Kenna eventually could not resist her feelings toward Ledger, "*I'm only human, though. Human needs companions, and even though I didn't come back to this town to meet people, this guy is hard to ignore*" (p.27).

Even Ledger initially misjudged, misunderstood, and accused Kenna for the loss of his best friend Scotty, "*She was driving when she shouldn't have been, she was speeding, she was drinking, she flipped the car. And then she left. She left Scotty there to die...And now she wants forgiveness?*" (p.75) and he described her when she claimed that she is Diem's real mother as "*Unremorsful.uninvolved. Uncaring. Unworthy*" (p.78). Ledger's friend Roman had an influence on him when he starts defending Kenna saying, "*...She's responsible for the accidental death of someone she was in love with. As if that wasn't hard enough, she went to prison for it and was forced to give up her own child. She finally shows back up hoping to meet her, and you do God knows what with her in your truck, and then you prevent her from meeting her daughter*" (p.89). After what Roman said Ledger started feeling guilty about preventing her from meeting Diem and started to care for her.

When Kenna had no one else to turn to, Ledger was there for her. It was him who introduced her to Diem's pictures and videos. Although he had anticipated that this would ease Kenna's suffering upon finally seeing her daughter's face, it had the opposite effect, making her feel even more unhappy as she realized how much she missed her, "*...but it's almost as if someone has stretched open the wound*" (p.133).

Before learning that Ledger was Scotty's best friend, Kenna sensed his affection, but now that she does, she wishes he would support her, because the only person who was kind with Kenna throughout her whole life is Scotty and after his death, she finally was reassured by ledger who is found to be Scotty's best friend who does not know anything about the so-called Nicole he has just met, "*I closed my eyes and pretended your best friend was my ally. That he was on my side. I pretended he was holding me despite what I'd done to you, and he wanted to help me heal*" (p.44).

Ledger is crucial to Kenna and Diem's relationship since, ironically, he is the only thing tying the two of them together. Yet, it is him who keeps Kenna from meeting her daughter because he worries that Scotty's parents would suffer the same pain as they did the day Scotty died, and whenever he got closer to Kenna he feels like betraying Patrick and Grace, "*...How did this happen? How did I go from absolutely loathing this woman to feeling something else entirely? am I that pathetic a friend to*

Scotty? Am I that disloyal to Patrick and Grace?" (p.172). Ledger eventually chooses to fight for Kenna's happiness even if that will cost him losing Patrick and grace's trust,

I stare at my truck with an intense urge to drive straight to Patrick and Grace's house and tell them all about Kenna. I want to tell them how selfless she is. I want to tell them what a hard worker she is. I want to tell them how forgiving she is, because every single one of us has been making her life a living hell, yet she somehow doesn't seem to resent us for it. (p.193)

Ledger was a source of comfort and strength for Kenna; she depended on him in accomplishing her journey to get her daughter back, "*I forgot what it felt like for someone else to need me. Want me. Like me*" (p.198). Kenna considers Ledger's word the kindest she had ever heard, especially when he reminds her how good she is as a mother, "*She would be lucky to have a woman like you in her life. You're selfless and you're kind and you're strong .You're everything I want Diem to be somebody...And I don't know how I can change their minds, but I'm going to try. I want to fight for you because I know that's what Scotty would want me to do*" (p.198).

The feeling of guilt could not leave Kenna each moment of her life. She thought she would never forgive herself for what happened, "*I only hope one day our daughter will forgive me too. And your parents. Then maybe, by some miracle, I can start to forgive myself*" (p.227). "*I'm sorry you lost him*", the first thing that he said after finishing telling her story, she gets so emotional because he is the first person to realize she has lost him too, "*It's the first time anyone has ever acknowledged that I lost Scotty that night too. Ledger's words mean more to me than I think he can comprehend*" (p.230).

3.7. Conclusion

The aim of this chapter was to analyze the representation of trauma through the lenses of Cathy Caruth and Judith Herman, who are two female researchers who contributed in the evolution of Trauma Studies in the literary field, in *Reminders of Him*. As well as how the protagonist dealt with her trauma taking into consideration both traumatic reaction and recovery stages using various coping mechanisms. The protagonist of the chosen book experiences psychological trauma that profoundly alters her life and has unquestionable consequences. Therefore, I have shown throughout the chapter that Kenna Rowan began to heal by herself as she is a strong woman, but it cannot be denied that writing and forming new healthy relationships boosted her healing process.

General Conclusion

It is hard to imagine the scope of an individual life without envisioning some kind of trauma, and it is hard for most people to know what to do about it.
—Mark Epstein, *The Trauma of Everyday Life*.

Trauma theory in literature was evolved in the 1990s by literary scholars such as Cathy Caruth, Shoshanna Feldman, and Judith Herman. Cathy Caruth's 1995 book *Trauma: Explorations in Memory*, established a fundamental approach to trauma in literature. Caruth penned her second book regarding trauma, entitled *Unclaimed Experience: Trauma, Narrative, and History* in 1996, inspired by her growing interest in trauma studies. In literature, she is also credited with developing trauma theory. Caruth is a trauma theorist who believes there is a strong link between trauma and literature. She believes there are unknown linkages between trauma and writing.

For that given reason, this thesis's general aim was to discover the nature of trauma and discuss it within the literary context of the novel. In its Greek origin, the term *trauma* means *wound*. Though it is frequently disregarded or misinterpreted, trauma is a fundamental experience in modern life. Regardless of our awareness, our experiences with trauma determine a significant portion of our actions, mold our social habits, and influence the way we perceive the world. It can even influence whether we are even capable of thinking rationally about the most important decisions in our lives. Kenna is constantly trapped within her past traumas. First being neglected by her mother in her childhood, then the accident that resulted in losing Scotty, and finally losing parental rights for her daughter in court. All these experiences affected her in a great way, every decision she had taken was inevitably tied to all those hurtful events whether she is aware of it or not.

The main relevance of this work, however, lies within the limiting understanding of trauma experiences. While primary understandings of trauma experience were limited to medical inability to explain non-apparent mental and emotional crises; the latter attached theories of trauma, mainly those dealing with women writing and women issues- called feminist, limited the female traumatic experience to gendered oppression exercises, like domestic violence and rape among many. Trauma, this study reveals, envelopes different experiences, even those of everyday basis, that push the human

being to struggle in order to live. Life under these circumstances becomes survival rather than living per se.

This thesis sought to show how certain women's works demonstrate the feminine creativity in the face of psychological and cultural trauma. Even though the main character Kenna is portrayed as the source of all misery, violence, and loss, she nevertheless uses her wounds to define who she is and how her life unfolds, seeking solace in unexpected relationships and places. The aim of the researcher has been to demonstrate the various ways in which the author has offered a system of representational codes that adhere to the two trauma theories that were employed in the study. This makes it possible to see psychological trauma and its effects in a far more complicated way than is possible with modern implementations of the trauma thesis.

This study demonstrated the unique ability of trauma narratives to depict the interaction between the environment and human emotions. Colleen Hoover was able to reconstruct a woman's actual experiences and connect them to her psychiatric trauma. The chosen novel encourages a progressive optimism that things could become better. Therefore, the exploration of this experience in trauma studies and trauma fiction has the potential to go beyond our culturally instilled conceptions of human complexity, which limit the world to simple binary thinking that categorizes people as either right or wrong, guilty or innocent, or predestined in their actions.

The novel under discussion in this thesis frequently asks readers—particularly female readers—to relate to Kenna in some way by putting the reader's viewpoint through the protagonist. Even though the traumatized protagonist's subsequent destructive behavior is an indication of trauma, it can be challenging to empathize with them. Readers of trauma novels face a number of challenges, one of which is letting go of the strong cultural ideal of absolute personal responsibility.

In this research, a psychological approach was followed to demonstrate how psychological trauma is mirrored in Kenna. Thus, the objective of this study is to determine responses to such incident, and how the main character manages to cope with her trauma using a particular coping mechanism, and how relationships can play a role in the healing process following trauma. However, a comparative analysis of contemporary male and female writers, to determine gender-based responses to such incident and how they depict trauma in their works would be intriguing for further investigation.

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Appendix 1: Novel's Synopsis

After serving five years in prison for a tragic mistake, Kenna Rowan return to the town where it all went wrong, hoping to reunite with her four year old daughter Diem. But the bridges Kenna burned are proving impossible to rebuild. Everyone in her daughter's life is determined to shut Kenna out, no matter how hard she works to prove herself. The only person who has not closed the door on her completely is Ledger Ward, a local bar owner and one of the few remaining ties to Kenna's daughter. But if anyone were to discover how Ledger is slowly becoming an important part of Kenna's life; both would risk losing the trust of everyone important to them. The two form a connection despite the pressure surrounding them, but as their romance grows, so does the risk. Kenna must find a way to absolve the mistakes of her past in order to build a future out of hope and healing.

Appendix 2: Author's Biography

Colleen Hoover is an incredibly talented and bestselling author known for her captivating romance novels. She was born on December 11, 1979, in Sulphur Springs, Texas, United States. Before becoming a full-time writer, Colleen worked as a social worker and taught at a community college. In 2012, she self-published her debut novel, *Slammed*, which quickly gained popularity and became a New York Times bestseller. Since then, Colleen has written numerous bestselling novels, including *Hopeless*, *It Ends With Us*, and *Verity*, among others. Her books often tackle deep and emotional themes while delivering compelling love stories. Colleen's writing has garnered a dedicated fan base, and she continues to captivate readers with her heartfelt and thought-provoking storytelling.