

Charles University in Prague  
Faculty of Education  
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DIPLOMA THESIS

**Childhood Trauma and its Aftermath in Anne  
Enright's *The Gathering* and Trezza Azzopardi's *The Hiding  
Place***

**Trauma v dětství a jeho následky v románech *The  
Gathering* Anne Enrightové a *The Hiding Place* Trezzy  
Azzopardi**

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## DECLARATION

I hereby declare that I have written this diploma thesis “Childhood Trauma and its Aftermath in Anne Enright’s *The Gathering* and Trezza Azzopardi’s *The Hiding Place*” exclusively by myself under the supervision of Doc. PhDr. Petr Chalupský, PhD. and that in this process, I have used only the sources cited. I declare herewith that I have not used this thesis to gain any other degree.

Prague, 2 April, 2020

Bc. Kateřina Hudáková

Signature: .....

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## ABSTRACT

This thesis inquires into trauma, its historical developments, experience, and symptoms. The theoretical part lays stress on post-traumatic stress disorder and its classification and diagnosis for the readers to have an extensive knowledge of trauma. The readers are also presented with the quintessential aftermath of trauma. The practical part adverts to childhood trauma of the main protagonists of *The Gathering* and *The Hiding Place* by the authors Anne Enright and Trezza Azzopardi. The intention is to query what happened to these characters, rather than focusing on what is wrong with them. The objective is to see the person behind his or her behaviour. Many studies refer to increasing problems in terms of mental health by children and adolescents associated with early childhood trauma. The aim in what follows is to consider whether the harm to childhood trauma can be remedied or whether childhood trauma persists until old age.

Tato diplomová práce zkoumá trauma, jeho historický vývoj, prožívání a symptomy. Teoretická část klade zvláštní důraz na posttraumatickou stresovou poruchu a její klasifikaci a diagnostiku, aby čtenáři měli rozsáhlé znalosti o traumatu. Jsou seznámeni také s typickými následky traumatu. Praktická část poukazuje na trauma z dětství hlavních protagonistů *The Gathering* a *The Hiding Place* od autorek Anne Enright a Trezza Azzopardi. Mním se ptát, co se těmto postavám stalo, místo, abych se zaměřovala na to, co je s nimi špatně. Cíle je vidět danou osobu, která stojí za svým chováním. Mnoho studií poukazuje na rostoucí problémy z hlediska duševního zdraví dětí a dospívajících, které jsou spojeny s raným dětským traumatem. Mým cílem v tom, co následuje, je zvážit, zda je možné napravit újmu na traumatu z dětství, nebo zda traumata z dětství přetrvávají až do stáří.

**KEY WORDS:**

Childhood trauma; post-traumatic stress disorder; trauma fiction; Enright; Azzopardi; The Gathering; The Hiding Place

**KLÍČOVÁ SLOVA**

Trauma v dětství; post-traumatická stresová porucha; trauma fikce; Enright; Azzopardi; Shledání; The Hiding Place<sup>1</sup>

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<sup>1</sup> Tento román nebyl, v březnu roku 2020, přeložen do českého jazyka

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## **Abbreviations**

APA	American Psychiatric Association
DSM	Diagnostic and Statistical Manual for Mental Disorders
PTSD	Post-Traumatic Stress Disorder
WHO	World Health Organisation



## 1. Introduction

“Trauma is personal. It does not disappear if it is not validated. When it is ignored or invalidated the silent screams continue internally heard only by the one held captive.”<sup>2</sup>

Many recent studies advert to the increasing problems in terms of mental health by children and adolescents which is linked to an early childhood trauma experience. Revealing the person’s psychology behind his or her behaviour in adulthood therefore requires, more often than not, elaborating on the person’s experiences gained in childhood. My aim in what follows is to consider whether it is possible to undo the harm of a childhood trauma or whether trauma persists until old age. The central thesis here rests upon the realization that, because trauma challenges one’s mental health, it is probable that children who experienced a traumatic event and did not verbalise this experience will either develop adult psychiatric disorders or they will carry the trauma with them during their entire lives. I believe that the verbalisation of traumatic past has its therapeutic effects and provides a sense of relief. As difficult as it can be to acknowledge the impact of one’s trauma, everyone can work towards recovery.

This thesis focuses on the characters in *The Gathering* and *The Hiding Place*, written by an Irish author Anne Enright and a Welsh author Trezza Azzopardi. *The Gathering* was published in 2007 and *The Hiding Place* had a release date in 2000. It is a known fact that Anne Enright received The Man Booker Prize for *The Gathering*, yet it might come as a surprise to most that Trezza Azzopardi’s first novel was shortlisted for the very same prestigious prize. It is a huge success for both writers, since Anne Enright won in a really strong year of writers<sup>3</sup>, and since the debut novels are not usually nominated for the leading literary award.

This thesis comprises of two parts, each having several sections. The aim of the theoretical part, that is divided into three sections, is to acquaint readers with the basic concepts of psychological trauma. The beginnings of psychological trauma, the aftermath, mainly post-traumatic stress disorder (PTSD) and its symptoms and healing of

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<sup>2</sup> Danielle Bernock. *Emerging with Wings*.

<sup>3</sup> It was thought Ian Mc Ewan’s book *On Chesil’s Beach* will most definitely take the prize

trauma are discussed in the first section. The first section finishes off with the classification of mental disorders with a special emphasis on PTSD in order to have an extensive knowledge of trauma. The second section of the theoretical part focuses on memory and the origins of traumatic memory, memory and positivity bias and on repression and suppression. The third section scrutinizes the relation between trauma and fiction and informs the readers about the recently-recognised literary genre, trauma fiction.

The second part is practical, with a particular focus on the chosen characters of the two novels, *The Gathering* and *The Hiding place*. The first section comprises of short synopses. The second section is made up of psychological analysis of various characters who endured trauma as children, together with traumatic aftermath and healing. The last section contains an analysis of *The Gathering* and *The Hiding Place* from the point of view of trauma fiction. The practical part elaborates on whether the characters healed their trauma and if so, what was the journey towards recovery.

## 2. THEORETICAL PART

### 2.1. Trauma in psychology and psychiatry

#### 2.1.1. The beginnings of psychological trauma and the scope of trauma

The purpose of this section is to explain the key concepts of trauma and to provide their definitions. Its predominant focus lies on the rise of psychological trauma.

Trauma is something every single individual might develop in the course of his or her life. Same as humans are capable to experience happiness and feel and remember grateful moments, they can feel and remember the undesirable ones. According to *Psychiatric Times*, more than a half of the 7.7 billion people are exposed to at least one lifetime traumatic event.<sup>4</sup> More than two thirds of children reported at least one traumatic event by the age of 16.<sup>5</sup> These numbers suggest that trauma is something that humans have in common, even though they do not necessarily talk about it.

The word “traumatic” was explained for the first time in the *Oxford English Dictionary* in 1656. Its etymology shows that ‘trauma’ comes from Greek and means ‘a wound; a hurt; a defeat.’<sup>6</sup> Until the very late 19<sup>th</sup> century, trauma was used to describe serious physical injuries in medicine. From the late 19<sup>th</sup> century onwards, the scope has been extended to trauma in psychology and psychiatry, whilst the meaning was extended to a mental injury, an injury of one’s psyche. Trauma can thus be either physical or emotional/ psychological.

According to Charles Figley, psychological trauma might be defined as ‘a sudden, potentially deadly experience, often leaving lasting, troubling memories.’<sup>7</sup> Tara Brach claims that ‘trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love.’ Even though a set definition of psychological trauma does not exist, there are various aspects that all the existing definitions cover. It is a sudden disturbing experience which

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<sup>4</sup><https://www.psychiatrictimes.com/special-reports/introduction-mental-health-correlates-trauma>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pubmed/17485609>

<sup>6</sup> <https://www.etymonline.com/word/trauma>

<sup>7</sup> Tara Brach in <http://trauma-recovery.ca/introduction/definition-of-trauma/>

strikes unexpectedly. It is a situation, or an event, which overwhelms one's usual ability to cope with ordinary stressors such as deadlines, loss of an important contract at work, or children's occasional issues at school. Natural disasters, mass shootings or bombing, wars, bad medical conditions, deaths of loved ones and emotional or physical abuse, are, on the other hand, non-ordinary stressors which might lead to a development of a psychological trauma. The source of trauma may also lay for instance in unpleasant childhood experiences, in which the maltreating was not done directly to the person. An example could be addictions in families, a criminal household member, mental illness of a close person, missing parent or even witnessing violence.

Every person finds distressing different events and each gender experiences and processes life events differently. Rachel Yehuda, for instance, claims that females are more likely to report rape and sexual assault, whilst males are more likely to report other types of physical assault, accidents, and witnessing violence.<sup>8</sup> The lifetime prevalence of specific traumas are lined up as follows:<sup>9</sup>

- i. Rape
- ii. Sexual assault
- iii. Combat
- iv. Witnessing violence
- v. Accidents
- vi. Car accidents
- vii. Other accidents
- viii. Being threatened with a weapon
- ix. Physical attack
- x. Badly beaten up
- xi. Shot/stabbed

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<sup>8</sup> Rachel Yehuda. *Psychological Trauma*, 12.

<sup>9</sup> Yehuda. *Psychological Trauma*, 12.

- xii. Natural disaster
- xiii. Learning about trauma to others
- xiv. Sudden unexpected death

The last aspect that all the definitions involve is that experiencing trauma might leave certain aftermath which is to be discussed later in this thesis. It is of high importance to understand that trauma needs not to be repetitive and can thus occur after one-time, multiple as well as long-lasting experience.

To look at trauma from a different perspective, Cathy Caruth, for instance, says that trauma is transmissible-that one generation experiences a traumatic event and the next generation still feels the presence of an unresolved trauma. It must not, however, be only the next generations that feel these effects. It might be that the effects are passed on more generations later. Abraham and Torok's elaborate on this further, and they claim that trauma is being passed on even though it is not communicated, and no words are used to describe the traumatic event. They refer to it as "a silent presence of phantom."<sup>10</sup>

"Should the child have parents 'with secrets' [...] he will receive from them a gap in the unconscious, an unknown, unrecognized knowledge [...] The buried speech of the parents becomes a dead gap, without burial place, in the child. This unknown phantom comes back from the unconscious to haunt and leads to phobias, madness and obsessions. Its effects can persist through several generations and determine the fate of an entire family."<sup>11</sup>

This suggests that trauma is not only a problem of an individual, but it may become a problem of a whole group of people. Also, it suggests that even though the next generation does not know about any traumatic events which happened to their (grand) parents, they feel the consequences of such events. An example could be a story described in a book *Fugitive Pieces* by Anne Michaels. Ben, a son of two Holocaust survivors, copes with the horrors his parents must have experienced even though he did not experience Holocaust himself. That is exactly why it is referred to as 'phantom.'

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<sup>10</sup> Anne Whitehead. *Trauma Fiction*, 14.

<sup>11</sup> Whitehead, *Trauma Fiction*, 14.

### 2.1.2. Trauma and its aftermath

Wartime trauma, known as a combat fatigue or a shell shock, marked the beginning of exploration of traumatic events and their aftermath. It was firstly referred to by Herodotus in 490 BC, in reference to mental illness in the Athenian army during the Battle of Marathon.<sup>12</sup> It is defined as neurotic disorder which is linked to stress which soldiers experienced in a war, namely physical or emotional hardships. The term came to the fore again during First World War, yet it claimed -wrongly- that combat fatigue is not psychiatric in nature but is caused by a brain damage. It was only clarified and understood when the Second World War burst out, because it was observed that the symptoms of combat fatigue were similar to traumatic neuroses - which were, too, seen in the civilian population and were psychiatric in nature.<sup>13</sup> Shell shock was characterized by hypersensitivity to stimuli such as noises or light, troubled sleep with nightmares, excessive fatigue, hallucinations and/ or violence.<sup>14</sup>

#### Post-traumatic stress disorder

Post-traumatic stress disorder will be from now on occasionally used under the following abbreviation, PTSD. The PTSD existed from the earliest times - the evidence being it has appeared in *Gilgamesh*.<sup>15</sup> *Gilgamesh* is, however, not only a scarce example. Many literary heroes and heroines would also nowadays meet the criteria for being diagnosed with post-traumatic stress disorder - it was only not known as PTSD yet.

As far as history of post-traumatic stress disorder is concerned, psychology and psychiatry claim that there has been “lack of historical and theoretical continuity.”<sup>16</sup> The syndrome was first described in the 1860s by the physician John Erichsen. When he was examining railway accidents victims, he realised they all share similar neurological patterns, which he called ‘railway spine.’ Erichsen used the following analogy.

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<sup>12</sup> Mary Roberts Priscilla. *World War II: The Essential Reference Guide*, 54.

<sup>13</sup> Priscilla. *World War II: The Essential Reference Guide*, 54.

<sup>14</sup> <https://www.britannica.com/science/combat-fatigue>

<sup>15</sup> Allan Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 5.

<sup>16</sup> Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 5.

“We do not know how it is that when a magnet is struck a heavy blow with a hammer, the magnetic force is jarred, shaken, or concussed out of the horse-shoe. But we do know that it is so, and that the iron has lost its magnetic power. So, if the spine is badly jarred, shaken, or concussed by a blow or a shock of any kind communicated to the body, we find that the nervous force is to a certain extent shaken out of the man.”<sup>17</sup>

Later on, Freud, Charcot or Janet elaborated further on this concept. They carried out a clinical study and pointed out that there is a possibility of connection between the railway syndrome described by Erichsen and a psychological trauma. They stated that this syndrome could be produced by a psychological trauma and called it hysteria.<sup>18</sup>

The term post-traumatic stress syndrome appeared in 1980. The American Psychiatric Association (APA) mentioned PTSD in Diagnostic and Statistical Manual of Mental Disorders (DSM-III). It became part of the general public awareness after discussing the aftermath of Vietnam war survivors. Many soldiers suffered from an unknown and unnamed disorder and all symptoms pointed back at the stress from the war and the inability for the human brain and psyche to cope with such extreme stress and events. The Diagnostic and Statistical Manual of Mental Disorders stated, on that account, that even though humans do have capabilities to handle ordinary stress, they are not equipped with any innate abilities to get through traumatic events without consequences. Under such circumstances, the human psyche gets simply too overwhelmed.

Thus, the 1980s marked a new age of thinking about trauma. Thanks to the above-mentioned diagnostic canon of the medical and psychiatric professions, trauma made a breakthrough in the scientific area. Moreover, marketing too helped to spread the knowledge about post-traumatic stress disorder. Politicians made campaigns about Vietnam veterans. The aim of such campaigns was to raise a public awareness about the effects of the war on individuals. However, it should have also supported the returned soldier to seek a professional help. The American Psychiatric Association then, after such campaigns, acknowledged that ‘a traumatic event occurring in adulthood could have

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<sup>17</sup> Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 5.

<sup>18</sup> Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 5.

lasting psychological consequences<sup>19</sup>, which certainly helped mentally to many returned soldiers as they could finally name what they were going through.

An important finding, which was not apparent when PTSD was first proposed as a diagnosis in 1980, is that post-traumatic stress disorder is relatively common.<sup>20</sup> Recent data from the National Comorbidity Survey Replication indicated lifetime PTSD prevalence rates are 3.6 % and 9.7 % respectively among American men and women.<sup>21</sup> Rates of PTSD are much higher in post-conflict settings such as Algeria (37 %), Cambodia (28 %), Ethiopia (16 %) and Gaza (18 %).<sup>22</sup>

It is impossible to predict one's reactions after enduring traumatic experience, and it is not a condition that everyone who experiences a traumatic event develops PTSD. For instance, an American psychologist James W. Kalat stated that once a mental disorder develops, mood becomes largely 'independent of events.'<sup>23</sup> It is of high importance to understand that it is perfectly natural to feel sad after a horrendous event. It is possible to experience traumatic events without developing PTSD. Thus, trauma does not equal PTSD. I perceive post-traumatic stress disorder as one of the possible- and probable- aftermath of a traumatic event.

Regarding symptoms of PTSD, a universal 'checklist' does not exist. For instance, the DSM-IV recognizes three clusters of symptoms: Re-experiencing; Avoidance/Numbing; Hyperarousal.<sup>24</sup> Re-experiencing is characterized by flashbacks in form of distressing recollection of the event[s] and/or nightmares about the event. Patients who battle with PTSD are stuck in time, in the old, as they are replaying the past events again and again in their minds. Avoidance and/or numbing comprises of doing as if the traumatic event never happened or using various opiates to numb the memories. Patients may use alcohol, drugs or violence as a coping strategy to lower the pain. Doing so is, however, a dangerous coping strategy. The drugs or alcohol do really lower the pain, but only for a moment and the traumatic memories hits them back even stronger. People

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<sup>19</sup> Whitehead. *Trauma Fiction*, 4.

<sup>20</sup> [https://www.ptsd.va.gov/professional/treat/essentials/history\\_ptsd.asp](https://www.ptsd.va.gov/professional/treat/essentials/history_ptsd.asp)

<sup>21</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847357/>

<sup>22</sup> <https://www.ncbi.nlm.nih.gov/pubmed/11476657>

<sup>23</sup> W. James Kalat. *Biological psychology*.

<sup>24</sup> Stein, Friedman, Blanco. *Post-traumatic Stress Disorder*.



might also think that the painful memories have been buried in the past, but they always find their way through. Hyperarousal is defined as ‘a primary symptom of post-traumatic stress disorder and occurs when a person’s body suddenly kicks into high alert as a result of thinking about their trauma.’<sup>25</sup> The body acts as if there was a real danger. The typical symptoms of hyperarousal may include sleeping problems, difficult concentration, irrelevant irritability, panic, constant anxiety and angry outbursts.

As another example, Figley stated that there are four requirements for diagnosing PTSD. The first criterion is the exposure to trauma. One must be directly experiencing or witnessing trauma. Only by watching the 11/9 news on TV one does not meet the first criterion. The second criterion is to be re-experiencing the traumatic event/s. These are typically in form of flashbacks or nightmares. The third criterion is the avoidance of stimuli. For instance, if an individual witnessed shooting in a church, he or she may be afraid of going to the church as it might worsen the traumatic feelings. The fourth one is the already mentioned hyperarousal. What is truly important according to him is the fact, that whereas in some diagnoses only some of the requirements must be met, for diagnosing PTSD, all of the above mentioned four criteria must be met. He also claims that the symptoms must persist at least for a month.

The American Psychiatric Association (APA) stated that PTSD can occur at any age, even in the first year of life. Children express their emotions and reactions differently, so their symptoms might be misleading. Thus, it is of high importance to bear this in mind when making final diagnosis. Trauma in children might be for instance well recognisable by teachers in schools. These children are absent more than it is usual, they are, or pretend to be, sick most of the time, or do not even come to classes. Also, their intellect may worsen, and they might have difficulties with concentration. A typical symptom is also a problematic behaviour in the classroom. Such children might ask for more attention, or, on the contrary, shun the collective. Physical symptoms might include unclear pains, headaches, stomach aches, problems with physical touch, the need of contact or, on the contrary the avoidance of contact and problems with sleeping. Mental symptoms might

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<sup>25</sup> <https://www.healthline.com/health/mental-health/hyperarousal#symptoms>

include depression, inability to cope with his or her own emotions and moods, crying and excessive emotional bonding.

The question is whether some people are more prone to developing post-traumatic stress disorders than others. A research was conducted where twins were examined- although no single gene has been identified so far, these studies suggest a genetic predisposition.<sup>26</sup> It was found out that most victims of PTSD have a different size of hippocampus<sup>27</sup> – it is smaller than in healthy individuals.<sup>28</sup> Also, various studies show that stress has an immense effect on the brain function – thus it can cause the shrinkage of the above-mentioned hippocampus.<sup>29</sup> The same study has reported that those who have a smaller hippocampus rate their experiences differently than the healthy individuals – they rate them as being more stressful. Those people are also less likely to be recovered from PTSD.

Although it is still not known for sure why some individuals develop PTSD and some individuals do not, there are some risk factors which might increase the probability of developing PTSD. These risk factors are to be found in the following table.

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<b>History of psychological problems (mental illness) prior to experiencing the recent trauma</b>
<b>Experiencing abuse or neglect as a child</b>
<b>Experiencing a prior traumatic event</b>
<b>Severe personality deficits, such as borderline or dependent personality disorder</b>
<b>Long lasting traumatic event</b>
<b>Lack of family or community support soon after the trauma</b>
<b>Genetic factors</b>

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<sup>26</sup> Kalat. *Biological psychology*, 371.

<sup>27</sup> Brain structure in the medial temporal lobe that is important for long-term memory formation

<sup>28</sup> Kalat. *Biological psychology*, 372.

<sup>29</sup> Kalat. *Biological psychology*, 372.

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**A family history of psychological problems (mental illness)**

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**Experiencing more severe traumas**

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**Proximity to the traumatic event**

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**Gender**

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**Age**

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**Transmission of brain chemicals**

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**Brain structure**

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Adopted from: Figley, *Encyclopedia of Trauma: An Interdisciplinary Guide*

To illustrate the risk of PTSD across trauma types, Table 1-3. ‘Posttraumatic stress disorder (PTSD) liability of specific traumas’ presents estimates from the Detroit Area Survey of Trauma.<sup>30</sup> The results are presented in four sub-categories: assaultive violence; other injury or shocking experience; learning about trauma to others; and sudden unexpected death of a close friend or relative. Military combat, being held captive/ being tortured/ being kidnapped, and child’s life-threatening illness were excluded from the survey.

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<sup>30</sup> Yehuda. *Psychological Trauma*, 16.

**Table 1-3. Posttraumatic stress disorder (PTSD) liability of specific traumas**

<b>Trauma type</b>	<b>% PTSD</b>	<b>(SE)</b>
<b>Assaultive violence</b>	<b>20.9</b>	<b>(3.4)</b>
Raped	49.0	(12.2)
Shot or stabbed	15.4	(13.7)
Other kind of sexual assault	23.7	(10.8)
Mugged, held up, or threatened with a weapon	8.0	(3.7)
Badly beaten up	31.9	(8.6)
<b>Other injury or shocking experience</b>	<b>6.1</b>	<b>(1.4)</b>
Serious car or motor vehicle accident	2.3	(1.3)
Any other kind of serious accident or injury	16.8	(6.2)
Fire, flood, earthquake, or other natural disaster	3.8	(3.0)
Diagnosed with a life-threatening illness	1.1	(0.9)
Witnessed someone being killed or seriously injured	7.3	(2.5)
Unexpectedly discovering a dead body	0.2	(0.2)
<b>Learning about trauma to others</b>	<b>2.2</b>	<b>(0.7)</b>
Learned that a close friend/relative was raped or sexually assaulted	3.6	(1.7)
Learned that a close friend/relative was seriously physically attacked	4.6	(2.9)
Learned that a close friend/relative was seriously injured in a motor vehicle accident	0.9	(0.5)
Learned that a close friend/relative was seriously injured in any other accident	0.4	(0.4)
<b>Sudden unexpected death of a close friend or relative</b>	<b>14.3</b>	<b>(2.6)</b>
<b>Any trauma</b>	<b>9.2</b>	<b>(1.0)</b>

Source. Detroit Area Survey of Trauma.

Note. Three trauma types were excluded because of small numbers.

SE = Standard error of the mean.

It is visible that the risk of developing post-traumatic stress disorder depends on the experienced trauma. One can see that the highest probability of developing the PTSD has an experience of rape (49%), followed by being badly beaten up (31.9%), other kinds of sexual assault (23.7%), and assaultive violence (20.9%). On the other hand, there is a relatively low risk in developing PTSD when one has a serious car or motor vehicle accident (2.3%), when one is diagnosed with a life-threatening illness (1.1%) or when discovering unexpectedly a dead body (0.2%). Altogether, learning that a close friend or a relative was injured, ill or in an accident leads to the lowest risk of developing PTSD ('only' 2.2% altogether), which might be surprising for many people. However, experiencing a sudden unexpected death of a close friend or relative confers a moderate risk of PTSD, 14.3%.

A Slovakian psychiatrist, Dr. Paul Valent, described the disturbing impact of trauma on all aspects of peoples' lives by making a following association. The same as a

fractured leg enables a person from running, a psychological trauma enables the person from living properly.

“Trauma is the nemesis of our lives. Sometimes it swamps us; at other times it haunts us. It is the fracture that stops us from running as we would wish. The word trauma comes from the Greek word meaning wound, or penetration as in stabbing. Technically, the penetration can range from minor to lethal, but it always leaves a scar and a vulnerability.”<sup>31</sup>

Richard G. Tedeschi and Bret A. Moore, both professors of psychology, list the effects of trauma in their book *The Posttraumatic Growth Workbook: Coming Through Trauma Wiser, Stronger, and More Resilient*. The following table sums up the probable aftermath of a traumatic event.

<b>Emotional</b>	<b>Mental</b>	<b>Behavioural</b>	<b>Physical</b>
<b>Feeling alone</b>	<b>Loss of concentration</b>	<b>Withdrawal from others</b>	<b>Aches and pains</b>
<b>Feeling afraid</b>	<b>Disorientation and confusion</b>	<b>Impulsive behaviour</b>	<b>Fatigue and tiredness</b>
<b>Anger and frustration</b>	<b>Memory loss</b>	<b>Aggression</b>	<b>Racing heart</b>
<b>Mood swings</b>	<b>Obsessive thoughts</b>	<b>Crying</b>	<b>Nausea and vomiting</b>
<b>Difficulty sleeping</b>	<b>Distractibility</b>	<b>Arguing with loved ones</b>	<b>Shakiness and trembling</b>
<b>Feeling sad</b>	<b>Indecisiveness</b>	<b>Increased sleeping</b>	<b>Headaches</b>
<b>Feeling hopeless</b>	<b>Thoughts about death and dying</b>	<b>Changes in appetite</b>	<b>Numbness and tingling</b>

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<sup>31</sup> R. Charles Figley. *Encyclopedia of Trauma: An Interdisciplinary Guide*.

<b>Helplessness</b>	<b>Racing thoughts</b>	<b>Being easily startled</b>	<b>Diarrhoea</b>
<b>Feeling numb</b>		<b>Increased drug or alcohol use</b>	<b>Hot flushes</b>
<b>Anxiety and panic</b>			
<b>Nightmares</b>			
<b>Lack of confidence</b>			

#### Addictions and various mood or personality disorders

Various studies have pointed at the possibility that an early childhood trauma, which is experienced before the age of 6, might have a disturbing effect on a child's mental health. Owing to, above all, various psychoanalytical research, scientists can advert to the significance of the very first months and lives and its effects on a personality development.

The effect may differ depending on the developmental stage the child is currently in. In general, trauma affects the nervous system. This means, that nervous system of children goes into fight, flight or freeze effect. This is how our body, mind or emotions are telling us that we are becoming too overwhelmed, thus it is difficult for our body, mind or emotions to cope with things and we might get into danger. An example of fight responses of a child might be crying, hands in fists, desire to punch, rip; flexed/tight jaw, grinding teeth, snarl; fight in eyes, glaring, fight in voice; desire to stomp, kick, smash with legs, feet; feelings of anger; suicidal thoughts; nausea or burning stomach. An example of freeze responses might be feeling stuck in some part of body; feeling cold/frozen, numb, pale skin; sense of heaviness; holding breath; sense of dread, heart pounding or decreased heart rate. The flight responses include restless legs, numbness in legs; anxiety; shallow breathing; leg movement; excessive exercise; reported or observed

restlessness, feeling trapped or tense.<sup>32</sup> Even though reactions at this age vary, the aftermath of a traumatic experience is most visible at their physical reactions or responses.

Same as a child can develop post-traumatic stress disorder, he or she can develop various addictions and mood or personality disorders. The subsequent paragraphs scrutinize in detail the other possible aftermath of trauma: addictions, mood disorders and personality disorders.

The DSM V believes that the right word to describe any addiction is ‘dependence,’ whilst the official definition according to DSM is ‘a maladaptive pattern of substance abuse, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period.’<sup>33</sup> Criteria for a diagnosis of substance dependence are to be found in the following table:

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**Taking the substance in larger amounts or for longer than you're meant to.**

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**Wanting to cut down or stop using the substance but not managing to.**

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**Spending a lot of time getting, using, or recovering from use of the substance.**

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**Cravings and urges to use the substance.**

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**Not managing to do what you should at work, home, or school because of substance use.**

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**Continuing to use, even when it causes problems in relationships.**

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**Giving up important social, occupational, or recreational activities because of substance use.**

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**Using substances again and again, even when it puts you in danger.**

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**Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.**

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**Needing more of the substance to get the effect you want (tolerance).**

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<sup>32</sup> <http://trauma-recovery.ca/introduction/what-you-need-before-you-begin/>

<sup>33</sup> <https://www.ncbi.nlm.nih.gov/books/NBK92053/table/ch2.t5/>

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**Development of withdrawal symptoms, which can be relieved by taking more of the substance.**

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Adopted from DSM V

Various psychologists, psychotherapists or psychiatrists approach sundry addictions differently. The following paragraph deals with conclusions a German psychotherapist Heinz-Peter Röhr made about addictions.

Addiction, he mentions, whether to alcohol, pills, work, food or sex, is always an existential crisis. Röhr claims that if people find themselves in the chronic phase of addiction, their lives are more and more meaningless, and their situation is best to be described as a situation of absolute resignation. He believes that the problem is not the addiction itself, but the trauma hidden behind the addiction. The trauma must be decoded in order to heal the addiction. He perceives addictions as mere tools which people make use of to overlay the feeling of despair. Röhr does not believe that such tools may lead to happiness, quite the contrary. According to him, the key to satisfaction lies in finding out what the person is craving for; whether it is for instance attention, love or self-love.

Mood disorders, also known as affective disorders, are conditions which severely impact one's mood and its related functions.<sup>34</sup> Usually, if one's mood is affected, one can feel either extremely depressed or extremely manic. The most common mood disorder is depressive disorder. The DSM delineates the following symptoms of depressive disorder and highlights that one must be experiencing at least five symptoms for a period of two weeks.

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**Depressed mood most of the day, nearly every day.**

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**Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.**

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**Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.**

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<sup>34</sup> <https://www.verywellmind.com/mood-disorder-1067175>



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**A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).**

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**Fatigue or loss of energy nearly every day.**

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**Feelings of worthlessness or excessive or inappropriate guilt nearly every day.**

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**Diminished ability to think or concentrate, or indecisiveness, nearly every day.**

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**Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.**

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Adopted from DSM V

Depression is a serious mental illness. Cambridge Dictionary defines depression as ‘a mental illness in which a person is very unhappy and anxious [worried and nervous] for long periods and cannot have a normal life during these periods.’ Aside of mental manifestations like depressed mood or feelings of worthlessness, the main psychophysiological manifestations of depression are the loss of appetite or overeating, insomnia or excessive sleeping; fatigue and decreased energy, and headaches.<sup>35</sup>

Personality disorder is a type of mental disorder in which one has a rigid and unhealthy pattern of thinking, functioning and behaving.<sup>36</sup> Such people have troubles in relationships and it causes them significant problems in social activities. The DSM V recognizes so called clusters of personality disorders and defines three of them: Cluster A, Cluster B and Cluster C. Cluster A describes odd or eccentric thinking or behaviour, as for instance with paranoid personality disorder one has pervasive distrust and suspicion of others and their motives, or unjustified belief that others are trying to harm or deceive them. In this cluster, there are three personality disorders: paranoid, schizoid and schizotypal. Cluster B describes overly dramatic, overly emotional or unpredictable thinking or behaviour. It includes antisocial personality disorder, borderline personality disorder, histrionic personality disorder and narcissistic personality disorder. For instance, a person with borderline personality disorder has impulsive or risky behaviour,

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<sup>35</sup> Kateřina Hudáková. *History, Homesickness and Healing*. Bachelor Thesis.

<sup>36</sup> [mayoclinic.org/diseases-conditions/personality-disorders/symptoms-causes/syc-20354463](https://www.mayoclinic.org/diseases-conditions/personality-disorders/symptoms-causes/syc-20354463)

such as gambling, or binge eating, followed or accompanied by unstable or fragile self-image, unstable and intense relationships or ongoing feelings of emptiness. Cluster C depicts three personality disorders: avoidant, dependent and obsessive-compulsive<sup>37</sup>. Cluster C personality disorders are characterized by anxious, fearful thinking or behaviour.

The already mentioned psychotherapist, Heinz-Peter Röhr, claims, for example, that severe neglect in early childhood may influence the child to such extent, that he or she may develop a personality disorder mentioned in one of these clusters above.

### **2.1.3. Trauma and healing**

The first step towards healing lies in acknowledging that there is aftermath after a traumatic event. Without this acknowledgement, one cannot proceed further. There are different ways to process the trauma and soften its aftermath. The aim of the specialists is to help the patients live, as far as it is possible, 'as before.' It is, however, to the utmost importance to verbalize the experience. It is significant to know that these people are not alone, that someone else might have gone through the same, or similar things as they have. This understanding gives them a feeling of being 'normal.' It is always worse when the person thinks he or she is the only one experiencing something extraordinary. Foremost, skilled specialists provide the patient with the much-needed comfort, understanding and support. He or she supports the patients to express their thoughts and feeling. Also, it is helpful for the patient as he or she might realise many things and they might finally 'make sense.' This gives the patient a feeling of having the problem under his or her own control. In long term sessions, patients usually reduce tension and find relief. The patient can articulate his or her own story in various ways. As Elisabeth Ullmann suggests, it can be done through verbalization/talking; drawing; writing; or games/playing.<sup>38</sup>

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<sup>37</sup> Obsessive-compulsive personality disorder is not the same as obsessive-compulsive disorder, a type of anxiety disorder.

<sup>38</sup> Elisabeth Ullmann. *Childhood and Trauma*, 28.

Verbalization, or talking, is one of the most efficient methods. It presupposes that the child or the adult is capable of speaking about the event(s) and that they want to verbalize it. Some patients do it spontaneously, some might take some time in order to speak up. The listener must be active, meaning that he or she must show the patients his or her interest. It could be done simply by nodding, non-verbal responses, or by asking follow-up questions. These emotional talks have its therapeutic effects and provide a sense of relief. Drawing might be a more bearable form of ‘narrating the story’ for some. Particularly children under the age of six might express themselves better in drawings.<sup>39</sup> The patient is asked to draw the traumatic memory. Many specialists mention the healing effects of writing. For some, it is the most effective method. It suggests that one’s emotions need to be put into words and simply need to get out of the system. Another method, which is efficient by children, is playing games. The specialist might, for instance, try to do a role-play so children can convey their emotions spontaneously through a play. In all these examples, narration serves as a therapeutic method.

Jordan Peterson, a professor of psychology at the University of Toronto, mentions that when doing a psychotherapy with people who have a traumatic memory, one needs to go back into the memory and address the sequence of events in detail. They go back and take the memories apart. It needs to be discussed slowly, as the memories carry a lot of emotional content. The patients need to have a plausible account on what happened to them in order to move from place. Then the emotion or the traumatic memory goes away. Once the traumatic memory is acknowledged, the nervous system stops ‘going into either fight or freeze mode.’ As Peterson describes, the nervous system wants

- A. to know that somebody is trying to map the territory instead of avoiding the problem
- B. to know that there is a plan and that someone is in charge and the problem has been taken care of

He claims, that after going through a psychotherapy, it does not mean that the traumatic event(s) will never re-occur, but the patients will be able to identify the problem and come

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<sup>39</sup> Ullmann. *Childhood and Trauma*, 28.

up with a certain solution. Jordan makes an analogy with a hole in a road. Once you are in charge and you are taking care of yourself,

- A. you see the hole in the road
- B. you walk behind the hole in the road

Then, when both of these criteria are met, Peterson suggests that psychotherapy was successful.

Peterson also takes over Freud's thoughts about catharsis. Freud believes that if bad things happened to someone when he or she was a child, it had some effects on the person's personality. He also claimed that if the person confronts these painful memories, it is going to produce an emotional response which he called 'catharsis'. In other words, catharsis is an emotional expression, the release of the emotional pressure. However, Freud highlighted the importance of understanding the painful event, because it brings relief to the person. For instance, if a child is bullied when he or she is ten years old, he or she will carry it with him or her. Once the child gets it out, by verbalizing the experience, and faces it, the response of the body is immediate- the body is not in a state of emergency anymore, which leads to anxiety reduction. Many people do not want to talk about their past as they believe there is nothing to change, that it makes no sense to bring the topic up as it is fixed, and nothing can be done about it. Peterson stresses that the past is not fixed, it is 'a subject of re-interpretation.'<sup>40</sup>

The other important aspect of understanding and healing trauma are relationships. Karen Treisman highlights that good relationships are the key to healing. Social relationships, relationships to our bodies, minds, or the society shape who we are. Parents are the first people who should teach the child the guiding principles in life, such as a sense of trust or safety. Then, the child feels he or she is lovable and that he or she live in a safe place. The child learns from the parents how to operate in the world. Relationships either strengthen one's brain or weaken it. Brains are plastic, which means that they are capable of being positively influenced. However, it also means that if the parents fail to fulfil their role, the child's brain can be negatively influenced. It is important to understand that if trauma occurred in the relationship, it must be healed in this

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<sup>40</sup> <https://www.youtube.com/watch?v=7yGu6HCSyWU>

relationship. As Peterson says, ‘relationships are the very oxygen of human development.’ Thus, relational trauma requires relational repair. The person who was, for instance, emotionally abused by his or her parent(s) might undo the past trauma by corrective emotional experience. That means that thanks to the corrective emotional experience, the person might learn to process the situations in a new way, with a help of someone else, for instance a significant other. It helps to repair the damage produced by the traumas of the past. <sup>41</sup>

The already-mentioned German psychotherapist, Heinz-Peter Röhr, believes that one can heal the wounds from the past only when grieving properly and sufficiently. He claims there are four stages of grieving a person needs to go through in order to heal his or her trauma; (1) Denial (2) Pain, Despair and Rage (3) Processing of Sadness and what he calls (4) Integration. The following paragraphs scrutinize each of the stages. Röhr believes that same as a bereaved person lost a loved one, the person who is either addicted or has mood or personality disorder has also lost something. Therefore, he assumes that people who lost a loved one and people who are healing from addiction, mood or personality disorders need to go through the same grieving process.

The first stage is called denial. Röhr uses the following association- when a loved person dies, the first feeling the bereaved person has is that it is unimaginable that the person is not alive anymore. The person ‘does not get it’ that the loved one is gone forever. Psyche gets too overwhelmed and displays all the painful feelings, therefore the survivors are able for instance to arrange for all the matters which are connected with death- funeral, funeral rite, sending a letter of condolence because it serves them as a distraction from the painful reality. In psychotherapy, this is known as a ‘defense mechanism.’ Sigmund Freud elaborated on defense mechanisms and noted that [these are] psychological strategies that are unconsciously used to protect a person from anxiety arising from unacceptable thoughts or feelings.<sup>42</sup> One word should be highlighted here: ‘unconscious’ -people use defense mechanisms to protect themselves and they do so without realizing it -it is an automatic and innate response to any danger.

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<sup>41</sup>*Psychology Today.*

<sup>42</sup> <https://www.simplypsychology.org/defense-mechanisms.html>

The second stage is characterized by pain, despair and rage. These are all very strong emotions and even though they need to be processed, the person might sometimes even feel he or she might get crazy, as such pain, despair and rage is unimaginable and never-experienced. All the joys of life are gone and nothing makes sense at this point. People ask themselves questions like ‘How could he or she leave me?’, ‘How can person disappear forever?’- it is important to note here that such questions are natural and even needed- the person must process the unbelievable pain, despair and rage and he or she cannot skip this stage, no matter how painful this stage might be.

It is not until the third stage that one finally processes sadness. To process a sadness means to get through the pain, which is, as Röhr states, a long process. Avoiding sadness only prolongs it- he, for instance, suggests scattering photographs around a house to face the reality. The bereaved person comes to a realization that death is an inevitable part of life and accepts the painful truth that his or her beloved one had to die at some point in life. Such realization is, according to Röhr, liberating.

Grieving is a process which is concluded by integration, which means that the person accepts that the loved one is gone and is not coming back – ever. Only a person who acknowledges the pain and sadness and does not avoid it can process it and, in the end, overcome it.

#### **2.1.4. Classification and diagnosis of trauma**

This classification emphasises how the post-traumatic stress disorder has been classified and diagnosed since 1980. The first canon for classification and diagnosis of mental disorders was Diagnostic and Statistical Manual for Mental Disorders, known under the abbreviation DSM. The American Psychiatric Association (APA) published its first version in 1952. Until today, the manual has been amended five times, showing minor as well as major revision. The last version was published in 2013. Diagnostic and Statistical Manual for Mental Disorders is used mainly by clinicians and psychiatrists and is helpful mainly because they can all use the ‘same language.’<sup>43</sup> Some take it as ‘the bible of

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<sup>43</sup><https://www.jbrf.org>

psychiatry.’<sup>44</sup> It is comprised of descriptions, as well as symptoms and other criteria for diagnosis. The manual has been criticized many times- for instance, homosexuality was regarded as mental illness until 1973 and this fact had its opponents.

When the DSM-I was published in 1952, it had 132 pages and included 128 categories. The first version viewed all mental disorders as results of environment. Adolf Meyer thought that every single individual was, in one way or another, somehow abnormal. Yet, those who had ‘more severe abnormalities’<sup>45</sup> were not functioning well in society. Another psychologist, Karl Menninger, was against the manual as he believed it makes no sense to categorize all the different disorders when ‘all disorders are reducible to one basic psychosocial process: the failure of the suffering individual to adapt to his or her environment.’<sup>46</sup> The DSM-I included trauma into the manual, namely under ‘Disorders due to or Associated with Trauma’ -Acute Brain Syndrome. The DSM-II comprised of 193 diagnostic categories on 119 pages and was published in 1968. One of the most poignant differences was the newly added category, Disorders in Childhood or Adolescence. This version was not positively accepted. There was still the same need as before to create a canon which would be a useful manual for specialists around the world.

Finally, the publication of DSM-III in 1980 meant a new era in thinking about psychiatry and psychiatric disorders- various findings were adopted from medicine, epidemiology and clinical psychology.<sup>47</sup> The DSM-III was a huge success as it provided specific criteria for each disorder. This system involved assessments on several axes. As Young mentions, these developments influenced the view of traumatic memory. It evolved from being ‘clinically marginal and heterogeneous phenomenon’ into a ‘standard and obligatory’ classification, known today as post-traumatic stress disorder. The DSM-III was the first one to mention PTSD. The DSM-IV was published in 1994 and listed 340 conditions, which was 120 more than the DSM-III. The DSM-V was published in 2013 and comprised of 947 pages, with a total number of diagnoses 541. One of the most prominent changes was the focus on biology, genetics and neuroscience and it is thought

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<sup>44</sup> <https://www.nytimes.com/2012/05/12/opinion/break-up-the-psychiatric-monopoly.html>

<sup>45</sup> <http://kidsandmeds.umwblogs.org/dsm1/>

<sup>46</sup> M. Wilson.

<sup>47</sup> Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 7.

to be the most ‘dimensional’ version.<sup>48</sup> Moreover, it looked at cultural factors, such as gender or sexuality, as they are thought to affect the final diagnosis.<sup>49</sup> The DSM-V introduced a new definition of mental disorder- ‘It is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.’

What is probably the most striking difference between all these DSMs is that meanwhile DSM-III and DSM-IV regard PTSD as anxiety disorder, DSM-V (2013) states that PTSD has also other symptoms, such as mood swings or disruptive behavioural symptoms which are not typical for anxiety disorder. Therefore, it is no longer classified as an anxiety disorder. Since 2013, PTSD has been classified as Trauma-and Stressor-Related Disorder.

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<sup>48</sup> <https://www.sane.org/the-sane-blog/mental-illness/what-is-the-dsm-your-questions-answered>

<sup>49</sup> <https://www.sane.org/the-sane-blog/mental-illness/what-is-the-dsm-your-questions-answered>



## 2.2. Memory, its role and power

“But who can remember pain, once it’s over? All that remains of it is a shadow, not in the mind even, in the flesh. Pain marks you, but too deep to see. Out of sight, out of mind.”<sup>50</sup>

One’s mind aims to protect a person, thus displaces the trauma and its aftermath deep into one’s unconsciousness. This section aims to provide a psychological overview of human memory, focusing on the neurological basis of memory, its functioning and forgetting, since it explains how a mind processes traumatic events.

Oxford Dictionary describes memory as either ‘the faculty by which the mind stores and remembers information’; ‘something remembered from the past’; or ‘the part of a computer in which data or program instructions can be stored for retrieval.’<sup>51</sup> Cambridge Dictionary states that memory is either ‘the ability to remember information, experiences, and people’; ‘something that you remember from the past’; or ‘the part of a computer in which information or programs are stored either permanently or temporarily, or the amount of space available on it for storing information.’<sup>52</sup> Both of these dictionaries provide the following conclusion; it is to be distinguished between a memory of humans and a computer memory. However, no matter if it is a human or a computer memory, both serve as a ‘storage.’

Alan Baddeley, for instance, also distinguishes between short-term memory, working memory and long-term memory. One can retrieve small amounts of material from short-term memory within seconds. Important meetings, occasions or remembering what to buy in a shop that day are all materials which are kept in a working memory, which serves humans as ‘a reminder of what to keep in mind.’<sup>53</sup> On the other hand, long-term memory offers humans a capacity to store things over long periods of time.

Humans usually do not desire to forget things intentionally. No one says I am so happy I forgot to buy a bottle of milk, or I am so happy I have just forgotten my pin code. Yet, it is natural and essential to forget the nonessentials in order to store the important

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<sup>50</sup> Margaret Atwood. *The Handmaid’s Tale*.

<sup>51</sup> <https://en.oxforddictionaries.com/definition/memory>

<sup>52</sup> <https://dictionary.cambridge.org/dictionary/english/memory>

<sup>53</sup> Alan Baddeley. *Memory*, 266.

information efficiently. However, some might want to push certain memories out of his or her brain. This is something called motivational forgetting. People might have some memories they want to delete intentionally.

### **2.2.1. Repression and suppression**

Sigmund Freud is the originator of the two following concepts: repression and suppression. According to him, repression is motivated, because it serves as a defence mechanism of an individual. He described it in a following way. The undesired memories, pain, feelings, thoughts are too much to handle, so the individual pushes them from the consciousness into the unconsciousness. Therefore, he or she has a feeling they disappeared, which reduces his or her mental pain. Freud provided the readers with an uncomplicated definition of repression: ‘The essence of repression lies simply in the function of rejecting and keeping something out of consciousness.’<sup>54</sup> However, the source of the pain is still there, it has only been pushed into the unconscious mind. Freud claimed that these memories find their way back. They affect one’s behaviour, dreams, topics of discussion and et cetera. Later of, Freud also described the term ‘return of the repressed’. He suggested that these memories might pop un unexpectedly.

Freud mentioned that suppression, same as repression, is a defence mechanism of an individual. Repression is unconscious, and its aim is to reduce mental pain. Suppression, on the other hand, is a conscious process. The person badly wants to exclude certain memories from his or her consciousness and is trying to find different ways to do so. An example could be when a person was rude to another human and he or she avoids thinking about it not to feel any shame as he or she knows that rude behaviour is not desirable. Some people might make use of opiates to suppress certain memories, emotions or feelings. Even though they avoid discomfort, the unwanted feelings are still in the subconscious, and they might crawl back at any moment.

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<sup>54</sup> Freud in Ali Behdad. *A Forgetful Nation*, 4.

### 2.2.2. Amnesia

Most of the human population cannot recall childhood memories for the first three or four years of life due to infantile amnesia, with an exception of few -and rare- cases. Katherine Nelson shed some light on a story of Emily, a child who was rather special in comparison to what is usual. While Emily was talking to herself at the age of 21 and 36 months, she was being recorded. It was found out that she was mumbling about events which happened the previous day. However, at 21 months, she was sometimes able to remember things which happened even half a year before. Her speech was not structured, and one had to pay close attention to decode her words. She provided the scientists with a compelling evidence that two-year-olds can remember specific events.<sup>55</sup> This research pointed at the fact that most two-year-olds have some autobiographical memory and remember events which occurred several months previously. Peterson and Rideout conducted another poignant research which showed that meanwhile children under the age of two could not remember anything at all after two years from some unpleasant incident, children of age three and older were able to depict this incident even after two-year time. Thus, this experience made it into their long-term memory thanks to its emotional and/ or drastic overload.

“[...] studied young children taken to a hospital emergency room for treatment of a traumatic injury. Their memories for their injuries and hospital treatment were assessed 6 months, 1 year, and 1 ½ to 2 years afterward [...] Indeed, half the children between 12 and 18 months of age at the time of the injury could remember nothing at all about it 18 months later. What was of crucial importance in determining how much children could remember was whether they possessed the language skills to talk about the injury at the time it happened. [...]”

Generally, people tend not to have any memories before the age of three. Those memories before the age of three are simply forgotten – because the events happened too long before.

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<sup>55</sup> Baddeley. *Memory*, 394.

Psychogenic amnesia is also known as extreme emotional distress. The mechanisms of such amnesia are not very well understood. There have been, however, several cases which affirm that such phenomenon really does exist.

“[...] A 23-year-old insurance worker [...] discovered a small fire in his basement and left the house to call for help. He did not inhale smoke [...] That evening, he appeared dazed and frightened, and the next morning, when he awoke, he no longer knew what his profession was, or where he lived. After three weeks, he entered hospital. Upon examination, it became clear that his memories only extended until the age of 17. [...] After 3 weeks of therapy, he reported one of his earliest memories as a child: at the age of 4, he saw a car crash which set another car in flames; he was then the witness to the driver’s screams and his death in the flames, with his head pressed against the window. Since that, fire has been his worst fear. Despite this, he showed normal psychological and physical development, and, throughout his life, showed no evidence of psychological illness. A full examination revealed no obvious evidence of brain damage [...] Eight months later, at the time of the report, his deficits in personal memory remained.”<sup>56</sup>

This example shows how one-time traumatic event can trigger a life-time fear of something and how this stressor can, in extreme but not rare cases, cause amnesia. Hunter referred to an extreme case of amnesia as ‘psychogenic fugue’ which is ‘a form of psychogenic amnesia typically lasting a few hours or days following a severe trauma, in which afflicted individuals forget their entire life history, including who they are.’<sup>57</sup> Many people described that they do not remember torturing other people. This particular memory loss is called situation-specific amnesia.<sup>58</sup> Those people do not remember what was happening during that event. For instance, children, who were sexually abused, may lack any memory of the event.

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<sup>56</sup> Baddeley, Alan. *Memory*. P.279

<sup>57</sup> Baddeley. *Memory*, 280.

<sup>58</sup> Baddeley. *Memory*, 280.

However, even the memories individuals do remember after the age of three are controversial. There are two possible scenarios. One, these memories are genuine, and the person actually remembers the event, feelings et cetera, or two, these memories are only based on another people's narration. It is interesting to see the results of the following research. Crawley and Eacott asked adults to recall events from their childhood. Even though adults believed in the authenticity of their memories, it was found out that these memories were way too different from the second-hand knowledge. The people's memories were more pictorial and less verbal, and they involved more feelings and were more complex than the second hand-narration.<sup>59</sup>

### 2.2.3. Memory and positivity bias

It was proven, that people tend to speak about their past in way more positive light than it happened. Waldfogel carried out a research: he gave the participants a simple task to write down in 85 minutes everything they remember from their first eight years of their lives. 50 % of the participants evaluated their memories as pleasant, 30 % as unpleasant, and 20 % as neutral.<sup>60</sup> He named this phenomenon 'positivity bias', describing it as 'the tendency, increasing over lifespan, to recall more pleasant memories than either neutral or unpleasant ones.' Margaret Atwood's words can potentially support this theory in *The Handmaid's Tale* as she mentioned that 'when we think of the past it's the beautiful things we pick out. We want to believe it was all like that.'<sup>61</sup> In another study, conducted by Susan Charles, Mara Mather, and Laura Carstensen in 2003, they showed people of various age 32 scenes. After 15 minutes, they asked them to recall the scenes. They found out that pictures having emotional content were recalled better than other pictures. Also, they found out that younger adults remembered more scenes than the older ones.

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<sup>59</sup> Baddeley. *Memory*, 383.

<sup>60</sup> Baddeley. *Memory*, 266.

<sup>61</sup> Atwood. *The Handmaid's Tale*.

“Importantly, however, as participants got older, their memories became progressively more biased in favour of positive scenes over negative ones, even though all scenes were viewed for the same amount of time: Whereas young participants recalled positive and negative scenes with equal frequency, older adults recalled nearly twice as many positive as negative scenes.”<sup>62</sup>

Therefore, it is up to utmost importance not to completely believe the narration of trauma survivors. The previous paragraph suggests that trauma survivors are not aware of the phenomenon called positivity bias, thus they truly believe in the authenticity of their memories.

#### **2.2.4. The origins of traumatic memory**

Allan Young described in detail the psychological process through which traumatic memories are integrated. At first our consciousness incorporates the memory. This inflicts anxiety as the consciousness does not know how to cope with such extreme distress. The next step is that the conscious mind disjoints from the memory, which is done either through denial, alcohol or drugs. By doing so, the level of anxiety is lowered, which gives a positive message to the brain that the conscious mind is now prepared to deal with the traumatic memory and therefore tries to process it -by repeating steps number one and two. The level of anxiety increases again, the brain realises it has been mystified and a new cycle begins. Such cycling is repeated until the conscious mind is ready to metabolize the memory -which means that the memory becomes part of one's inactive memory. This means a step forward, as the memory is retrievable but not bothering. Young refers to it as if it was ‘buried in the past.’<sup>63</sup>

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<sup>62</sup> Baddeley. *Memory*, 266.

<sup>63</sup> Young. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*, 9.

### 2.3. Trauma fiction

“Literature makes readers think-which is why books are often banned in dystopian novels, and why books have been often burned by totalitarian regimes-and if thinking about an atrocity makes people empathize with the victims, question their own moral values or inspires them to work towards the avoidance of a repetition, then trauma writing has a clear and undeniable value to society.”<sup>64</sup>

In her book, *In-between Facts and Fiction. Representing the Traumatization of Child Soldiers in Uzodinma Iweala’s ‘Beasts of No Nation’ and Emmanuel ‘Jal’s Warchid’*, Anne-Karen Fischer stated that ‘the official acknowledgement of PTSD in nineteen-eighty marked the birth of contemporary trauma studies.’<sup>65</sup> Since 1980, due to the acknowledgement of trauma, trauma had to make a foray into other fields than psychology and psychiatry. Literature responded to it by creating a new genre, trauma fiction. Anne Whitehead summed it up in her book *Trauma Fiction* by proclaiming that ‘fiction itself has been marked or changed by its encounter with trauma.’<sup>66</sup> Trauma is, therefore, not tight to one discipline but is trans-disciplinary. The trauma theory as such emerged in the United States in the early 1990s. One of the first literary theorists who dealt with trauma fiction was Cathy Caruth. In 1995, she published a work *Trauma: Explorations in Memory*, where she claimed that ‘trauma can only be effectively witnessed by fiction.’<sup>67</sup> She focused on the effects of trauma and the way these effects can be realistically depicted in literature. She stated that trauma can be viewed as something which fragments consciousness and prevents ‘direct linguistic representation.’<sup>68</sup>

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<sup>64</sup> Patricia San Hose Rico. *Creating Memory and Cultural Identity in African American Trauma*, 48.

<sup>65</sup> Anne-Karen Fischer, 5.

<sup>66</sup> Whitehead. *Trauma Fiction*, 3.

<sup>67</sup> Anne-Karen Fischer, 345.

<sup>68</sup> <https://literariness.org/2018/12/19/trauma-studies/>

“Trauma produces a double paradox in consciousness and language- the contradictory wish to know the meaning of the past but the inability to comprehend it, as well as the contradictory crises in the traumatic narrative between the threat of death and survival.”<sup>69</sup>

The key idea is that traumatic experiences influence memory differently than other experiences- and that the trauma survivors are not able to experience the traumatic events initially but only in a narrative reproduction of the past. Yet, the paradox is, according to Caruth, that the experience resists narrative representation which results in ‘an approximate recall but never determinate knowledge.’<sup>70</sup> Others, who examined the concept of trauma and its role in literature were Shoshana Felman and Geoffrey Hartman. They perceived trauma as an unrepresentable event which showed the contradictions in language and experience.

Trauma narratives are beneficial for the reason that they give a voice to trauma survivors. They recover the silenced and repressed memories and feelings, therefore, they offer the survivors a chance to retell the stories of traumatic experience, and come to a healing through verbalising these stories. Trauma literature serves ‘both as validation and cathartic vehicle for the traumatized author.’<sup>71</sup> Writing down the traumatic past has been shown as an effective method to make sense of the traumatic past. It is an attempt to create order and cohesion in the individuals’ traumatic past. As Dori Laub poignantly stated, ‘[the trauma survivors] cannot find peace in silence.’<sup>72</sup> The purpose of trauma writing, however, does not need to be verbalising the past experience, to make sense of the past and to come to healing. Especially with fictional trauma, the purpose is to simply present trauma and its aftermath and to inform the readers about the existence of trauma, as it is portrayed for instance in Kurt Vonnegut’s *Slaughterhouse 5* or Primo Levi’s *If This is a Man*, where he describes his experience in Auschwitz without reflecting on his trauma any further.

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<sup>69</sup> Caruth. *Trauma: Explorations in Memory*, 7.

<sup>70</sup> <https://literariness.org/2018/12/19/trauma-studies/>

<sup>71</sup> San Hose Rico. *Creating Memory and Cultural Identity in African American Trauma*, 21.

<sup>72</sup> San Hose Rico. *Creating Memory and Cultural Identity in African American Trauma*, 64.



### 2.3.1. Narrative devices of trauma fiction

“The term ‘trauma fiction’ represents a paradox or contradiction: if trauma comprises an event or experience which overwhelms the individual and resists language or representation, how then can it be narrativised in fiction?”<sup>73</sup>

Writers of trauma fiction employ several narrative techniques into their writings. These are 1) Fragmentation in time and place 2) Fragmentation in language 3) Multiple narrative voices 4) Repetitions 5) Gaps 6) Omissions 7) Open endings 8) Intertextuality or 9) Unreliable narration. These are techniques which are typically used in trauma fiction, however, it is important to realise that these techniques are borrowed from modernist and post-modernistic writings, where they originated, thus they are not tight only to trauma fiction and they are not specific merely to trauma fiction.

Fragmentation is viewed as the direct cause of trauma and is a narrative technique which is probably used the most in trauma fiction. Reason for this is that it conveys to the reader disruption which trauma causes in the trauma survivors’ minds. For instance, by employing fragmentation of time and place, therefore disrupting the linearity of time and place, the readers experience a sense unintelligibility, which the trauma survivors experience, too. The writers of trauma fiction might choose to construct their plots around a series of flashbacks, or a series of flash-forwards which show the consequences which traumatic events can bear across time, even into the present. The story might also be fragmented by the use of character’s recollections of past events or pieces of character’s diaries. Moreover, another device which is often used is fragmented speech. The character’s thoughts might jump from one topic to another, without any coherent link showing that the topic has just changed. The trauma survivor might use short, disconnected and not grammatically correct sentences, too.

By employing gaps into the narratives, the writers aim to show the cracks in the mind of the traumatized individuals. Multiple narrations are used for the very same idea. The stories might be narrated by a third-person narrator and, at the same time, by a different first-person narrator. In some stories, one event might be told by various

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<sup>73</sup> Whitehead. *Trauma Fiction*, 3.

characters and these characters give different accounts of the same story. As such, such device helps to illustrate the fragmentation of trauma. Another device which is used in trauma fiction is repetitiveness. Trauma survivors tend to repeat the key events, as they often crawl to their minds the most. Trauma survivors often suffer from post-traumatic stress disorder and one of its characteristic features are the already mentioned flashbacks. That is the reason why some events repeat over and over again in the stories. Moreover, characters tend not to repeat only the key events but also certain words or expressions. Repetition serves a significant purpose in trauma fiction. Whitehead proclaimed that ‘repetition mimics the effects of trauma.’ It suggests that the person is going through that event over and over in his mind. Repetition also disrupts the chronology of the narrative as the traumatic events keep lurking back.

To show the trauma’s uncertainty and resistance to closure, open endings are used in trauma literature. It might not be clear how the story ended and the readers might need to figure it out themselves. Usually, trauma survivors want to reach an understanding of the traumatic past, yet it is not clear at the end of the story whether they truly reached that understanding or not. Furthermore, some authors might give the readers a hint of what might come after the story ends, as for instance in Anne Enright’s *The Gathering*, where Enright tells that the trauma survivor, after verbalising her traumatic past, is ready to start to live again. Yet, some authors might leave up to the readers to figure out the next journey of the trauma survivor, such as in Trezza Azzopardi’s *The Hiding Place*, where the readers find out that Dolores, the trauma victim, reaches an understanding of the past, however, the readers have no idea how she deals with this understanding.

Moreover, Anne Whitehead mentioned that also intertextuality and unreliable narration are other devices which are used in trauma fiction. The authors might consciously use intertextuality to evoke the forgotten or repressed memories. For instance, they make reference of some characters of other books, but they leave them the chance to change their fate in order not to repeat the same mistakes as their predecessors. The concept of an unreliable narrator originated in *Rhetoric of Fiction* written in 1961 by Wayne C. Booth.<sup>74</sup> An unreliable narrator is a narrator whom the readers cannot trust. He or she is not straightforward and might twist the plot. He plays with the reader, often for

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<sup>74</sup> <https://www.thebalancecareers.com/the-unreliable-narrator-in-fiction-1277141>

his own pleasure or because he is guilty or wants to hide something. Yet, it is of high importance to distinguish whether the narrator is unreliable by intention or believes he or she is telling the truth. For instance, a child might be truly thinking he or she is telling the complete truth and that is why many writers make advantage of a child's narrative viewpoint, as the readers tend to sympathize more with a child than with an adult and as such, they do not typically question the child's unreliability.

### 2.3.2. Examples of authors of trauma fiction and their works

Trauma has been a significant topic in many novels since 1980. Anne Whitehead poignantly stated that 'contemporary fiction is obsessed with the representation of war and its effects.'<sup>75</sup> Many authors focus on traumas from the First World War, the Vietnam War, the Second World War and the Holocaust. The last mentioned is currently the most dominant one. Christa Schönfelder claimed that apart from traumas from war, childhood trauma and family trauma are also often closely interrelated.<sup>76</sup> The following paragraph offers some examples of authors of trauma fiction, together with a brief description of their works.

*The Bluest Eye* is a 1970 novel by Toni Morrison, who is also an author of another trauma novels, namely *Beloved*, written in 1987 and *Jazz*, written in 1992. *The Bluest Eye* tells a story of an African-American woman growing up after the Great Depression in Ohio. She develops an inferiority complex as her skin is dark and she wishes to be white with blue eyes. This novel depicts her journey and touches upon topics such as racism and child molestation. *Beloved* tells a story of a woman and her daughter who escaped from slavery. This novel describes their memories from the times they were slaves, as well as the traumatic aftermath after escaping from slavery. *Jazz* tells a story of two African-Americans who moved to New York and experienced sexual oppression, racism and rioting attacks. Joe is an orphan who is also a killer, as he killed his eighteen-year old lover. He is unable to feel sorry for this act. Violet was abandoned by her parents when she was a child and she also experienced betrayal from her husband as he cheated on her

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<sup>75</sup> Whitehead. *Trauma Fiction*, 83.

<sup>76</sup> Christa Schönfelder. *Wounds and Words, Childhood and Family Trauma in Romantic and Postmodern Fiction*.

with a light-skinned girl. This book tells a story of how these individuals handled their traumatic past.

*Fugitive Pieces* is a 1996 novel written by a Canadian writer Anne Michaels. The book tells a story of two men, Jakob, whose parents and sister experienced Holocaust, and Ben, a son of two Holocaust survivors. Jakob moves to Toronto to escape his past yet finds it unable to forget that his parents and sister were taken away from him by Nazis. Even though Ben did not experience Holocaust himself, he still copes with the horrors his parents must have experienced. The two stories unite at the end, when Ben admires Jakob's poetry and flies to Greece to retrieve Jakob's journals from his home in Greece. Ben respects Jakob's way of dealing with his past.

### 3. PRACTICAL PART

#### 3.1. Synopses

##### *The Gathering* by Anne Enright

*The Gathering* is a novel about childhood trauma, namely experiencing and witnessing sexual abuse in the 1960s Catholic Ireland. The narrator of the story, Veronica Hegarty, is one of the trauma survivors. She is a sister of Liam, who was the one who was sexually abused by a priest, and she was a witness of it. This incident happened in her grandmother's house when they were only children. Her grandmother's friend and lover, Mr. Nugent, sexually abused Liam. Veronica narrates this traumatic childhood and takes the readers into past times and past places, while still shedding light on present feelings and showing them a present situation. Liam was never able to live a normal life. He never had a wife, never had a family and instead of verbalising his past, he started drinking and became an alcoholic. Many years after the sexual abuse took place, Liam committed suicide. Veronica at least tried to live the ordinary life, she married, and she had children. She only verbalised her past experience when Liam took his life. She did it by writing down everything what happened when she was a child. The end of the novel portrays Veronica moving on from the past.

*The Gathering* is a daring, witty, and insightful family epic, clarified through Anne Enright's unblinking eye. It is a novel about love and disappointment, about how memories warp and secrets fester, and how fate is written in the body, not in the stars.<sup>77</sup>

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<sup>77</sup> <https://www.amazon.com/Gathering-Anne-Enright/dp/0802170390>

### ***The Hiding Place* by Trezza Azzopardi**

The story of *The Hiding Place* starts in 1960s, before the actual birth of the narrator of the story, Dolores Gauci. Her parents, Frankie and Mary, a Maltese-born married couple living in Cardiff, Wales, always wished to beget a boy. However intense this wish was, Mary gave birth to six daughters, Celesta, Marina, Fran, Rose, Luca and Dolores, which was the last thing of many which caused their downfall. The father of Dolores, Frankie, is a compulsive gambler, who, a month after Dolores' birth gambles all the rent money on a horse. While Marry, his wife, has to explain the situation to the rent collector, who is Frankie's old friend, Dolores stays alone in the house and gets burned. She is left with permanent damage on her hand and face. Moreover, the old friend, who owns the house the Gauci's family is living in, claims that one of the Gauci's daughters is actually his biological child and he wants to get her, claiming they will get even as Frankie gambled all rent. Frankie gives him his daughter. After this incident, the story jumps five years forward and Dolores' describes her life with the loss of all her fingers on her hand due to the fire. As the family still struggles to make the ends meet, one of the daughters agrees to marry a wealthy businessman. After Frankie's confrontation with his old friend Salvatore, who he had a business with, Salvatore has an accident and dies. They had an argument as Salvatore found out Frankie stole their money from their business. After this, Frankie runs off and Marry, who is left alone, goes mad and is placed into a psychiatric ward. All the children are placed into a foster care. Therefore, they are separated. The story then jumps 30 years forward, when Dolores receives a letter saying that her mother died. Rose, Celesta, Luca and Dolores all go to their mother's funeral. Dolores has many questions about her childhood, but her sisters do not want to talk about it. Yet, at the end, Dolores' closest sister, Luca, tells her a few things from the past. Dolores finds out that her sisters tried their hardest to protect her as much as possible from their parents. At the end of the novel, Dolores makes peace with her past.

The title of the book, *The Hiding Place*, stands for The Rabbit Hutch, which is Dolores' hiding place when her father becomes violent. Moreover, it is not only a safe place, but also a place where Mary puts Dolores in order to punish her.

***The Gathering* by Anne Enright**

## **3.2. *The Gathering: Trauma***

### **3.2.1. Liam and Veronica's family background**

The greatest need of a child is to be loved and valued for being him/herself. A child needs a secure place where he/she can develop a good self-image and form good relationships. Before commenting on Liam and Veronica's family background any further, there is a need to put their upbringing into context. Since they grew up in the 1960s Catholic Ireland and Christians are often perceived as holding extreme views, the mentality was in contradiction to current mentality in Ireland in 2020.

The role of a woman within a family was, in the 1960s Ireland, rather patent. The rule for a wife was to obey her husband. A woman who married became a property of her husband, with insufficient control over a property. Everything formerly owned became automatically her husband's. Women had no power within a family – their role was to take care of the household, whilst their husbands' role was to earn money and to provide for the family. Such roles were strictly distributed. Should a wife not be satisfied with her husband, she had no choice of leaving him. Before the 20<sup>th</sup> century, divorce was infrequent. Divorce in Ireland was legally provided for only in 1995. Christians believe that marriage is the only suitable environment for children. Marriage is regarded by Christians of all denominations as the context within which to have sex and to raise children. Once the vows have been taken, the marriage can never be ended- except by the death of a spouse. Furthermore, abortion was legalised in Ireland in 2018, some 157 years after it was banned for the first time in the Irish history. Therefore, contraception was illegal under Irish statutory law in the 1960s, as well as abortion. Wealthy women and girls flew from Ireland to another country for abortion, mainly to the UK, where abortion became legalised in 1967. The poor ones or the ones who did not have the chance to do so were forced to keep the baby under any circumstances. Since abortion became legal in Ireland in 2018, the young generation or people who have no knowledge of the 1960s Catholic Ireland might perceive Veronica's mother as an irresponsible woman who did not think of the consequences of her actions. Veronica's mother was a wife in a household, who gave birth to nineteen children, twelve of which survived. Without further knowledge of the historical background of the 1960s Ireland, there is a slight chance that Veronica's mother having nineteen children was her choice – which is, after



looking at the context, rather a vague explanation. Overall, however, the Hegartys family was a dysfunctional family, as both the mother and the father were present physically yet not mentally for the children. They provided for their basic needs, such as shelter and food, yet the absence of emotions was felt by all their children. Veronica, Liam's sister and the narrator of the story, mentioned the absence of the mother and she expressed the wish for their mother to be visible within the family: 'If only she would become visible, I think' (5). She was absent when she was needed: 'the way, when I turn away, she seems to disappear, and when I look, I see only the edges,' (3) or 'my mother was too gentle, or busy, or absent, or pregnant to bother' (8). 'She seems to disappear' suggests that when her mother was needed, she was not present. Regarding the father, Veronica stated that he was not there for them either: 'My father used to sit in the kitchen watching telly until eleven o'clock, with the newspaper adrift in his lap' (81). It is a known fact that all the children have the same father: 'My father [...] produced the twelve children and seven miscarriages [...]' (227).

Moreover, it was not explicitly said in the narrative that the mother was suffering from an illness, but Veronica's narration suggests she might have suffered from a mental illness, such as postpartum depression or a bipolar disorder: '[the dead children years] marked her and turned her into the creature I later knew,' 'I don't know what they call these episodes' or 'I suppose the unfairness of twins might have provoked her final bout of 'nerves' (46). 'Certainly, there were always tranquilisers in there among the Brufen and warfarin on her saucer of pills, and she has been, as long as I have known her, subject of shakes, and inexplicable difficulties, and sudden weeps' (46-47). She might have suffered also from dementia in her later years, as there were a couple of hints which prove it, such as 'of course she knows who I am, it is just my name that escapes her,' (4) 'at last, green capsule enters her mouth [...] then she turns to me, remiss,' (5) or 'the holes in her head are not her fault' (7). Clearly, mental health was not a topic of discussion in the 1960s Ireland either. As Veronica's mother had no choice of deciding whether she wanted all her children, she conceived them, gave birth to them but could not emotionally take care of them. Therefore, Liam and Veronica most probably had an emotionally unstable and mentally ill mother for their whole lives. The father was taking care of his needs only, and no one else's. He was not mentioned in the book more than a couple of times. Veronica described his presence in the family as follows:

“My father used to sit in the kitchen watching telly until eleven o’clock, with the newspaper adrift in his lap. After the news he would fold the paper, get out of the chair, switch the telly off (no matter who was watching it) and make his way to bed.”<sup>78</sup>

She did not comment on this statement further. She then mentioned her father only a couple of times: ‘[my father] wasn’t the worst’ (43). Then, the readers get to know that he hit his children: ‘[...] although my father used to hit his children all the time, more or less, it was never personal’ (226). He later died of a heart attack. Therefore, Liam and Veronica did not have a father figure<sup>79</sup> in their lives, too. His role was to provide financially for his family. Liam and Veronica’s siblings were not mentioned much in the text, yet Liam and Veronica’s relationship was described in detail. Veronica was his closest sibling and was only eleven months from him. Veronica claimed that she loved him the most and that they ‘talked about anything and everything’ (119) and their relationship was a strong one. Veronica was there for Liam since he was a child and Liam was there for Veronica. Liam and Veronica used to spend a lot of time at their grandparents’ house once they were children for their parents could not take care of them all the time. Veronica described the time at their grandmother and grandfather’s house, while also depicting her grandparents’ past. Some information from her stories are relevant to this thesis, as for instance when she described the event which happened in her grandmother’s house when Liam was a child- when Liam was abused by his grandmother’s friend and Veronica was a witness of it. Otherwise, the descriptions of Liam’s grandparents’ past are not relevant to this thesis.

All in all, Liam and Veronica’s family was a dysfunctional one because they did not function as a stable family. The role of the family in the development of a child is crucial. Each member within the family has different roles, but overall, the role of the family is to protect its offspring and to provide them with some guidelines in order to raise independent and self-sufficient humans who are equipped to get successfully through various life events. Once the family is dysfunctional, it might cause a serious

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<sup>78</sup> Enright. *The Gathering*, 25.

<sup>79</sup> A father figure is usually an older man, normally one with power, authority, or strength, with whom one can identify on a deeply psychological level and who generates emotions generally felt towards one's father. Wikipedia. [https://en.m.wikipedia.org/wiki/Father\\_figure](https://en.m.wikipedia.org/wiki/Father_figure)

damage on its members. For that reason, the children might not be equipped with such tools which would help them to get through difficult life events, and as a result, they might make use of various negative coping strategies, such as the abuse of alcohol or drugs.

### 3.2.2. Liam and Veronica's trauma

The readers got answers about Liam and Veronica's trauma gradually. Enright exposed the events in sequences, leaving the uncomfortable truth of a shared trauma for the utmost time when it was not possible to hide the facts from the readers anymore. Upon the first reading of a few pages, it seemed that Liam's sister Veronica was uncovering Liam's traumatic past for the fact he committed suicide. Nevertheless, Enright exposed towards the end of the book that Veronica also experienced a traumatic event when she was a child and that Liam was not the only one who took a traumatic incident from his childhood into his adulthood. Due to Liam's suicide, the audience did not get his side of the story. As it has been already mentioned, the book is written from the point of view of Veronica and is comprised of her notes and thoughts, rather than of a coherent story.

The readers' got a hint what might have been Liam's trauma in the very first chapter. Veronica did not say it explicitly, yet she called it 'a crime of the flesh.' 'A crime of the flesh' can be also translated into 'a crime of the body.' Therefore, it implied that potentially, Liam could have been sexually abused.

"It is time to call an end to romance and just say what happened in Ada's house, the year I was eight and Liam was barely nine. [...] What struck me was the strangeness of what I saw, when I opened the door. It was as if Mr. Nugent's penis [...] had grown strangely, and flowered at the tip to produce the large and unwieldy shape of a boy, that boy being my brother Liam [...] who set down mysteriously on the ground in front of him [...]"<sup>80</sup>

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<sup>80</sup> Enright. *The Gathering*, 142.

“Though Liam, in this memory or image, had his habitual face on, which was an open face of plain white, with two looping black eyelashes over eyes so dilated that they looked navy blue, he was terrified.”<sup>81</sup>

Liam was sexually abused when he was nine. The readers do not know whether the sexual abuse happened only once or was repeated- what is certain is that it happened at least once. Veronica was, however, convinced that it happened more than once because ‘it is the way these things work,’<sup>82</sup> yet, she had no evidence of him being abused again. Liam was sexually abused by a priest who was a friend, a lover, and a landlord of his grandmother Ada, in whose house they used to spend a plenty of time. Therefore, it was not somebody unknown to the family but a person who used to spend a plenty of time with his relatives. Sexual scandals of priests were in the 1960s Ireland something unimaginable and if someone knew about such scandal it was held secret. Regrettably, since 1990s, a plenty of news emerged that Church has been trying to keep the lid on sexual abuse of children in the care of Ireland’s Catholic clergy. Many clerks have been found guilty of paedophilia. In 2000, the Irish Government passed a so-called ‘Commission to Inquire into Child Abuse Act’ which had three primary functions

- a. To listen to victims of childhood abuse who want to recount their experience to a sympathetic forum
- b. To fully investigate all allegations of abuse made to it
- c. To publish a report on its findings to the general public<sup>83</sup>

Church offered public apologies to all its trauma survivors. Moreover, in 2001, the Irish Hierarchy set up a commission whose aim was to investigate how complaints about clerical abuse of minors have been handled over the last three decades.<sup>84</sup> Unfortunately, when Liam was abused, none of these actions were taken. Church and State were linked in Ireland in the 20<sup>th</sup> century and most of the Ireland’s hospitals, schools and welfare authorities reported straight to the State and indirectly to members of the hierarchy.

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<sup>81</sup> Enright. *The Gathering*, 145-146.

<sup>82</sup> Enright. *The Gathering*, 163.

<sup>83</sup> Robert J. Savage and James M. Smith. *Sexual Abuse and the Irish Church*. Boston College.

<sup>84</sup> Savage and Smith. *Sexual Abuse and the Irish Church*. Boston College.

Therefore, had Liam taken any action, he would not be helped by any authority. He had no choice than being silent about his molestation.

It might have looked like, at least at the beginning of the story, that Veronica told the story for the readers to get to know her brother's traumatic life story. Gradually, it seemed that the motivation to write it down was to confess her own traumatic life story. Upon further reading, one finds out that she wrote it primarily for herself. She needed to come to terms with her uncomfortable past. The readers found out that Veronica's motivation to tell the story was mainly auto-therapeutic. The story is written in the form of a reflective diary. Veronica did not describe only her unpleasant childhood memories but she also liked to tell an imaginative reconstruction of her grandparents' life. Yet, as the story progressed, this idealised world was described less and less and Veronica's and Liam's childhood was being described with more intensity. Veronica's trauma was witnessing a sexual abuse of her brother when she was eight years old. Enright did not mention this fact until almost the ending of the book. Enright started creating suspicion that Veronica might, too, be a trauma survivor, by giving ingenuous hints.

“On this particular day I was variously bored on the stairs, or at the dining-room table, or in the hall, before I got bored again and decided to go into the good room. What struck me was the strangeness of what I saw, when I opened the door.”<sup>85</sup>

Before she found strength to get back to the moment when the abuse happened and before she was able to narrate the event, she needed to make up various side stories. These stories were mostly about her grandmother, whom she blamed that she brought her lover Mr Nugent into the house, therefore allowed the sexual abuse to happen, and about Mr Nugent, who sexually abused Liam. She remembered even the smallest details from the day it happened, as for instance that she was very bored that day. Veronica was sure, for the first time, that ‘it is true that this happened’ (144). After she opened the door and saw the scene, she was told by Mr Nugent to ‘get out of that’ (146). This is the last she remembered for sure. What happened afterwards is blurred, again. She claimed she might have got out of there, run to the toilet which was located upstairs and looked how she peed. She then smelled her fingers which she dried off with. Or she just ran the taps and

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<sup>85</sup> Enright. *The Gathering*, 143.

looked at the water. This shows that even if the event itself stays very clear in one's memory, what happens afterwards is blurred due to the immense shock. In her adulthood, it is the first time Veronica depicted the traumatic past, as she, finally, as an adult, had words to describe what happened when she was young. It is written in a colloquial style, often with vulgarisms. The role of language plays an important role in this narrative. One realises the significance of language in order to express his or her experience.

### 3.2.3. The aftermath of traumatic experience

Liam faced horrendous psychological and physical assault. It has been described in the theoretical part that Richard G. Tedeschi and Bret A. Moore listed the effects of trauma in their book *The Posttraumatic Growth Workbook: Coming Through Trauma Wiser, Stronger, and More Resilient*. The table in 2.1.2. is used for an analysis of Liam and Veronica's probable aftermath of their traumatic experience.

Emotionally, Liam's sense of safety and security in this world was shattered by what he experienced as a child. He must have felt alone, hopeless and helpless as he had to deal with his trauma by himself. The other emotional immediate effects of trauma are discussable in Liam's case, as the readers did not get his point of view and Veronica herself did not know what he was feeling, nor going through. It is, however, highly probable that he must have felt afraid, frustrated, sad, numb and anxious. Mentally, again, one cannot claim it definitely but most likely Liam must have suffered from loss of concentration, confusion and he must have had obsessive thoughts about the abuse. Behaviourally, what the readers know for sure is that he had difficulties with trusting people and he eluded others. Veronica claimed that Liam was never able to live a normal life and that he lived in various pits. The abuse of alcohol was Liam's coping strategy, meaning that it was the way which helped him to cope with his trauma. Alcohol eventually wrecked him. Veronica was trying to put a timetable on Liam's drinking and she concluded that it began by drinking some alcohol until it became an addiction. She mentioned that 'drink was not his problem, but it did become his problem, eventually, which was a relief to everyone concerned.'<sup>86</sup> She remembered a particular event when

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<sup>86</sup> Enright. *The Gathering*, 54.

she gave birth and Liam came to see her. She had a glass of champagne on the bedside table and Liam was ‘eyeing the glass,’<sup>87</sup> which he eventually drunk. She remembered that he came to the hospital and he must have been drinking something that day already, as she could ‘smell his lunch-time wine and last night’s beer.’<sup>88</sup> Veronica described Liam’s abuse of alcohol as follows.

“There was some metabolic shift, a sweetness to his blood and breath that I did not recognise. He didn’t eat much, those last years, his body already cycling on alcohol.”<sup>89</sup>

One can see that Liam was an addict for some years. Physical aftermath cannot be commented on without the particular person commenting on it him/herself. The final aftermath of Liam’s sexual abuse was his suicide by overdosing of alcohol and drowning in the sea when he was 39. His suicide suggests that he was not able to process his trauma and that he could not cope with it anymore. Liam did not search for a specialist who could help him to process his trauma and he did not have any medical help. As it was stated already, he did not have many options in the 1960s Ireland. Yet, he did not even talk to Veronica about his problems as he despised self-pity. Therefore, it implies that he dealt with the trauma himself, alone. The theoretical part highlighted the importance of verbalising the experienced trauma. Therefore, if Liam did not do it, he could not proceed to healing. He had some options to verbalise his traumatic past, as for instance talking to Veronica or writing down his thoughts into a diary and engage in auto-therapeutic narrative. It looks like Liam was purposely avoiding his past, for whatever reason.

Due to the fact that Veronica herself provided the readers with details of how she coped with her trauma, it was easier for the readers to see the aftermath of the traumatic experience. After she was a witness of her brother’s sexual abuse, she repressed this event and the memories associated to it. She only began to think about it once her brother committed suicide, which was some 30 years after the event. She had to force herself into thinking about it and it was a long process before she was able to even write down what happened. Emotionally, she felt alone, hopeless, numb and anxious; had mood swings,

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<sup>87</sup> Enright. *The Gathering*, 54.

<sup>88</sup> Enright. *The Gathering*, 55.

<sup>89</sup> Enright. *The Gathering*, 55.

difficulty sleeping and nightmares. Mentally, she suffered from a loss of concentration, confusion, disorientation, memory loss and had obsessive thoughts. Behaviourally, she avoided others, engaged into impulsive behaviour, cried, argued with loved ones and increased alcohol abuse. Physically, Veronica felt fatigue, tiredness, nausea and had shakes and headaches. One can surely claim that Veronica was suffering from PTSD after Liam's death. The post-traumatic stress disorder's symptoms were as follows: the abuse of alcohol, insomnia, hallucinations, the avoidance of triggers and the persevering thoughts about Liam and her childhood. The following paragraphs deal with a closer description of each of these symptoms.

Veronica was affected by insomnia since Liam's death. She stayed up the whole night, she either wrote or just wandered around the house while her husband and her two daughters slept upstairs. In the morning, usually around seven, she climbed into the bed she shared with her husband, so her daughters did not find her being on the couch. As Tom, her husband, went to work, and her daughters, Rebecca and Emily, went to school, she slept, usually until three in the afternoon, only to wake up for the pick-up of her daughters. She talked to them in the evening, only to know she was still alive and did not 'fade away.'<sup>90</sup> She spent her nights either writing, wandering around the house, doing nothing, or drinking.

The abuse of alcohol is not an uncommon negative coping strategy. The question is how much is too much. Veronica described that she drank 'from the top of the wine bottle to the last, little drop,'<sup>91</sup> which might indicate a serious abuse of alcohol. She used it to end the day and to survive the night. She used it to cope with her memories, with the fact that Liam was not there anymore. Veronica tried to intoxicate herself with wine only to lesser the emotional pain she was feeling. She stated that she tried not to drink before half past five, however, she always did drink. She commented on her motives as follows: 'It is the only way I know to make the day end.'<sup>92</sup>

The persevering thoughts about Liam and the associated hallucinations is also a common symptom of Post-Traumatic Stress Disorder. She thought about him to such

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<sup>90</sup> Enright. *The Gathering*, 38.

<sup>91</sup> Enright. *The Gathering*, 38.

<sup>92</sup> Enright. *The Gathering*, 38.



extent that she had to write her thoughts down in order to get them out of her mind at least for a while. However, as the thoughts got from the unconsciousness to the consciousness she started hearing him as if he was there and not dead.

“Late at night, I hear voices in bursts and snatches- like a radio switched on and switched off again, in another room. Incoherent, but quite cheerful. Stories bouncing off the wall. Scraps of lives, leaking through. Whispering in the turn of a door handle. Birds on the roof. The occasional bleeping of a child’s toy. And once, my brother’s voice saying ‘Now. Now.’”<sup>93</sup>

Yet, Veronica did always get back to the reality and realised that these were only hallucinations and products of her mind, ‘I realise, now that he is dead [...] It is the very heart of him, all gone, or going now.’<sup>94</sup> According to Freud, Veronica did not yet suffer from psychosis, where she would lose touch with reality, but only a neurosis, where her unconscious mind plays with her.

The night of Liam’s wake Veronica had sex with her husband, Tom. The sex with her husband serves as a trigger to remind her that her brother committed suicide, therefore, she kept avoiding that trigger.

“Don’t stay up all night!’ as if he didn’t know that I will not sleep with him, not for a good while yet, and perhaps never again- which is how all this started, in a way, my refusal to climb in beside my husband a month or so after Liam died [...]”<sup>95</sup>

Veronica slept in their bed only for her daughters not to find her anywhere else around the house. She was frightened of having sex with her husband as it was associated with Liam’s death and she did not want to have reoccurring thoughts about Liam’s wake. As she herself confessed, having sex after her brother’s wake was not a usual thing to do and she had no intentions of repeating it.

In the book *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*, the author John P. Wilson asks “How do ordinary people overcome

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<sup>93</sup> Enright. *The Gathering*, 39.

<sup>94</sup> Enright. *The Gathering*, 29.

<sup>95</sup> Enright. *The Gathering*, 37.

extraordinarily stressful life-events?” or “How does the traumatized organism heal itself?” The next subchapter offers two points of view. The first one is that not everyone is capable of healing, as Liam was not. The second one is that if one works on his/her traumatic encounter, one is capable of healing, as Veronica was.

#### **3.2.4. The healing of traumatic aftermath**

Sometimes healing does not occur. John P. Wilson refers to it as ‘[to] remain frozen in time.’<sup>96</sup> In such case, one needs to ask what prevented the person from overcoming the traumatic experience. Liam definitely did not process his trauma. He decided not to share his feelings and thoughts with anyone. Liam might have thought that it made no sense to bring the memories up again as the event was fixed and not a subject to change. He did not perceive his past as a subject of reinterpretation and with such mindset, one is predetermined to a downfall. What might have also contributed to his silence was the fact that his mother was mentally and emotionally not there for him and he did not have a close relationship to his siblings except of Veronica. Why he did not share the traumatic experience with her is a question, yet one might say that as Veronica was the one who shared the traumatic event with him, he avoided the topic purposely as he would have to reopen the agonizing recollections. Shared trauma can bring people together but on the other hand, it can separate them, as it did separate Liam and Veronica. Furthermore, the decade and place he lived in was rather unfortunate for sexual abuse was a taboo topic not only in a society, but also within a Catholic family. As he could not verbalise the experience, he was left to deal with it himself. Child sexual abuse is linked to a high level of suicidal attempts. Liam’s suicidal attempt was successful, therefore, he did not come to healing.

Veronica’s process of healing was not a direct one. She was suffering the consequences of her childhood trauma for 30 years, by repressing those agonising memories. Change came with Liam’s death. Veronica felt the need to begin with writing a diary, therefore, writing down her story. It is discussable whether she knew that she must narrate about the sexual abuse and so to use her diary as a self-therapy, or whether

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<sup>96</sup> John P. Wilson. *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality*.

she only needed to document her current state of mind and she gradually got to the core of the problem. The theoretical part presented a point of view of a professor of psychology, Jordan Peterson, who claimed that people who have a traumatic memory need to go back into the memory and address the sequence of events in detail. He also highlighted that the events need to be discussed in a slow pace for the emotions carry a lot of emotional context. Veronica did exactly what Peterson suggested in his studies. Furthermore, what helped on her journey towards recovery was that she had a support from her family. Even though she needed to be alone for most of the time, she had someone to rely on in case of need. She could concentrate on her process of healing even thanks to her husband who let her the space for doing so.

In the concluding chapter, Veronica waited for her flight at the Gatwick airport and she stated that ‘being in a Gatwick hotel does not mean that you have arrived. On the contrary, it means that you have plenty left to go.’<sup>97</sup> Such statement suggests that she was herself very aware of the fact that she did not heal completely, and she did not arrive to such state of a mind where she would be in peace with her past. She knew that there was still a long path ahead of her, yet, the most crucial thing was that she was on the path towards healing. She decided to live and to be happy again.

“But I do now want a different destiny from the one that has brought me here. I do not want a different life. I just want to be able to live in, that’s all. I want to wake up in the morning and fall asleep at night. I want to make love to my husband again.”<sup>98</sup>

“But it seems that this is what is happening to me now; because you are up so high, in those things, and there is such a long way to fall. Then again, I have been falling for months. I have been falling into my own life, for months. And I am about to hit it now.”<sup>99</sup>

These two statements prove that Veronica was, finally, after 30 years, healing. Furthermore, she made a decision to confide the secret and tell what happened in her grandmother’s home to the rest of the family which was a huge step ahead. Also, what indicated that she was slowly healing is also the fact that she could finally sleep peacefully

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<sup>97</sup> Enright. *The Gathering*, 255.

<sup>98</sup> Enright. *The Gathering*, 266.

<sup>99</sup> Enright. *The Gathering*, 261.

at the Gatwick hotel and she did not need to drink. One question arises, and that is whether she would face her past if it were not for her brother's death. Yet, what is important in this chapter is that Veronica did heal and she did so by facing her past and by writing a traumatic narrative.

***The Hiding Place* by Trezza Azzopardi**

### **3.3. *The Hiding Place: Trauma***

#### **3.3.1. Dolores' family background**

It has been already mentioned that the greatest need of a child is to be loved and valued for being him/herself and that any child needs a secure place where he/she can develop a good self-image and form good relationships. Dolores' family did not provide her with such environment. Dolores' parents prayed for a boy, especially Frankie, because he was the 'unlucky Frank to have so many daughters' (14). As the readers know already, his dream was not fulfilled and instead of having 'Bambino Fortino' he had Dolores. However, his reaction suggests that he was overall not content to have another baby, even if it was a son: 'At least I have a son, he thinks [...]' (14). Mary's reaction 'a girl baby, yet again,' (15) suggests Mary was not excited about Dolores' birth either. Moreover, Dolores continued her narration by saying that '[her mother] wished [...] we would all go away,' (15) which suggests that Mary was not happy in the family.

Right at the beginning, Dolores averted that her father liked going to the betting office, which suggests that he was not a typical father-figure. She mentioned his gambling a couple of times throughout the novel, 'My father will gamble on anything that moves' (7). Frankie was known for making poor choices, such as gambling her wife's money with no intention of helping her to resolve the situation. At the end, Frankie gambled away his own daughter, his house and his café. He bet all his money and could not deal with the situation in a different way than running away from the family. Frankie was also known for his violent and possessive character. Dolores' mother tried her hardest to keep her new family together, however, she failed. She did whatever it took to maintain a roof over her children's heads, even if it meant to sell her body for extending the payment for the house. She was even locking Dolores in a rabbit hutch, mainly for two reasons- either to protect or to punish her. However, Mary was an emotionally unstable woman who was not able to fulfil the role of a mother and she was not able to provide for her family either. Even her friends were worried that she might run away at any second, which eventually happened- but in another way that was expected. After Frank leaved the family, she collapsed and was put into a psychiatric ward. It is of no doubt that Mary loved her family, yet she often prioritized her own wishes and desires above her children's, such as when she forced her daughter to play hide and seek and did not go to look for her but spent her

time with her lover instead. Her lover is Frankie's friend, Joe, who claimed that one of the Gauci's daughters, Marina, was his own. What Dolores' parents had in common was fleeing away from their families. Dolores' father, Frankie, came originally from Malta. At a very young age, he decided to run away from home and move to Cardiff. He lost both of his parents and lived with his grandmother, whom he left in Malta. Frankie, therefore, did not grow up in a whole family. Dolores' mother Mary, too, run away from her family when she was only 19 years old. Afterwards, she met Frankie in Cardiff. She was originally from Wales. The fact that they both came from non-whole families and both run away from them might indicate why they were unable to hold their new family together as they, formerly, did not have someone to look up to.

Dolores mentioned her sisters a couple of times, usually in a negative context, as for instance that her sisters treated her badly. Her favourite and most beloved sister was Fran who watched over her, yet she was sent to a home for troubled children as she spontaneously set fires and watched them burn. Therefore, Dolores felt alone within her own family for most of the time, not only when she lived with her family, but also when she was sent to a foster care. At the very end of the book, however, the readers found out that her sisters tried to protect her from their abusive parents.

### **3.3.2. Dolores' trauma**

Dolores suffered a loss of all fingers on her left hand and she had to live with that. This incident happened when she was left alone in a kitchen, being only one month old. Due to a badly put out cigarettes a fire broke out. Dolores described the accident as if she could actually remember it. She mentioned the fire for the first time when she gave the readers a head-up what is coming next; 'It is about this time that I am burn' (17). She described the incident on the following pages, whilst informing the readers what had happened before and what followed after. Before the actual accident, she spoke about the consequences: 'two long thin scars [...] will remain to show what she [her mother] did' (20). The actual incident was described later in the narrative and it started with saying that '[the flames] were boiling the blankets on [her] bed' (32). Dolores was preoccupied with her hands throughout the whole narration, firstly mentioning it when she averted that '[her] right hand is fine,' suggesting her left one is not; 'I lost the fingers' (33). This

particular injury plays an important role in the narrative, as it underlines her character as being the one who is completely superfluous.

As a child, she had to face not only a loss of her fingers, but also a loss of Marina and Celesta at first and then the rest of the family, including her father and mother. She was separated from mother and father, however badly they were treating her, separation of a child from a family is always a traumatic experience. After Frankie left the family and Mary was put into a psychiatric ward, the girls had to be put into a foster care. Dolores did not have a safe shore where she could have gone in case of need. She lacked the so much needed emotional support in such extreme traumatic events. This event was, however, not described in the book in more details. The readers did not get Dolores' perception of what happened after the girls were in foster care.

All in all, loss plays an important role in the narrative. There are two separate losses which Dolores suffered, the one being her hand and the second being her own family. The first experience of loss came with a loss of her fingers due to a fire. However, as she was only one month old, she could not process it to its full extent. She truly grasped the degree of it when she was 30 years old and she was looking at pictures from her childhood, where she saw her hand whole before the accident happened. That was the moment when she truly felt what she lost at such an early age. The second loss of Dolores' was the downfall of her family. It all started with her sister's departure, when she was given to Joe, Frankie's friend and Mary's lover, and it continued with a departure of Fran, who was sent into a correctional institution for starting fires. Later on, Celesta married a wealthy man. The same day as Celesta married, Frankie fled from the family. Mary was not able to handle such a situation and she was too depressed to be able to take care of the rest of the family, therefore Dolores lost her mother too. Three children were left alone. Rose and Luca were sent together to one foster home, and Dolores was sent to another, alone. Therefore, Dolores lost all her family members when she was only a child.



### 3.3.3. The aftermath of traumatic experience

Dolores experienced stigmatization outside and within the family due to her injured hand. Surprisingly, there was a significant difference between Dolores' perception of her handicap and the perception of people around her. The people around her saw her as a damaged individual, whereas Dolores herself saw her hand as 'a work of art: a closed white tulip standing in the rain [...]' (33). At the very beginning of Dolores' narration, Dolores commented on the loss of her hand and the perception of other people.

“But the left hand. People who don't know me stare when they see it. They look away, then sidelong at my face in search of further evidence. There are scars there too: if they get close enough they could find them. But not many get that close: an outstretched hand, my left one-it's enough to ward them off. I lost the fingers. At one month old, a baby's hand is the tiniest, most perfect thing. It makes a fist, it spreads wide, and when it burns, that soft skin is petrol, those bones are tinder, so small, so easily eaten in a flame.”<sup>100</sup>

Dolores clearly stated that other people could not help themselves and stared at her left hand, while they wondered what had happened to her and further x-ray her body to find it out. She knew that other people did not want to address her as she was not 'one of them.' She believed that her hand is the reason why they did not want to get closer to her, she thought that it worked as barrier.

Feeling refusal in her neighbourhood was painful. But what was even more damaging to her psyche was the fact that the stigmatization happened even within her own family and she felt the refusal from them, too. Her family reacted to her handicap far worse than Dolores did. According to psychological studies, familial support is the primary indicator for burned children's 'psychosocial adjustment' and their capacity to cope with the injury.<sup>101</sup> This means that the family was aggravating the impact of her trauma. Moreover, her father saw this event as an evidence that his daughter was 'a devil [that] had come into his house' (264). Dolores was not welcomed in the family from the

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<sup>100</sup> Trezza Azzopardi. *The Hiding Place*, 33.

<sup>101</sup> Schönfelder. *Wounds and Words, Childhood and Family Trauma in Romantic and Postmodern Fiction*, 1149.

very beginning. She highlighted the significance of her given name. It was given to her as her father desired to have a boy, whom he called 'luck personified' but found out a girl was born, whom he referred to as 'an unwanted child who brings misery and back luck to the family' (12) or 'a nakedness of losing' (14). His first-born son should have been called 'Fortuno' which means fortune, whereas Dolores' name came into their mind when they thought that 'Dolores drifts up in miserable smoke' (15). Dolores' name comes from Latin "dolor" which means "pain." She had a nickname 'Dol.' What indicated that her parents chose a bad name was the fact that they could not get use to it. For instance, her mother was writing down names on a photograph and she misspelled it twice. These names were playing an important role in shaping her own identity. Dolores was bullied in her own family and she was seen as something less even by her sisters Rose and Luca. All in all, Dolores was not brought up in a functional family. She could not feel love since the first day she was born. It is usual that parents cuddle with their baby after the birth. However, Dolores said that 'no one looks at [her]' (15). Her sisters called her 'Crip' or 'Stupid Crip'. Her father called her 'Sinistra,' La Diavola' or 'Il Demone.' Her father told her she was a devil, a mean and cursed human being. Her sister told her explicitly she was a broken human being which could not be repaired. Verbal terror is also considered as one of the two types of bullying, and Dolores herself confessed that these names were very powerful and had power to hurt her.

Dolores' also kept having posttraumatic re-occurring nightmares about the accident, particularly about fire. She dreamt of having her body complete. She wanted to 'hold the handle of the rope with both hands' (80). She, naturally, wished she would be without any scars and that she would not be the 'odd one' without one hand. She kept mentioning this fact throughout the whole narrative: 'I hold out my bad hand for mending,' (125) 'My mother had padded out the fingers of the left one with pipe cleaners wrapped with wool. It's wonderful; I can bend them into any shape I like. My hand looks normal, nearly,' (164) 'I'm curious about people who used to have two of something and then end up with one only.' (94) She was for instance fascinated by a boy with one eye. However, she did not perceive him as being abnormal but she was rather curious how differently it looked and what it was like to feel a loss of something. Moreover, various scientists describe the aftermath of losing a part of one's body. They claim that the victims are able to feel the part even though it is not there anymore. It is known as "Ghost pain"

or a “Phantom pain” which means that the missing part can create an illusion that it is still there because the person feels its presence. Dolores claimed that she was able to feel the lost fingers. She discussed that with her doctor who told her that ‘it’s strange [she] should miss something [she] never knew’ (80). However, Dolores did not think it was strange because she said she was missing her sister Marina<sup>102</sup> whom she never knew, so there is no difference between missing a sister she never knew or missing a hand she never knew she had.

To conclude, the fire left several aftermaths on her body. She lost her left hand; her face was scarred, and she had a burned scalp. However, it was the loss of her hand which she kept mentioning all over again. It should be ascertained why she preoccupies herself more with the loss of a hand than her face and scalp. The last mentioned are far more visible and far less comfortable to show to the society. Except of a few sentences, such as ‘everyone blames the shock of the fire for [her] lack of hair,’ (124) focus was put on her hand. Maybe it suggests that she did not care about how she looked and how she was perceived, but she cared about feeling non-whole. She probably could not feel the loss of her hair and her face, but she could feel all the time that her hand was missing. The obsession with her fingers could be seen as a desire to be whole and recovered.

#### **3.3.4. The healing of traumatic aftermath**

Dolores longed for a recovery. ‘I want a cure,’ (223) she said. Dolores confronted her traumatic past at her mother’s funeral, some 30 years after she left Cardiff. She did it by verbalizing her childhood story. By re-writing her story, she was trying to make sense of what happened in the past. Dolores desired to put all things together in order to understand them. Rewriting a traumatic past is a structural pattern typical of trauma fiction. The victims need to make sense of what happened, they long for order, unity, stability and consistency, all of which they were lacking. Dolores needed to have a control over her past. In order to put an order to things, there was a re-occurring motif of various lists. Dolores wrote lists, for instance shopping lists, lists of loss and gains or lists of hypothetical versions of her life. Dolores also tried to put a structure to her life story, ‘I

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<sup>102</sup> Marina was gambled away by her father before Dolores was born

go back, and try to piece together how it was. I think there must be a design' (33). She believed that once she finds the design, she will understand what happened to her. In the first part, Dolores wrote about the time before she was born, afterwards she mentioned her birth, followed by the fire when she was one-month old. She also narrated her early family experiences, followed by some details from the lives of her parents and her sisters. In the second part, she wanted to 'dig up past events,' (266) as her sisters call it, but they were unwilling to tell her anything from the past, claiming they do not remember it. They even stated that they did not remember 'One Single Thing' (274) or that '[they] Don't Do Memory Lane' (274). It was not until the end of the book when the readers saw a step towards a recovery in Dolores' case. Dolores continued to talk to her sisters who were throughout the story reluctant to talk about the past, yet in the final chapters they were able to share some details from their childhood. By doing so, Dolores' feelings and memories got validated by her family. Following the conversation with her sisters, she took a couple of things from her former home which were connected to her childhood. This shows that she accepted who she was as a child, what happened to her and who she is right now. She decided not avoiding her traumatic childhood anymore.

Moreover, one can argue that Dolores decided to fight the stigmatization she experienced due to her hand. An instance might be when she was in a café with her sister and she consciously showed her hand to her sister and to others, instead of hiding it under the table, as she did it before.

"Celesta drops her spoon, places her right hand flat on the table next to my left. Careful not to touch me. Two grown-up hands now, mine and hers. I turn my palm upwards, expose the proud edge of bone where my thumb would have been, the crescent of white flesh and the splash of purple scar tissue where the skin grafts failed. I resist the urge to bury it in my lap. She has to look at me now."<sup>103</sup>

Dolores recognized that she will never be complete and she decided not to look for the wholeness but she accepted that she was whole even without her hand.

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<sup>103</sup> Azzopardi. *The Hiding Place*, 242.

### 3.4. *The Gathering* and *The Hiding Place* as examples of trauma fiction

#### 3.4.1. Trauma fiction, Anne Enright

Anne Enright, the author of *The Gathering*, majored English and Philosophy at Trinity College in Dublin. She then pursued her Master Studies at the University of East Anglia, where she received MA in Creative Writing. Enright marked a huge success with *The Gathering* in 2007, winning The Man Booker Prize. Others nominated were for instance such writers as Ian McEwan, Mohsin Hamid, Indra Sinha or Lloyd Jones. She has produced seven novels so far, *The Wig My Father Wore* (1995), *What Are You Like?* (2000), *The Pleasure of Eliza Lynch* (2002), *The Gathering* (2007), *The Forgotten Waltz* (2011), *The Green Road* (2015) and *Actress* (2020). Except of writing novels, Anne also focuses on writing non-fiction.

Anne Enright has been interested in things that are ‘barely spoken or taboo.’<sup>104</sup> In 2015, she was appointed the nation’s laureate for fiction. She did not like the imbalance in Irish literature, as she claimed that ‘women were quirky and men were modernist.’ She was a rare female voice, among male writers such as Colm Toibin or Sebastian Barry. In her fictions, she was not scared to delve into the past of Ireland and to comment on its uncomfortable histories, such as the abuse of children by priests in Ireland. As Enright stated in one of her interviews for the *Guardian*, she does not ‘do plottedness’ but rather ‘stories and slow recognition.’<sup>105</sup>

To put *The Gathering* into context of Enright’s writings, she is not solely known for writing trauma fiction. Her first novel, *The Wig My Father Wore* (1995) had supernatural elements, as it featured an angel, who was formerly a human being but killed himself thus became an angel who came back to earth to help people. Trauma fiction does not, by all means, makes use of supernatural elements. Moreover, this book is rather funny in nature, not traumatic. *What are you like* (2000) moves closely to what one could call trauma fiction. Two girls were separated at birth and were forced to exist without each

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<sup>104</sup><https://www.theguardian.com/books/2020/feb/28/anne-enright-bad-things-happen-to-women-in-books>

<sup>105</sup><https://www.theguardian.com/books/2020/feb/28/anne-enright-bad-things-happen-to-women-in-books>

other, yet both of them experienced a sense of displacement and loss. At the end of the book they find about each other's existence and about a death of their mother. Yet, none of the two sisters experienced trauma and they only had to find their lives purpose in order to feel whole, which they did by finding each other. In *The Pleasure of Eliza Lynch* (2002), Enright explores a rather different topic. This novel deals with a fictional life of a real historical figure which shows a huge change in comparison to her first two novels. In *The Forgotten Waltz* (2011), which was written three years after *The Gathering*, Enright focused on writing about drama of everyday life. *The Green Road* (2015) depicts the lives of Madigans, an Irish family with four children. The main theme is the fragility of life. In *The Actress* (2020) Enright tried to portray a celebrity's life and how being a celebrity can have an immense negative influence on a family life.

In all of her books, she deals with serious issues, such as infidelity, abuse, alcoholism or violence. The topics of her books are overall not light. However, only *The Gathering* (2007) can be classified as an example of trauma fiction. The aim of trauma fiction novels is to mirror the effects of trauma on the narrator's personality. The central topic of trauma fiction is the role of memory, dealing with grief and comprehending of trauma. Only *The Gathering* has all these features.

### 3.4.2. Trauma fiction, Trezza Azzopardi

Trezza Azzopardi is a Welsh author, whose debut novel, *The Hiding Place* (2000), was shortlisted for Man Booker Prize.<sup>106</sup> Before starting to teach at University of East Anglia, she pursued her degree in English and American Studies and in Creative Writing at the above-mentioned university. Since publishing *The Hiding Place*, she produced three more novels, *Remember Me* (2004), *Winterton Blue* (2007) and *The Song House* (2010).

Azzopardi's novels are known for the search for a sense of belonging. In *Remember Me* (2004), the main character, Winnie, experienced, too, childhood traumas. The style is very similar to Azzopardi's *The Hiding Place* (2000), since Winnie goes back to her past in order to resolve her childhood traumas. *The New York Times* claims that *Winterton Blue* (2007) is 'more like an interwoven collection of short stories than a

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<sup>106</sup> She mentioned in a couple of interviews that it was unexpected and she herself was surprised

novel,<sup>107</sup> thus is very different from the style of her first two novels. The main topic of this novel is a haunting past and a love story between two people who are unable to move forward. *The Song House* (2010) is, again, a novel about lost memories. All in one, when *The Hiding Place* is put into context of Azzopardi's novels, it is not the only novel which could be classified as a trauma fiction. In all her novels, Azzopardi deals with adult people who experienced a traumatic event in their childhoods and who are unable to move forward from one place unless they confront their past in detail.

### 3.4.3. A comparative synthesis of both novels

Trauma fiction is very subjective. The narrator is a first-person narrator, who is usually also the main protagonist of the story. He or she is an adult, who is recollecting events from his or her childhood. Regarding the novel's story, it is not very dynamic, and it could be described as being rather a simple story. The reason for that is that the main focus is put on the trauma and not on the story. Usually, most of the story is not said aloud, but takes place in the narrator's mind. He or she describes his or her feelings, emotions or thoughts. These are, often, repeated throughout the whole story, as the narrator dissects them down to the slightest detail. Therefore, the story is not as important as coming into terms with the troublesome past. The motivation of the narrator to tell the story is mainly auto-therapeutic. It might look like, at least at the beginning of the story, that he or she tells the story for the readers to get to know his or her own traumatic life story, but upon further reading, one finds out that the narrator writes it primarily for himself or herself. The various disruptions used in trauma fiction accurately mirror the working of one's memory. Therefore, the narrator of trauma fiction uses fragmentation, discontinuity, isolated images or various hints to mimic the working of his or her memory. Taking these aspects into account, the stories of *The Gathering* and *The Hiding Place* appear to possess all the significant attributes these kinds of novels require.

Childhood trauma is a central topic both in Enright's *The Gathering* and Azzopardi's *The Hiding Place*. The linearity of time and place is disrupted in *The Gathering*. Veronica narrated her and Liams' childhood, and her grandparents' story

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<sup>107</sup> <https://www.nytimes.com/2007/03/25/books/review/Schillinger3.t.html>

without a clear signal that she has just finished one story and has just started another one. It was a chaotic reconstruction of her family history. The structure of the chapters was chaotic, too, as they referred to the present and to the past, but each of them referred to a different period of time in the past, such as the narrator's childhood or her grandmother's youth. Veronica chose to construct her stories around a series of flashbacks which show the consequences which traumatic event bears into the present. In one chapter, Veronica described how she had to deal with the difficulty to live in the present with her husband and her two daughters. There was an invariable contradiction between imaginary flashbacks and the actual life experience. Dolores' narration was, in *The Hiding Place*, fragmented and disrupted too. Her memories were unclear, shattered and distant. Dolores' narration was not linear, it jumped between present and past. She made use of various flashbacks and flash-forwards. The story was mainly told in a retrospective way, therefore flashbacks were incorporated into the story throughout almost the whole narration. The first flash-forward was somewhere in the middle of the story- the readers were taken into the present where Dolores returned to the house she lived in when she was a child. The time span was something around 30 years difference.

Both Enright and Azzopardi employed gaps into their narratives and they aimed to show the cracks in the mind of the traumatized individuals. Veronica said: 'I would like to write down what happened in my grandmother's house the summer I was eight or nine, but I am not sure if it really did happen,' (1) 'I don't know. Maybe I am wrong. Maybe they talked to each other all the time,' (47) 'And I cannot remember a single word of it [...] though I do recall the face,' (50) 'It might even have been the reason we went back home. But such details and dates were too terrible for a child to take in,' (60) 'My memory has them all bundled in shawls,' (60) 'What a rush, to remember, this, now [...]' (111). Dolores had also various gaps in her story, things she did not remember well. 'I try to recall it.' (156) 'I don't remember Marina.' (75) She also for instance did not remember her mother's lover much. She forgot how often he visited them and every single time he came to the house, Dolores was put in the rabbit hutch. Most of the first half of the book was written from the point of view of Dolores remembering former events. The story throughout the whole novel was narrated from memory, either Dolores' or her sisters'. Gaps, in both novels, help to illustrate the fragmentation of trauma and they also point at the fact that these books are narrated from a point of view of a child, whose



memories are blurred. Another narrative device which is used in *The Gathering* and *The Hiding Place* is repetition, yet repetition is more frequently used in *The Hiding Place*. Dolores kept mentioning the loss of her hand throughout the whole narration and she used repeatedly words like ‘staring’ or ‘inspect.’ For instance, that a show assistant would always obsessively inspect her hand. The constant repetition of Dolores’ hand indicates her obsession with her disability.

Both *The Gathering* and *The Hiding Place* are narrated in a first person narrative voice. Various chapters opened on the narrator’s unreliable memory. ‘It is time to put an end to the shifting stories and the waking dreams. It is time to call an end to romance and just say what happened in Ada’s house’ (142). Here, one can see that Veronica actually knew the truth and all the stories which were told before this confession were mostly pure imagination of hers- but she needed to wait until almost the middle of the book to describe the dreadful event of sexual abuse. Yet, even if she said that it was time to put an end to the stories and dreams and just say what happened, she did not say the whole truth, but a mere reconstruction of the event. ‘On this particular day I was variously bored on the stairs [...] and decided to go into the good room. What struck me was the strangeness of what I saw, when I opened the door’ (142). Here, she mentioned that her brother was sexually abused, and she was a witness of that event- she described vividly how the room looked like. Therefore, the readers might have finally assessed Veronica as a reliable narrator for at least one chapter, yet she proved them wrong again. ‘Whatever happened to Liam did not take place in Ada’s good room- no matter what picture I have in my head’ (223). The narrator of *The Hiding Place* is Dolores Gauci. She constructed parts of her narrative based on other people’s stories and also on her imagination, without saying that this is what she did. Dolores wanted to come to terms with her childhood and the readers, in the meantime, questioned the trustworthiness of her narration. Dolores was, for instance, narrating her own birth or she believed that her sisters were, as same as her mother, locking her into the rabbit cage, yet at the end, the readers find out that they were freeing her from it. Dolores is, therefore, too a highly unreliable narrator.

The idea that traumatic experiences influence memory differently than other experiences – and that the trauma survivors are not able to experience the traumatic events initially but only in a narrative reproduction of the past was described in the theoretical part. Veronica, same as Dolores, recovered the silenced and repressed memories and

feelings by narrating her story. She created order and cohesion in her traumatic past. All in all, *The Gathering* and *The Hiding Place* show that a traumatic experience “challenges the limits of language and fragments the psyche”<sup>108</sup>, which is a significant characteristics of trauma fiction. Both the stories become more meaningful when they are interpreted in the light of trauma. These novels are about loss, violence, about the psychology behind childhood trauma and about its post-traumatic aftermath. They are also about a complex psychology of recovery and focus on the need to remember and reconstruct the past and on writing through and talking through individual and familial trauma histories. Both of the characters, Veronica and Dolores, needed to create a coherent life story to create a sense of order and control over their lives.

Moreover, both of these novels did not lose the element of surprise which would have ruined the story. Both of these stories had something mysterious incorporated in the narrator’s past- such as guilt. Both narrators presented their recollections with uncertainty and they stated that every person can have a different version of the truth. Veronica and Dolores questioned their memories, they doubted what they were telling, they asked themselves whether what they claimed that had happened did actually happen in that way in reality or not and they both stated that there was a certain possibility that some part of the narration could be a fictitious one. The last aspect, which the two novels have in common, is that Veronica and Dolores slowly revealed their secrets, in small steps, not disclosing the secret all at once. It was the small details, the seemingly insignificant hints which made the story interesting and which helped to postpone the revelation of the big secret.

One could see, on an example of *Tomorrow* by Graham Swift, that if the revelation of the secret comes too soon in the story, it might ruin it. This book was not accepted well neither by the readers, nor by the literary critics. The early exposure of the main secret was, however, appreciated by Anne Enright, who states that once the secret is disclosed, the reader is ‘free to stop guessing and start enjoying the novel’s more delicate truths.’ In *Tomorrow*, there could be seen an absence of ‘something mysterious

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<sup>108</sup> <https://onlinelibrary.wiley.com>

in the narrator's past.<sup>109</sup> Nothing of this kind is revealed in the story, the narrator seems to be rather content with her life, except of one-time infidelity, which she, however, pragmatically describes without any associated emotions. Also, the narrator in *Tomorrow* does not question her recollections and presents them rather with certainty. Therefore, as Chalupský suggests, 'instead of feeling tense expectation of a surprising twist of events, [Tomorrow] rather yearns for the moment when the [already known] truth will be finally uttered.'<sup>110</sup>

Both stories have an added value. In Enright's *The Gathering*, it is the fact that Enright points at the significance of language in order to describe something –in her narration it is argued that if a traumatic event happens to soon, when one does not have the linguistic competence to describe the event, one cannot fully comprehend it. Also, her story has a socio-historical extension as she talks about formerly tabooed topic of sexual abuse in 1960s and 70s Catholic Ireland. Another important topic in *The Gathering* is the feelings of guilt. As Veronica confesses in her story, the nine-year-old Veronica was a witness of her brother's sexual abuse. The guilt is present for the reason she did not confess this to anyone and it because a secret between her, Liam and their grandmother's landlord. Azzopardi told the story of Dolores on a background of a Maltese immigrant community of Cardiff, Wales. Unlike other writers who usually focus at one setting, Azzopardi is not tight to one place only and discovers various settings for her novels. What makes Azzopardi an exceptional writer is her use of language, depth of feelings and her poetic imagination.

Both of these novels are about the quests for stolen childhoods. By verbalizing the traumatic childhood, namely by writing it down and talking it through, Veronica and Dolores, at the end of the novel, accepted their traumatic childhood as part of their life. They showed strength and they moved from trauma victims into trauma survivors.

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<sup>109</sup>[https://www.researchgate.net/publication/290448289\\_The\\_Novel\\_of\\_Recollections\\_-\\_Narration\\_as\\_a\\_Means\\_of\\_Coming\\_to\\_Terms\\_with\\_the\\_Past](https://www.researchgate.net/publication/290448289_The_Novel_of_Recollections_-_Narration_as_a_Means_of_Coming_to_Terms_with_the_Past)

<sup>110</sup>[https://www.researchgate.net/publication/290448289\\_The\\_Novel\\_of\\_Recollections\\_-\\_Narration\\_as\\_a\\_Means\\_of\\_Coming\\_to\\_Terms\\_with\\_the\\_Past](https://www.researchgate.net/publication/290448289_The_Novel_of_Recollections_-_Narration_as_a_Means_of_Coming_to_Terms_with_the_Past)

## 4. Conclusion

This thesis explores trauma, its historical developments, experience, and symptoms. The practical part adverts to an unresolved childhood trauma of the main protagonists of *The Gathering* and *The Hiding Place* by the authors Anne Enright and Trezza Azzopardi, which haunts each of the characters in the novels and cannot be laid to rest. My aim was to consider whether it is possible to undo the harm of a childhood trauma or whether trauma persists until old age and my central thesis rested upon the realization that children who experienced a traumatic event and did not verbalise it will either develop adult psychiatric disorders or they will carry the trauma with them during their entire lives. On the other hand, if the person verbalised his or her traumatic event(s), it led to a sense of relief and healing. Therefore, I argued that everyone can work towards recovery.

In my thesis, the term “trauma” refers to a man’s emotional reaction to a devastating event that disrupts previous notions of the individual’s sense of autonomy and the standards by which man assesses society. The term “trauma fiction” refers to a piece of work that carries deep loss or intense fear, for instance in a form of post-traumatic stress disorder. The specifying feature of the trauma novel is the reshaping of a man who was afflicted by a terrifying experience. This horrifying event provokes an immense reaction from the victim’s neurobiological system and as such, the victim might suffer, for instance, from post-traumatic stress disorder or might develop various mood or addiction disorders, such as depression or addiction. This frightening event is not indispensably tied to a collective human or natural disaster, such as war or tsunami. For instance, an intimate personal experience of sexual abuse or violence could be part of the traumatic event, such as in *The Gathering* and *The Hiding Place*. While Enright does not concentrate solely on writing trauma fiction novels and *The Gathering* was quite an exception in comparison to Enright’s other novels, Azzopardi puts focus on producing trauma fiction novels, therefore *The Hiding Place* was not a mere exception.

Although *The Gathering* and *The Hiding Place* bear superficial differences, the similarities between the two novels are striking. Even though the differences between the two novels are not pronounced in terms of trauma fiction, they deserve through

examination. One of the key contrasts is the fact that whereas Liam and Veronica had wounds and scars caused by the traumatic event of sexual abuse, they bore them inside and they were not visible on the outside. On the contrary, Dolores' wounds and scars were visible even outside, due to her injured hand, face and scalp. Therefore, whereas a total outsider would not, upon a first meeting, probably take note of Liam and Veronica's traumatic past, Dolores' traumatic past could not be well hidden. While this difference between *The Gathering* and *The Hiding Place* is evident, the similarities are salient. In both novels, the family fails to provide a sense of safety and a feeling of being protected by its family members. In both novels, therefore, the parents failed to protect their offspring. Both Enright and Azzopardi centre their novels around the topic of remembering, the topic of reconstructing and the process of narrating one's traumatic past. In both novels, there is an apparent emphasis on consistency, stability, order, control and understanding of one's past. These themes, however, are in divergence with the novels fragmentation, disruption and instability.

Both Veronica and Dolores devote their lives to searching for the missing pieces in order to make a coherent picture of their life stories and both of them find out that they had the pieces in their memory for the whole time. Their memories were only scattered and repressed. In their adulthoods, they started to heal by writing a traumatic narrative. Veronica wrote about the day when she witnesses her brother being sexually abused by a priest, who was a family friend. Dolores wrote about her childhood, about being left without one hand and a scar on her face when she was only one month old, due to a fire which broke in her house. She wrote about stigmatization she experienced in her neighbourhood and from her parents and sisters. Moreover, she narrated about being gradually abandoned by the whole family and, as a result, being put into foster care. Thus, she experienced two kinds of loss. Firstly, she lost her hand and secondly, she suffered a loss of her family. I argue that both Veronica and Dolores, by facing and verbalising their traumatic past, experienced a sense of relief and decided to start living a quality life. Therefore, their lives were not defined by their traumata anymore. On the contrary, Liam never confronted his past and he decided not to share the sexual abuse with anyone. Consequently, in adulthood, his negative coping strategy became alcohol, thus he became addicted as it helped him to cope with his trauma. He was never able to live an ordinary life, he lived in various pits and one day, he committed suicide as he could not cope with

his trauma anymore. The theoretical part highlighted the importance of verbalising the experienced trauma. Therefore, if Liam did not do it, he could not proceed to healing.

I suggest that one of the issues that Enright and Azzopardi's novels address is that it is needed to recreate, in a form of a narrative, the particular traumatic life events and to make sense of them in order to move forward and heal. By going back to old times and to old places, it helped Veronica and Dolores' memories to pop up again and they could look at them from a new perspective and shed a new light on every event which had happened to them when they were children. Thus, trauma does not necessarily need to define one's life until the old age, if man faces it and verbalises it. Therefore, on the examples of *The Gathering* by Anne Enright and *The Hiding Place* by Trezza Azzopardi, the proposition that verbalisation of one's traumatic childhood is the leading way towards recovery is a thought-provoking and one I believe in.

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