



THE TRAUMA AND MEMORY OF *THE ENGLISH PATIENT* BY MICHAEL ONDAATJE, *FORREST GUMP* BY WINSTON GROOM AND *THE SEA* BY JOHN BANVILLE

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ENGLISH LANGUAGE AND LITERATURE**

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THESIS APPROVAL PAGE

I certify that in my opinion the thesis submitted by Abdurrazag A. Khalifa Nasrat titled “THE TRAUMA AND MEMORY OF *THE ENGLISH PATIENT* BY MICHAEL ONDAATJE, *FORREST GUMP* BY WINSTON GROOM, AND *THE SEA* BY JOHN BANVILLE” is fully adequate in scope and in quality as a dissertation for the degree of PhD.

Prof. Dr. A. Serdar ÖZTÜRK

Thesis Advisor, Department of Western Languages and Literature.

This thesis is accepted by the examining committee with a unanimous vote in the Department of Western Languages and Literature as a PhD thesis. July 19, 2022.

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The degree of PhD in English Language and Literature by the thesis submitted is approved by the Administrative Board of the Institute of Graduate Programs, Karabuk University.

Prof. Dr. Hasan SOLMAZ

Director of the Institute of Graduate Programs

DECLARATION

I hereby declare that this thesis is the result of my own work and all information included has been obtained and expounded in accordance with the academic rules and ethical policy specified by the institute. Besides, I declare that all the statements, results, materials, not original to this thesis have been cited and referenced literally.

Without being bound by a particular time, I accept all moral and legal consequences of any detection contrary to the aforementioned statement.

Name Surname: Abdurrazag A. Khalifa NASRAT

Signature:

FOREWORD

Words cannot express my gratitude to my professor and chair of my committee Prof. Dr. A. Serdar ÖZTÜRK for his invaluable patience and feedback. I also could not have undertaken this journey without my defence committee, who generously provided knowledge and expertise. Additionally, this endeavor would not have been possible without the generous support from my family and friends.

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DEDICATION

I dedicate my dissertation work to my family and many friends. A special feeling of gratitude to my loving mother and the head of English Language and Literature department, Prof. Dr. A. Serdar ÖZTÜRK at Karabük University.

ABSTRACT

Literature has always been the mirror of human life and encompasses various facets, including memories, introspection, retrospection, flashbacks, and foreshadows. These facets are mingled in the dark or grey shade of gloominess, immense pains and trauma. The present thesis aims at analysing the theme of trauma. It starts with the theoretical framework in which various trauma theories have been discussed. For an in-depth analysis of trauma in literature, the thesis analyses three novels: *The English Patient* by Michael Ondaatje, *The Sea* by John Banville, and *Forrest Gump* by Winston Groom. The past traumatic incidents haunt the main characters of these novels. The thesis sheds light on those memories and their long-lasting impacts on the psyche of the major characters. Among these novels, *Forrest Gump* and *The English Patient* focus on war-related trauma. *The English Patient* is about the traumatic life of the four characters during World War II, while *Forrest Gump* sheds light on the soldiers' mental status and PTSD after Vietnam War. The trauma in *The Sea* is on an individual level and unfolds the protagonist's and the narrator's traumatic minds.

Being part of the trauma fiction, these three novels connote personal and collective memories. After the exhaustive analysis, it can be concluded that trauma is not associated with the individual mind and psyche but is also a collective process. The external forces (war, anarchy, loss of loved ones) lead to internal turmoil and trauma.

Keywords: Trauma Theory; Literature; *The English Patient* By Michael Ondaatje; *Forrest Gump* By Winston Groom; *The Sea* By John Banville.

ÖZ

Edebiyat her zaman, yaşamdaki iç gözlem, geçmişe bakış, geçmişe dönüşler ve önceden haber verme gibi çeşitli yönleri kapsayarak insan yaşamına ayna tutmuştur. Bu yönler, zaman zaman kasvetin, muazzam acıların ve travmanın koyu veya gri gölgesinde birbirine karışmaktadır. Bu tez, travma temasını analiz etmeyi amaçlamaktadır. Bu çalışma, çeşitli travma teorilerinin tartışıldığı teorik çerçeve ile başlamaktadır. Literatürdeki travmanın derinlemesine bir analizi için Michael Ondaatje'nin *İngiliz Hastası*, John Banville'in *Deniz* ve Winston Groom'un *Forrest Gump*'ından oluşan üç roman seçilmiştir. Geçmişteki travmatik olaylar bu romanların ana karakterlerinin peşini bırakmaz. Tez, bu anılara ve onların ana karakterlerin ruhu üzerindeki uzun süreli etkilerine ışık tutmaktadır. Bu romanlardan *Forrest Gump* ve *İngiliz Hasta*, savaşa ilgili travmaya odaklanır. Ancak *İngiliz Hasta*, İkinci Dünya Savaşı sırasında dört karakterin travmatik yaşamını konu alırken, *Forrest Gump*, Vietnam Savaşı sonrasında askerlerin zihinsel durumuna ve PTSD'ye ışık tutmaktadır. Banville'in *Deniz* isimli romanında ise travma bireysel düzeydedir ve kahramanın ve anlatıcının travmatik zihinlerini ortaya çıkarmaktadır.

Travma kurgusunun bir parçası olan bu üç roman, kişisel ve kolektif anıları çağrıştırır. Kapsamlı bir analizden sonra, bu tez travmanın sadece bireysel zihin ve ruhsal durum ile ilişkili olmadığı, aynı zamanda kolektif bir süreç olduğu sonucuna varılmaktadır. Bu nedenle dış güçler (savaş, anarşi, sevdiklerinizin kaybı)'in de zihinsel karışıklığa ve travmaya yol açtığı açıktır.

Anahtar Kelimeler: Travma Kuramı; Edebiyat; Michael Ondaatje; *İngiliz Hasta*; Winston Groom; *Forrest Gump*, John Banville; *Deniz*

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ARŞİV KAYIT BİLGİLERİ

| | |
|---------------------------|--|
| Tezin Adı | Michael Ondaatje'nin <i>The English Patient</i> , Winston Groom'un <i>Forrest Gump</i> ve John Banville'in <i>The Sea</i> 'in Travması ve Hafızası |
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SUBJECT OF THE RESEARCH

The subject of the research is exploring and analysing trauma theories and applying them to the analysis of three selected novels: *The English Patient*, *Forrest Gump*, and *The Sea*.

PURPOSE AND IMPORTANCE OF THE RESEARCH

The purpose is to review various aspects of trauma and its consequences on human life. The central characters of the novels represent the human psyche. It is multidisciplinary research that can be the roadmap for future researchers in the domains such as literature, psychology and psychiatry.

METHOD OF THE RESEARCH

A qualitative case study method has been used in which three novels are taken as three cases. It is a multiple-case design in which three novels are case studies. The researcher relies on the previous studies for analysing trauma theories. It is also a discourse analysis in which the language of the novels is studied concerning the social context to understand the contemporary social issues and the values of contemporary society and culture.

HYPOTHESIS OF THE RESEARCH / RESEARCH PROBLEM

Being qualitative research, no hypothesis is formulated. However, the research identifies the problem of trauma and its short-term and long-term consequences on the individual and societal front. It also discusses the coping strategies and defence mechanisms of individuals to handle trauma.

POPULATION AND SAMPLE

No human participants were involved in the research. Therefore, there is no sample size. The three novels taken for the thorough analysis can be treated as the sample.

SCOPE AND LIMITATIONS / DIFFICULTIES

The scope of the research is limited to English novels and American and Western cultures. Further, it was limited to the discussion in the trauma theory context. The three novels contain several themes that can be researched. However, the present thesis was limited to the theme of trauma.

The second limitation is the selection of novels. The three novels are late 19th century or early 20th century, regardless of their settings.

While applying trauma theories to *Forrest Gump*, it was observed that the trauma theme was not explicit in the novel. It is hidden and implicit in which self-analysed and interpretation strategies were used to overcome this challenge.

1. CHAPTER ONE: INTRODUCTION

1.1. Trauma and Memory: An In-Depth Review

Documentation of trauma-related events and individual experiences from World War I to Vietnam and later the Gulf War consists of a vast collection of the victim's traumatic experiences, behavioural patterns, and fight with PTSD. Though the study on trauma is relatively topical, people have been experiencing traumatic events since the documented history of mankind. The distressing memories haunted them with fear, horror, helplessness, hostility, revenge, and irreparable loss in their lives. Greek, Sumerians, Egyptians, and other ancient civilizations have depicted trauma in the epics and other literary works. For instance, Homer depicted trauma in his epics *Iliad* and *Odyssey*, in which he referred to forty-one types of traumas. Plato, Plutarch, and other classic poets also included trauma that took place primarily on battlefields, in athletic games, and in unusual accidents. Poet Aeschylus, the kings Pyrrhos and Kyros, and Alexander the Great are some of the central historical figures who went through severe trauma (Konsolaki et al., 2010, p. 549). The world's first epic, *Gilgamesh*, also explains love and trauma when the protagonist Gilgamesh lost his dear friend Enkidu. After Enkidu's death, Gigamesh's reaction gives hints of his traumatic state of mind, in which he panicked and felt that he must die. Several such literary examples show that the consistent encounter of human beings with trauma has always been at the center since ancient times (Levine). According to the author, the topic of trauma has been a venerable pedigree in psychology and psychiatry (Levine).

Trauma or injury or a severe wound is the human response to extrinsic factors, especially terrible events including violence, torture, rape, natural disasters, war, etc. It is an overwhelming response to certain events, and it can be in various forms, such as hallucination, dreams, numbness, and certain thoughts and behaviour (Caruth, 2016, p. 4). The concept of trauma became a widely discussed topic in the United States in the 1970s. It was then perceived that if the individuals without any serious psychological distress or family background are exposed to any shocking experiences, they may develop distress, but it is temporary. Over a period of time, this mental wound is healed naturally (Jones & Wessley, 2006, p. 217). However, it was then proved that natural healing is not possible in some circumstances, and thus, delayed stress syndrome emerged. Since Vietnam, psychiatry, psychoanalysis, and sociology generated interest

in the problem of trauma (Caruth, 2016, p. 3). While studying the traumatic events during the Vietnam war, it was observed that psychologically healthy soldiers could even suffer from long-term grave impacts when they were exposed to war-related traumas. In sociology and psychology, trauma has gained wide interest among psychologists, psychiatrists, and sociologists. Considering the growing popularity of the topic, the phenomenon was coined a post-traumatic stress disorder, commonly known as PTSD (Caruth, 2016, p. 3). American Psychiatric Association accepted PTSD as a response to the anti-Vietnam War movement. The American Psychiatric Association (APA) systematically and officially defined the term trauma in which it was confirmed that trauma is the emotional response of the individual to various terrifying incidents and events in his/her life (American Psychiatrist Association). The soldiers were perceived to be the victims of the cruel and insane war. As mentioned earlier, the study on trauma started during the Vietnam War; however, the present study will focus on all major wars in the 20th century.

The psychological trauma through which the veterans went on had an unprecedented impact on their psyche. Several veterans had to suffer severe symptoms of the war in their entire life. Some of the extremely distressing memories of war were difficult for them to forget. The term shell-shocked soldiers emerged during this period. It was associated with the acute trauma caused by the soldiers' consistent exposure to military weapons. A series of videos are available on YouTube in which the shell-shocked soldier is shown undergoing trauma-related treatment (*Perspectives on "Shell Shock" / World War I Centenary*). In the first video of the series, a 23-year-old young man shows different trauma symptoms, including retrograde amnesia (forgetting events before the traumatic events), contractures, and hysterical paralysis. "Shell Shock" term was thus incorporated into the language, and several writers, including Graves, Sasson, Owen, and Pat Barker, used it in their writing. However, it was never accepted in the medical and military sectors; the term was banned in the military and medical field and replaced with the substitute titles 'Not Yet Diagnosed, Nervous' (NYDN) and neurasthenia.

In 1915, when WWI was at its peak, many wounded soldiers were treated at the hospital due to their physical injuries and injured minds. Charles Myers, a military psychiatrist, documented his observation regarding soldiers' traumatic conditions. According to his information, around 80,000 British soldiers were treated for acute

psychological trauma or shell shock. However, the study of human psychology was not developed in those days. Consequently, the perception of shell shock varied. These patients were carrying a two-fold burden due to their experiences on the battlefield and the accusations of being cowards. Crouthamel and Leese (2018) mentioned how 306 British soldiers from WWI were executed, calling them cowards (1). Such execution had an impact on the soldiers' families. They were left with no pension and economic hardship and faced the stigma of shame (Crouthamel & Leese, 2018, p. 2). Nonetheless, due to the inadequate studies and knowledge on trauma, several complex behavioural patterns and symptoms have been overlooked. These symptoms included hyper-vigilance, avoidance of triggering situations, nightmares, other physical injuries, sudden muteness, tremor, convulsions, loss of consciousness, and the ability to stand and walk. The researchers in those days did not have an idea about the depth and complexity of the trauma-related study.

O'Brien enlisted some of the trauma-related illnesses in his book *Traumatic Events and Mental Health* (6). Some of them were incorporated in the study of Jones and Wessley (2006, p. 218).

- Accident Neurosis
- Accident victim syndrome
- Battleshock
- Combat fatigue
- Combat stress neurosis
- Compensationalists
- Da Costa's syndrome
- Erichsen's disease
- Litigation neurosis
- Nostalgia
- Post-traumatic stress syndrome
- Shell shocks
- Soldier's heart
- Traumatic neurasthenia
- Vertebral neurosis
- War neurosis

Source: (Jones & Wessley, 2006, p. 218)

The treatment of trauma, i.e., shell shock, was also extremely harsh. The patients faced electroshock therapy to reduce their physical symptoms rapidly. Such inhumane treatment could not ensure patients' recovery. In fact, due to such brutal and ineffective treatment, most of the soldiers lost their ability to continue in their military services. The excessive focus was given to the physical treatment, and the psychological treatment was overlooked during the treatment. Alcohol and drugs were also used to treat trauma patients during WWI. A medically trained anthropologist, W H R Rivers, offered treatment to the wounded soldiers at Craiglockhart. According to his observation, the trauma or disorder stemmed from the failure of subjugation.

During WW2, the PTSD term was commonly known as Combat Stress Reaction or a Battle Fatigue (Crocq & Crocq 52). The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I) used Gross Stress Reaction for Traumatic conditions. It was then explained that this condition is a prolonged disorder due to the victims' exposure to traumatic events (Andreasen, 2011, p. 242). The execution of the war veterans continued during WW2 when it was announced that no pension would be offered to the victims with psychiatric injuries or mental trauma. It was perceived that the soldiers faced mental stress, which is not a serious mental disorder; hence, they were not liable for any economic assistance. It was also perceived that these soldiers would be recovered naturally.

Along with the trauma of battlefield soldiers, WW2 also witnessed the trauma of the Holocaust survivors. World War2 was a horrifying catastrophe, and probably it was the most traumatic event experienced by the oldest people in the present world. Around 60 million Jewish people were killed brutally; some of them were tortured physically and mentally in the Nazi's concentration camps. The Holocaust survivors and the war veterans were exposed to consistent traumatic events, including bombing, displacement, famine, combat, the filthy atmosphere of the ghettos, rape, and physical and mental torture. Besides, around 43% of the oldest old population in Germany has been still suffering from the traumatic events they had gone through during WW2. The most traumatic events for these people were bombardment, displacement, physical threat, and death of close relatives (Hauber & Zank, p. 5).

Furthermore, the trauma of the WW2 survivors was passed to the next generations. It was empirically proven that the descendants of the Holocaust survivors are also suffering from *intergenerational trauma*. Though the descendants did not experience massive trauma directly like their forefathers, they had the indirect impact of their parental traumatic history. The second and third generations of the Holocaust survivors especially are facing anxiety, depression, and acute feelings of guilt and shame.

When the United States joined the WW2, the people were screened and denied military service if they were found with mental deficiencies as it would have led them towards psychological breakdown. During the Guadalcanal Campaign, the military of the United States came to know that the pre-war screening of the soldiers was ineffective as their ability to survive the psychological rigours was not the same and predictable. The mariners who returned from the Guadalcanal Campaign were exposed to severe traumatic symptoms, including sensitivity to loud noise, tremors, and amnesia. This traumatic condition of the soldiers was labelled as Guadalcanal Disorder. The cases of trauma were increasing steadily. Some of the combatants were in a vegetative state after 45 days. It is worth mentioning that during WW2, more than half a million soldiers suffered from psychiatric collapse and severe trauma as a result of the war.

Tim Madigan (2015) interviewed some of the war veterans from WW2 in his article “Their War Ended 70 Years Ago. Their Trauma was not published in Washington Post”. The people he interviewed talked about night terrors, survivors' guilt, depression, exaggerated responses, and a high level of sadness and gloominess. Madigan (2015) observed that the symptoms were post-traumatic stress when they were talking and responding. The trauma of WW2 was too harsh and severe to overlook. During that time, the military psychiatric hospitals were crowded with physically and mentally wounded soldiers. The newspaper and media were conveying the woeful stories of the war. The soldiers, veterans and the WW2 victims were having much pain even after several decades of traumatic incidences. Many of the soldiers came back to their homes after the war. They started working, got married, raised children, and seemed normal, but they were the victims of PTSD (Madigan, 2015). After the 1980s, when the trauma and its long-term impacts were studied 1980s, thousands of old American soldiers started approaching hospitals to take the PTSD treatment. Until the systematic study of PTSD,

they thought of themselves as crazy and weak for a long time. However, they soon realised that they were not crazy, but they suffered from the trauma of war. It was a matter of relief for them to know that the researchers from around the world had started learning about PTSD. Till then, they tended to hide their mental situation and were carrying a heavy mental burden. It forced them to lead an isolated life. The men could not sleep; they trembled. After the end of the war, almost half of the beds in every hospital were occupied by the soldiers who returned from the war.

Before the official recognition as a diagnosable mental condition, the patients and the victims suffered mainly from a misconception about traumatic conditions. The above discussion indicates that trauma and its causes in the previous century mainly stemmed from the anarchical conditions of the 20th century, including two world wars, economic depression, the Korean, Vietnam, and Gulf Wars, and several other political anarchies. The Vietnam war is among such horrified wars the American government imposed on its soldiers. Therefore, it is one of the most appropriate case studies for researchers studying war-related traumatic exposure. The patients who were exposed to the trauma of the Vietnam war had gone through brutal experiences. Such brutality was not limited to the soldiers but to other military personnel and even the non-military civilians.

Research on the trauma has confirmed four primary dimensions of trauma, including war activities, severe injury and closure to death, moral injury and inhospitable conditions (Kimbrel et al., 2014, p. 2). National Vietnam Veterans Readjustment Study (NVVRS), supported by Combat Exposure Scale (CES), assessed the exposure to traumatic incidents and violence by indexing the combat experiences of the veterans. When the research was going on during the time, it was also recognised that the trauma does not occur merely by exposure to the combat, but it happens due to the sudden and unexpected attack on the person's moral principles. The long-established ideas of morality are shattered when the person sees the other person brutally killing another person. The trauma was triggered when the people lost their ability to distinguish between the civilians and the enemies on the battlefield. It was also traumatic when the brutality was sanctioned and approved and when the cruel weapons were used to kill humans.

After the Vietnam War and on the onset of the official approval of PTSD, it was the congressional mandate for the U.S. government to carry out the National Vietnam Veterans Readjustment Study (NVVRS). It was an attempt to better understand the PTSD among the soldiers from Vietnam War. The study revealed that approximately 15% of men and 9% of women had post-traumatic stress disorder. It was also observed that nearly 30% of men and 27% of women had had PTSD once in their life after witnessing the Vietnam War (Marmar et al., 2015, p. 876). Even after several decades of the Vietnam War, several veterans continued to suffer from PTSD. The consequences of PTSD followed by the Vietnam war were severe, including acute problems in their marriage and sex life, and they could not be satisfied with these pleasures in their lives. One more problem these veterans faced due to PTSD was in their parenting style. It became difficult for them to carry out their parental responsibility effectively. The increasing divorce rate, deteriorating physical health, fatigue, and aches were also among the problems they faced with PTSD.

The traumatic incidents for the soldiers during the Vietnam War occurred due to several elements, including their disorientation in the jungle and terrain and hardship in recognizing their enemies among the common people, the disillusionment of the soldiers, and the growing influence and power of the anti-war movement. The disorientation created ambiguity, and the soldiers had no clues about whom they were killing. They were confused about whether they were killing their enemies or innocent people for no reason. The soldiers of the Vietnam War were primarily traumatised due to the disillusionment and devaluation of human life. The veteran returned to their homes with overwhelming war stories and a strong feeling of being "bunkered in". They felt deserted and lonely due to their lonely fight on the battlefield and social isolation after their homecoming. They left Vietnam carrying the burden of traumatic incidents, and another trauma of not being welcomed in their motherland was the new burden. They were not welcomed firstly due to the anti-war movement, and secondly, they had lost the war. The government also did not pay much attention to the soldiers who returned from the war; it was indifferent to them. They were denied job places just because they were Vietnam infantry veterans. The American society was not ready to offer them what they deserved. Such social isolation triggered already present trauma among the veteran. The unwelcoming approach of society towards the soldiers was the same in the United

States and Australia. Due to the traumatic conditions, these veterans could not even adjust themselves in their civilian life.

The history of trauma was reviewed by analysing the major wars in the 20th century. The major cause behind PTSD was the catastrophic events, such as wars, violence, and massive genocide. Soldiers, military veterans, and civilians were the main victims of PTSD. Committee on the Assessment of Ongoing Effects in the Treatment of Posttraumatic Stress Disorder; Institute of Medicine researched that the victims were suffering from melancholia characterised by hypersensitivity, lethargy, and withdrawal. After WW1, the Southborough Committee explained that the traumas or the emotional shocks developed among the men due to the prolonged strain of horrifying experiences (Southborough, 1922, p. 22).

Wars and other anarchical events during the 20th century were the outcomes of political hostility and excessive nationalism of some egocentric political leaders. However, the soldiers and innocent civilians and their offspring had to suffer from irreparable psychological loss. In this regard, Jones focuses on several short-term and long-term traumatic conditions of the victims throughout the 20th century. Before WW1 commenced, the short-term traumatic symptom was wind contusion, whereas the long-term impacts included nostalgia, neurasthenia, palpitation, soldier's heart, irritable heart, Da Costa's syndrome, and disordered action of the heart (DAH), and psychogenic rheumatism. During WW1, shell shock was the common short-term and long-term traumatic state the soldiers were going through. They suffered from traumatic syndromes in the long term, including gas hysteria, neurasthenia, and neurocirculatory asthenia. On the other hand, during WW2, battle exhaustion and flying stress were the common short-term syndromes of trauma observed in the victims. They faced long-term syndromes such as war neurosis, psychoneurosis, old sergeant syndrome, and effort syndrome. Soon after WW2, the Korean war started, and the common traumatic syndrome among soldiers was combat exhaustion, whereas the long-term syndromes were psychoneurosis, effort syndrome, war neurosis, and non-ulcer dyspepsia. During the Vietnam War, along with the short-term syndrome and combat fatigue, the soldiers suffered from long-term traumatic syndromes, including agent orange, post-Vietnam syndrome, and delayed stress response syndrome. After the 1980s, when the traumatic state was officially recognised as a mental disorder, the trauma patients suffered from

short-term syndromes, such as battle shock, combat stress reaction, stress disorder, and acute stress reaction. In the long-term, the victims faced syndromes comprising desert storm syndrome, Gulf War syndrome, and other syndromes associated with the Gulf (Jones p. 534).

The history of trauma can be traced back to ancient civilisations. It is too long to document everything from the distant past traumatic events. In the present research, the 20th-century events are primarily included in the historical overview of trauma. This century witnessed the world's most destructive conflicts in which the civilians were also victimised. More specifically, the entire century was a series of deadly conflicts. The initiative towards systematic research on trauma was taken in the same century. PTSD was thus studied from different dimensions and perspectives. Many scholars have contributed to PTSD studies by handling different subtopics under the main theme of trauma. Epidemiologic studies of the military and veteran population were also conducted after the 1980s in which the prevalence and intensity of their PTSD were studied. During the Gulf War, the research on PTSD had already started. The soldiers and service members were studied systematically as PTSD was then recognised as a psychological disorder. The research has provided new insights into PTSD and eliminated misconceptions led by wrong and harsh treatment. The scope of the PTSD study was extended to incorporate the demographic factors in the PTSD study. Apart from war-related factors, the victims of sexual abuse, childhood abuse, racial and cultural discrimination, IQ-related and psychopathological and genetic factors were also considered in the PTSD study. The research showed that it was not just war-related traumatic events but any shocking events the person faced in his/her life, thus leading him/her to develop PTSD. It was a relief for the PTSD patients because they no longer had to hide their mental disorder out of guilt and shame. They were treated with consideration and compassion. The modern history of trauma and the systematic research of the human psyche can be attributed to the anarchical conditions of the 20th century.

After a detailed review of the history of trauma, it is essential to identify the concept of trauma, considering its various dimensions. Trauma is one of the acute mental and psychological problem. According to Freud, trauma is understood as the wound inflicted not upon the body but on the mind (Caruth(a), 2016, p. 3). In the previous

section, the primary focus was on war-related incidents as the key determinants of trauma. However, other determinants also need to be considered. Violence, physical and mental abuse, natural disasters, and neglects are other several reasons causing trauma. No cultural, social, racial, economic, political, sexual, gender-based, or geographical boundaries exist for this mental disorder. It is a universal phenomenon, and any person can be affected due to this mental disorder. Like any physical illness, trauma must be treated as one of the diseases, and proper interventions are needed to address this harmful disorder. The intervention and addressing strategies involve a multi-agency approach comprising trauma-specific assessment, public awareness, and appropriate and effective treatment.

Trauma is not just an individual problem, but it is a burden on the patients, his/her relatives, close people, and the community. It poses a challenge to the public service system as well. If the problem remains unaddressed, it is harmful to the individual and increases the risk of substance abuse and other long-lasting diseases. Therefore, the timely treatment of trauma patients is essential for their assured and fast recovery. Sometimes, most trauma patients do not go for treatment and intervention, and the trauma remains unaddressed, thereby creating more complications in a person's life.

On individual fronts, several upsetting incidents lead the individual towards the traumatic phase. Accidents, prolonged illness in the family, losing our dear ones, and going through a separation from the spouse are distressing incidents that are responsible for developing PTSD. The key reason for being shocked due to such an incident is that individuals view these incidents subjectively. His/her involvement with the incident is intense. Levine refers to Janet's observation about the traumatised patients; according to Janet, they become obsessed with horror and want to it leave behind. They behave in such way that the horror is still going on in their present life. During trauma, the human organism experiences the state of helplessness; therefore, it is essential to deal with physical paralyses, agitation, and helplessness (Levine). Though trauma is a common experience in human life, responding to it is different, and it depends upon the approach, personality traits and the types, severity of the incident, and sociocultural factors. Thus, the impact is elusive, sinister or absolute damaging (Brown & Dube p. 59).

Trauma patients can be found everywhere, from the smallest social unit like family to the large organisations and sectors, like education, healthcare, criminal and

justice systems. Children from dysfunctional families have higher chances of developing trauma and behavioural problems. When these traumatic children enter the education system, their trauma becomes the key barrier in their academic development. Sometimes the public entities providing support and intervention to trauma-affected individuals are also trauma-inducing instead of trauma-informing practices (Substance Abuse and Mental Health Services Administration 2). They engage in intimidating practices, including removing the child from the abusing families, harsh discipline and punishment. Such practices can even worsen the situation.

Samsha (2014) has enlisted several immediate and delayed responses of traumatic individuals (p. 62). The descriptions of trauma opined that immediate or delayed responses to the devastating experiences or incidents appear in the form of hallucinations, dreams, thoughts or behaviours stemming from the event (Caruth, 2016, p. 4). These responses were collected from several previous studies. The reactions of trauma patients are emotional, physical, behavioural, and existential. While responding to trauma immediately on an emotional level, the person is likely to develop numbness and detach himself/herself from the people. The patient also develops an acute feeling of guilt for his/her survival, especially after losing loved ones. Anger and helplessness are also common in the emotional response of trauma patients.

Several physical, behavioural and existential reactions to traumatic events have been documented (SAMHSA, 2014, p. 63). The trauma patients experience gastrointestinal distress, sweating, shivering, nausea, and faintness. In some patients, muscle tremors and elevated heartbeats respiration can also be observed, and some experience severe fatigue. Besides, significant behavioural changes are observed in trauma patients. Their reactions are disconcerted, and they always feel extreme restlessness. Their appetite and sleep are also likely to be disrupted. They often face challenges in precisely expressing themselves and are always engaged in severe arguments. There is a high risk of using alcohol, tobacco and drugs. The avoidance behaviour is also common among severe trauma patients.

Along with the behavioural response, several existential responses are also observed among the patients. The concentration issue and memory problems are among the common symptoms of trauma. In memory problems, the individuals are often unable to memorise the trauma-related aspects. They tend to be religious and take support

excessive prayers. It is a kind of relaxation for them and a defensive mechanism to cope with the anxiety that occurred due to the traumatic events. Sometimes, they lose their efficacy and rely too much on others; consequently, intense despair about humanity can arise in these patients.

The above responses are immediate. Previous studies have noted some delayed emotional reactions, whereby the patients develop acute irritability and hostility and are likely to go into depression. The mental status of these patients is unstable, and they often experience mood swings. Some PTSD patients feel excessive shame and guilt, and vulnerability. When the emotional reaction is necessary for specific circumstances, these patients show extreme detachment. Trauma also has adverse impacts on the physical health and stability of the patients. The sleep of these patients is distorted, and they often experience nightmares. They are the victims of somatisation in which they have an extreme concern about physical pains. Their appetite changes drastically, and they persistently feel fatigued. The long-term health issues among trauma patients include heart and liver diseases and chronic obstructive pulmonary disease.

In delayed cognitive reactions of the trauma patients, they often blame themselves and experience intrusive memories or flashbacks. Decision-making becomes extremely challenging for these people, and they develop some misconceptions that certain behaviour will safeguard them from future traumatic incidents. Many trauma patients also develop suicidal thoughts to get rid of their horrifying memories. In delayed behavioural responses, the trauma patients cannot develop healthy social relationships with the people. Their activity level decreases, and they are at a high risk of substance abuse. In delayed existential responses, the trauma patients always ask their minds why such an incident happened to them. They are extremely cynical and sometimes develop a strong feeling of hopelessness and meaninglessness. The literary work, art, and painting during WW1 reflect such hopelessness and nothingness. One of the best examples of such feelings is *Waiting for Godot*, that is a play by Samuel Beckett written

soon after WW2. The delayed response also includes self-defence strategies or developing a defensive mechanism to cope with their traumatic experiences.

Fig. 1. Cognitive Triad of Traumatic Stress (SAMHSA 67)

A framework of traumatic conditions is developed to describe the perceptions of



trauma patients. It is called Cognitive Triad of Traumatic Stress (see. Fig. 1)

While reviewing the term trauma, its two types are commonly discussed; first is Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD). Therefore, it is essential to focus on these trauma-related terms. ASD is the common and normal response to traumatic incidents. The patients develop ASD in the first month of their exposure to traumatic events. ASD is the culmination of the experience of one single trauma that is, unlike PTSD, long-term exposure to traumatic incidents. While diagnosing the trauma-related disorder, psychologists and therapists need to understand whether the patient has ASD or PTSD.

The key difference between both of these traumas is the amount of time of symptoms. ASD is present for a few weeks or a month, whereas PTSD is a delayed disorder and remains after 4-weeks. Considering the differences between these two disorders, the therapists and psychologists have to implement different diagnosis

strategies. In the diagnosis process of PTSD, five categories include intrusion, dissociation, negative mood, avoidance and arousal. These symptoms develop at the time of the traumatic events, or they may occur after a month. ASD is a transient mental disorder that is present in a person's life for a short period. On the contrary, PTSD has become a key feature of the whole of human life. Furthermore, PTSD's long-term presence affects patients' perception, relationships, physical health, and overall behavioural and psychological pattern.

Some symptoms of PTSD and ASD are the same, making it challenging to differentiate the two terms. If the ASD remains unaddressed and untreated, there is a high risk of converting ASD into PTSD. However, it depends on the individual perceptions, attributes, behaviour and other several factors; therefore, no concrete data are available documenting a precise number of ASD patients who later developed PTSD. ASD is more prevalent in women than men. In their study, Bryant and Harvey conducted a study on 134 participants. They observed that ASD is prevalent in 8% of males while prevalence among women is 23% (Bryan & Harvey 226). The authors derived similar results for PTSD. 15% of males were diagnosed with PTSD, whereas 38% of females had PTSD (Bryan & Harvey 226). These results indicate that women are at a high risk of developing ASD and PTSD.

It was also proved that the timely and appropriate diagnosis of ASD minimises the risks of developing PTSD. Proper treatment of ASD also helps mitigate the risk of other psychological and mental problems and complications, including anxiety, depression or compulsive behaviour among the patients. The appropriate intervention of ASD helps develop coping skills to deal with the traumas, thus avoiding further developing PTSD.

The science and studies of psychology have been developed to predict ASD and PTSD. The consequences of both of these trauma-related disorders are the high risks of reversion. Hence, the appropriate diagnosis and intervention are crucial for the patients suffering from either of these disorders. A person with no coping skills and familial, social and environmental support has high chance of developing ASD. The traumatic events can develop a sense of helplessness, phobia, numbness, anxiety, and various difficulties and challenges in everyday life.

The previous section of the thesis was dedicated mainly to the history of trauma. It was identified based on the historical review that the traumatic condition was officially known as PTSD. It is also reviewed that the study of trauma systematically started in the 80s. However, the previous section did not focus on what PTSD is. In this section, the PTSD concept is thoroughly discussed.

PTSD is the primarily diagnosed disorder associated with trauma. The symptoms of this disorder are represented in several mental and psychological disorders, including psychotic disorder, anxiety disorder, and major depressive disorder (MDD). Four symptoms of PTSD have been mentioned in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

- Intrusion symptoms
- Persistent avoidance of stimuli
- Negative alteration in mood
- Marked alteration in arousal and reactivity

Several factors are responsible for the occurrence and severity of PTSD which is influenced by the vulnerability of the person during the traumatic incident. It also depends upon the availability (or unavailability) of the support of other people and their way of judging the person suffering from trauma. The history and the medical background of the patients with PTSD are different, whereby the environmental factors trigger their traumatic symptoms. The most common symptoms among them are psychiatric, including anxiety and depression (81). Sometimes, the cases are complicated.

Along with anxiety and depression, PTSD patients also suffer from substance use disorder. The severity of trauma experiences and the person's skills and strategies to cope with it and struggle to recover from the disorder depend upon several key factors, such as their relationship with the family members, relatives, friends, and romantic partners. If people around him/her are supportive and positive, the chances of recovering are better.

The symptoms of the trauma (PTSD) can be experienced tentatively after three months. However, the process may delay in some circumstances. In some cases, the person does not show major traumatic symptoms at the initial stage. However, later, the

symptoms can be severe, and they adversely affect life. In other cases, these symptoms can occur suddenly. If the person has a history of childhood and he/she has survived the trauma, it may trigger in adulthood if he/she is exposed to some upsetting and distressing incidents. For example, watching holocaust movies or documentaries will be painful for the holocaust survivors. The traumatic symptoms may trigger in them if they watch the same incident in their later life. PTSD symptoms can develop in the survivor of child abuse if he/she reads a book on child abuse or watches a movie on the same subject.

As mentioned above, trauma is a complicated disorder in which other psychological issues are often involved. The term co-occurring disorder is used for patients who suffer from trauma and other psychological disorders. Sometimes, the trauma-related symptoms overlap with other psychological problems, including anxiety, depression, personality disorders, substance abuse, and other disorders. Therefore, diagnosing such patients is indeed a challenging task for psychological experts. The commonly found co-occurring disorders (along with trauma) are mentioned above. When the person is exposed to severe trauma, he or she develops other complicated symptoms, including difficulty regulating and balancing emotions, forming a stable relationship, impulse control deficit, identity issues, and memory issues (Waldrop et al., in SAMHSA 87). Certain groups of people are highly vulnerable to trauma, including orphans, the homeless, and people with disabilities. Of course, it depends upon how the people around them treat them. For example, the title character of the novel *Forrest Gump* has cognitive disabilities. Despite this, he lives his life as a successful person. His mother and his childhood sweetheart are the two powerful women in his life who made his childhood safe and secure from any potential threats of traumatic incidents. However, every homeless, orphan or disabled person cannot have such opportunities in real life. Their struggle is intense, so they are at a high risk of developing trauma. In the previous section, the historical background of the treatment of trauma patients was briefly discussed. It was a very harsh treatment, and the patients were often abused for their psychological state. Therefore, they tended to hide their trauma.

After the 1980s, the situation changed when the trauma was officially recognised as a mental disorder. Various treatments and interventions were developed. The screening and assessment of trauma are one such activity to detect the symptoms of

trauma among the patients. Such screening and assessment help the psychologists and other concerned practitioners identify the severity of the patient's traumatic situation.

Scholars and experts have proposed several social and psychological theories to elucidate the trauma. The French physician and neurologist Jean-Martin Charcot first investigated the association and interconnection between trauma and mental disorder. The focus of his study was on hysteria, including mainly on some female patients experiencing trauma. Through his study, he observed that the symptoms of hysteria are not physiological, but they have a close connection with the human psyche. Charcot proved his theoretical viewpoints through the hypnotism strategy. The patient was hypnotised and thus made to recall the traumatic events. One of Charcot's students, Pierre Jenet, proceeded with Charcot's theory. According to Jenet's theory, the influence of traumatic experience changes the entire human personality and brings drastic changes in his/her behaviour and approach. Charcot's theory influenced Sigmund Freud while studying hysteria. He researched hysteria with Josef Breuer. Later, in the separate studies of Freud, Jenet and Breuer, it was confirmed that the primary cause of hysteria is psychological trauma. According to these scholars, traumatic experiences change the state of consciousness. Jenet coined this term "dissociation", in which the trauma patients disconnect themselves from the thoughts and memories of identity. There is a lack of continuity of thoughts and memories; it is the division or split of individual personality, i.e. the dynamic biopsychological system, which determines cognitive and behavioural actions ((Nijenhuis & van der Hart 418). However, the dissociation phase can be reduced through verbal expressions, interaction, and reconstruction of the past.

Freud's conflict theory is also notable in the study of trauma. In this theory, he proposed that the traumatic memories of external factors are not responsible for hysteria, but the unacceptable nature of sexual and aggressive wishes caused hysteria. The Freudian conflict theory proposed a constant conflict between the id, ego, and superego, which are the three components of the human mind. The person's struggle to balance the desires of these three components determines his behaviour and personality trait. In the conflict model, he designed three components in a triangular shape in which the ego was placed between the id and superego. The ego always tries to balance between the desires of the id and superego. For example, Id's approach is "I want to do it now (under any circumstances). Superego's approach is "but it is not right to do it (excessively ethical),

while the ego tries to balance the two by holding the approach; "There are chances of finding balance and compromising". The source of conflict is the pleasure-seeking id and the moral control of the superego. Freud also opined that a person's dreams are the signs of his repressing unfulfilled conflicting desires.

Some include emotional processing, dual representation, classical cognitive theory, psychodynamic and attachment theory, and contemporary trauma theory. Foa and Kozak first developed the emotional processing theory, which is also known as the information processing theory. The theory is based on the assumption that emotions (e.g. fear) exist in the memory as a cognitive structure incorporating the fear stimuli, the fear responses, and the meaning of the stimuli and responses (Foa & McLean, 2016, p. 3). The theory has become the roadmap to the research on PTSD. Emotional processing talks about the development of fear which occurs due to the information about the feared stimulus. The pathological network is the stimulus to developing emotional processing. The focus of the emotional processing theory is often on exposure-based treatment. Fear activation and habituation are usually the signs of emotional processing. In TF-CBT, the therapists help the traumatic patients in the trauma narration process. It enables the activation of the network of physiological and cognitive responses to traumatic events. According to the emotional processing theory, the next process in trauma intervention is to guide the traumatic patients in processing their traumatic incidents.

The therapists also help the patients develop adaptive responses. According to Foa and Mclean (2016), the person who thinks about the traumatic experiences talks about them and engages in trauma-associated feelings. Living with those memories daily is likely to recover from the traumatic events. On the contrary, the individuals who avoid the trauma-related memories and try to escape from the memories have higher chances of developing PTSD (4). When the authors refer to the avoidance of traumatic memories, they state the traumatic individual's perception; "The world is extremely dangerous, and I am not competent at all". Such perceptions develop an avoidance of thoughts of traumatic memories. These thoughts prevent emotional processing by encouraging PTSD symptoms. The emotional processing theory also perceives PTSD to be a failure in processing the trauma memories appropriately. The primary cause is that the patient tends to avoid trauma-related thoughts and experiences. Such avoidance behaviour further develops the erroneous negative perception of the individuals about themselves

and the whole world. Foa and Mclean (2016) proposed the Prolonged Exposure (PE) approach, according to which the emotional processing is developed. In PE, the patient is encouraged to encounter trauma-related stimuli. In Vivo exposure, it is often recommended in PE for emotional processing. Vivo exposure is the process of exposing the person to the same event which makes him/her traumatic. However, such exposure is given to the patient in a safe environment, but the patient thinks it is dangerous.

One more modern theory of trauma was developed by Charles Brewin, Tim Dalgleish and Stephen Joseph in 1996. It is referred to as the Dual Representation Theory (DRT). According to the theory, the person has two types of memory system: the verbally accessible memory system (VAM) and the situationally accessible memory system (SAM). The information processing is conscious in the VAM system, and thus it can be recalled freely and willingly. On the contrary, the SAM system includes unconsciously processed memories that cannot be processed voluntarily. Voluntary memories (VAM) are more intense on the emotional front than voluntary memories (Rubin et al., 2008, p. 1). When the person is exposed to a traumatic situation, the VAM system gets damaged because the conscious attention is diverted to the risks and threats. The traumatic events are unconsciously captured vividly through the sense, and they are involuntarily recalled in the trauma-related events.

After the traumatic events, individuals try to dissociate themselves from the devastating memories. They attempt to distract the mind from such unpleasant memories to avoid any negative thoughts or mood. Due to its involuntary and situational accessibility, the details of the traumatic memories remain in their minds. The stimuli associated with previously experienced trauma bring back those traumatic memories once again, and the person experiences flashbacks-hallmarks of PTSD. In his review on dual representation theory, Moss refers to several studies with empirical evidence, including retrospective studies and laboratory studies. The author also referred to the studies of using expressive writing as one of the primary interventions to cope with the trauma. In this recovery strategy, the traumatic patients were asked to write about their traumatic experiences for two or three days. The result was very positive in that the writing helped them recover from their trauma. While writing about the traumatic events, the patients try to understand and process them, and it helps them reduce the emotional intensity. According to dual representation theory, the patients tend to inhabit

the traumatic experiences and writing intervention helps overcome this tendency because the person is exposed to the traumatic memories positively and constructively.

One of the widely-discussed trauma-related theories in the academic domain is the psychodynamic theory. Sigmund Freud postulated this theory in his writing between the 1890s and 1930s. He developed it through the experiences his patients used to share with him. The theory assumes that human behaviour and feelings are primarily affected by unconscious motives. Freud believed that the unconscious mind is the key source of human behaviour. He compared the mind with the iceberg. The maximum part of an iceberg is hidden beneath the water, and it cannot be seen. Likewise, the most important parts of the human mind are hidden, and they cannot be easily accessed. Freud also stated that his/her past experiences determine human emotions, feelings, and motives. Some of these experiences are hidden deep in the unconscious mind. Freud thus strongly believed that childhood experiences determine human behaviour in adulthood. These events further shape the human personality. If the childhood experiences are good and happy, they help develop a good and dynamic personality in adulthood.

However, the psychodynamic theory is not a unified theory as there are several other theories connected to it. The treatment and intervention strategies vary according to the different theories under the umbrella of the psychodynamic theory. Scholars further developed some thoughts in the psychodynamic theory, including drive theory, ego psychology, object relation theory, and self-psychology.

In drive theory, two drivers influence a person's behaviour: Eros and Thanatos. The concepts were coined after the Greek gods. Eros is the Greek god of love and life, whereas Thanatos is the god of death. According to the drive theory, the individual falls into these categories: either Eros or Thanatos. Eros presents life instincts, such as love and sexual pleasure, compassion, as well as caring for self and others; thus, Eros is associated with positive behaviour. In contrast, Thanatos is associated with anger, jealousy, aggressiveness, violence, and impulsive decisions. If the person demonstrates such a personality trait, his/her behaviour is influenced by Thanatos. English literature has used the concept of drive theory while portraying the characters. For example, in Shakespeare's play, *Othello*, Desdemona is the epitome of Eros's drive, whereas Iago is the example of Thanatos. Othello is somewhere between Eros and Thanatos. At the beginning of the play, Othello demonstrates Eros's personality traits. As the play

progresses, the audience can see his transition from Eros to Thanatos. In *Hamlet*, the protagonist is incessantly suffering from Thanatos though not like Iago in *Othello*. However, the melancholy, instability of Hamlet's mind, hatred for his mother, and the intense feelings of vengeance are some of the key attributes of Thanatos.

When the child grows up, he/she starts realising that the external forces are the obstacles to satisfying his/her drives. Based on this point, the struggle between id, ego, and superego develops. In the external world, the parents of the child play the role of the superego and become the source of moral conscience. They control the socially unacceptable desires of the person, whereas Id, the inner, forces him/her to seek pleasure even though sometimes it is not socially acceptable. For example, in Max's relationship with Connie Grace in *The Sea* by John Banville, Max honestly admits to himself that he has fallen in love with Connie, a woman of his mother's age. He worries about her, and in his dream, he used to be her rescuer and saviour. It is the example of Eros in which the life force drives max with his Oedipus feelings for Connie. The drive-based desire of the person triggers a conflict in conscious status; the struggle between id, ego and superego starts. When the person cannot cope with such desires, it leads to anxiety, and the mind develops defence mechanisms.

The second school of thought of psychodynamic theory is ego psychology. Freud believes that the ego develops from the id. However, later, scholars and theorists proposed that the ego develops independently rather than from the id. The ego is a separate drive for analysing and controlling external forces. As stated by Hauser, ego psychology is the extension of classical psychoanalytic drive theory. It incorporates the biological and psychological views of individual developments within the sociocultural framework.

The object relation theory is the third school of thought of psychodynamic theory. It focuses on the person's internal relationship with others. Object refers to the individual or things or places that are associated with the person. In the initial stage of life, the person has his/her attachment to the parents, especially his mother. In *Forrest Gump*, the protagonist's relationship with his mother and his sweetheart can be an appropriate example of object relation theory. In the object relation theory, the objects are divided into two types: external and internal objects. External objects are the person or any other object (items such as a house, vehicle, pet) with whom the person has a

close emotional attachment. This object is present before the person, which has its strengths and weaknesses. The internal object is the emotional impression of the person or thing that is not physically present and still influences the person's views. The theory also focuses on an individual's struggle to maintain the relationship with the object and, at the same time, differentiates himself/herself from others.

The fourth and final thought of psychodynamic theory is self-psychology. According to this thought, the individuals perceive themselves in the context of their different existence from others. Self-psychology thought refutes Freudian thought, and thus, it emerged as the offshoot of the original psychoanalysis theory Freud proposed. The thought disagrees with Freud's sexual drives ideology. It emphasises empathy towards the person suffering from trauma. The theory was developed by the psychologist Heinz Kohut, who started the study on the principle of self-love. He argues that the positive side of narcissism is helpful to the person to develop a healthy relationships with others. However, a lack of empathy from the parents and society leads to the unhealthy psychological growth of the individual. The key issue was the lack of empathy at the individual, societal, and political levels during all wars and political conflicts.

The self-psychology theory is based on the principle of self, which is the pivotal point. In a supportive and healthy environment, a healthy sense of self develops at the early stage of life. The person uses the same sense of self to regulate himself/herself throughout life. When this self is not developed healthily, the person lives his entire life in a broken and distorted mind. He/she becomes dependent on others for fulfilling every need. These others are self-objects that the children need as they are not able to meet their needs. Supposing that these children get the opportunity to develop themselves healthily and positively, in that case, self-objects become internalised, and the person successfully manages to meet his/her needs without support from external objects. Thus, this thought of psychodynamic theory elucidates the importance of narcissism in the healthy development of the human mind.

Some assumptions are derived from the above discussion of the psychodynamic theory. The first assumption is that there is a primary cause to every human behaviour. Second, the cause of the behaviour is developed in the human unconsciousness. Various aspects of the human mind's unconsciousness (id, ego, superego) struggle with each other. Childhood experiences are the root causes of adulthood emotions, feelings, and

behaviour. The internal and external conditions are the responsible factors in shaping a certain type of personality. In this regard, psychodynamic therapy is based on these assumptions. The theoretical model is used in the therapy that aims to acknowledge the individual emotions and improve interpersonal relationships.

The thorough analysis of various trauma theories helped me understand the research and studies conducted since the beginning of the 20th century. The concept of trauma has been defined in different studies in various ways since then. With the development in research and studies on trauma, the scope of the study was expanded to incorporate different elements, including the events of a series of traumatic events experienced by the patients, which were extremely distressing, overwhelming, and threatening. These experiences have long-lasting impacts on the cognitive functioning of the affected people (Goodman p. 187). Consistent research in this area has further developed the contemporary trauma theory (CTT). In this theory, the patients are viewed as mentally and emotionally damaged and injured and acutely need help and support. CTT theory is a theoretical base for identifying and examining the impact of trauma on an individual's functioning. The following elements of CTT have been discussed in the study of Goodman:

- Dissociation
- Attachment
- Re-enactment
- Long-term impacts on adulthood
- Impairment in emotional capacities

The term disassociation was discussed earlier in this study. According to Nijenhuis, trauma-induced dissociation results in the division or split of the human personality. Dissociation is a kind of defence mechanism the traumatic patients use to negotiate and deal with horrifying experiences. Dissociation is a complicated disorder in which a sense of disconnection from the world is intense. The person even experiences disconnect from his/her thoughts, memories and emotions. One of the aspects of dissociation is depersonalisation. The traumatic events prevent the affected person from developing a healthy and positive relationship. As a result, the person loses his ability to communicate with others, and a serious interruption occurs in interpersonal relationships.

Re-enactment is a positive term in the case of traumatic patients who try to establish a relationship. It produces an intense emotional state and helps the patient reduce anxiety and mental stress. The patients try to connect themselves with the others in the re-enactment.

The long-term impact on adulthood is primarily associated with childhood trauma, which is consistent and horrifying. It devastates the mental and psychological functioning of the person. Childhood trauma becomes the barrier at every step of the developmental stage of human life. It reduces the sense of self and devastates the intrapersonal and interpersonal capacities of the person.

The last property explained by Godman is the Impairment in cognitive and emotional capacities of individuals. Trauma often has a direct impact on the key functioning of the brain. Numbness and damage in self-regulatory systems are the common impacts. More specifically, a long-term traumatic experience in childhood and consistent exposure to trauma lead the person towards diminishing the baseline attributes, such as physical and emotional peace, calmness, and comfort. The typical types of childhood trauma include childhood abuse, neglect, and distressing parenting. The symptoms that arise from such traumatic events are somatisation, night terror, anxiety, and hyper-vigilance.

Judith Herman's (1992) contribution to CTT is significant. She is one of the pioneer scholars and clinicians in the field of trauma-related studies. According to the author, traumatic events adversely and intensely affect the normal adaptation capacity of human beings. She further states in her theory that traumatic events are commonly associated with a direct threat to the victim's life. Sometimes, the person experiences severe violence and death also (Herman, 1992, p. 33). Traumatic events lead to excessive stimuli. According to Herman's (1992) observation, the trauma patient sometimes does not recall traumatic history, or he/she tends to deny the history or try to get rid of past traumatic events. When the therapist diagnoses the traumatic symptoms, he/she should share this information with the patient. Transparency is better, and knowledge is power, according to Herman (1992). Such transparency and real information about the traumatic state give relief to the person. The therapist should also make the patient aware that he/she is not the only sufferer; many people are going through such circumstances.

The trauma and its subsequent impacts on memory are frustrating and terrifying. Trauma is an intense and stressful event that shatters the sense of safety and security of the human. The person feels helpless and finds himself/herself in a perilous situation. Emotional Trauma makes people fight with shattering emotions. The severity is so intense that the person feels disconnected and numb, and his/her trust in others is shattered. Trauma poses a severe threat to life as the person goes through an overwhelming situation even though no physical harm exists. The severity of the impact may range from mild to severe, depending upon the coping strategy and approach of the person going through the traumatic events.

The underlying impact of Trauma is memory loss. It can be either a temporary or permanent memory loss depending upon the type and severity. If the traumatic events are severe, they deeply impact memory in several ways to, both explicit and implicit memories, with high chances of developing Post Traumatic Stress Disorder (PTSD). Substance abuse, depression, dissociation, and personality disorder are some of the adverse outcomes of Trauma. The specific symptoms of PTSD demonstrate the impact of Trauma, including intrusive thoughts, flashbacks, hyperarousal, nightmares, sleep disturbances, and change in memory.

The alterations in memory functions are associated with the brain areas, such as the hippocampus, amygdala, cingulate, prefrontal, and parietal cortex (Bremner, 2003, p. 6). These areas are closely associated with memory functions. The hippocampus area is associated with verbal declarative memory, and it is indeed sensitive to traumatic and stressful events. The left part of the hippocampus memorises facts, whereas the right part is necessary for spatial memory. The hippocampus helps us use past experiences to learn new things. For example, burning hands on the stove is an experience that teaches the individual not to touch the hot object. This experience of burning is stored in the amygdala, which is a crucial part of forming long-term memories. The prefrontal cortex area is crucial in processing the working memory required for daily affairs. After the traumatic event/s, the patient is likely to demonstrate verbal declarative deficits or declarative memory dysfunction in which memory is adversely disturbed. The traumatic patients with declarative memory dysfunction frequently experience everyday memory problems.

The research on the impact of Trauma on memory also focuses on dissociative amnesia related to overwhelming stress. Researchers have found several causes for dissociative amnesia, including exposure to war, disaster, accidents or abuse. Three patterns of dissociative amnesia affect the memories: localised, generalised, and Fugue. In localised dissociative amnesia, memory loss affects a specific area of knowledge, such as a specific period in childhood. In such type of amnesia, the victim may lose the memories related to actual Trauma, but he or she can remember other details from the day when the incident took place. In generalised dissociative amnesia, the person may lose some parts of the memory, such as the person's life or identity. For example, the traumatic patients may not recall the persons' names, jobs, family, and friends. In Fugue, the traumatic patient tends to adopt a new identity. The person forgets his/her original identity in those circumstances, including his/her family members, friends, and coworkers. He/she also loses his/her self-recognition. Such a kind of impact on the memory due to Trauma is usually short and temporary. It is worth mentioning that some memory losses are temporary, while some others are permanent due to severe brain damage.

The previous studies have focused on PTSD as the major outcome related to memory after exposure to Trauma. Hayes et al. (2012) state that Trauma has devastating impacts on PTSD, which develops after a severely traumatic incident or a series of incidents. The outcomes of the traumatic events on memory include disruptive memories, nightmares, avoidance of recalling the traumatic events, and hypervigilance towards the potential threat. Several functions of the memories are damaged, including problem-solving, attention, etc.

The trauma symptoms have three clusters: B, C, and D. B cluster involves unwanted and tenacious recollection of the traumatic incidents, intrusive memories, and dissociative flashbacks. In B cluster symptoms, the person recollects and reexperiences the distressing incidents despite coming out of them. B cluster symptoms are scary and disturbing for the patients, and they hamper the person's daily activities. C cluster is associated with the consistent avoidance of people and places that remind the person of the traumatic event. In this phase, the person becomes emotionally numb. It also reduces a person's ability to live a fulfilling life. Cluster D symptoms are associated with

hyperarousal, including the inability to sleep, anger, irritability, hypervigilance, exaggerated startle response, and lack of concentration (Hayes et al., 2012, p. 2).

Previous studies have also confirmed the impacts of traumatic events on explicit and implicit memories. Explicit memory deficits are more frequent among people exposed to traumatic events. Two types of explicit memories exist: episodic and semantic memories. Explicit memories are autobiographical knowledge (e.g., our name, date of birth, age, nationality, family relationship, or childhood memories). Semantic memories are the conscious memories about facts, such as formulas, problem-solving skills, and general knowledge. These memories can be retrieved if they are associated with our emotions. They are related to the senses, and they can be recalled frequently.

Unlike explicit memory, implicit memory focuses on the encoded elements which have no connection with conscious recollection. The implicit memory is not associated with the internal experience of recalling. Studies have confirmed that the trauma memories are implicit as the trauma is created in the brain with stress hormones and blocks the specific parts of the brain associated with encoding the memories and making them explicit. The implicit memories are invisible; however, their impact is significant. Therefore, it is essential to understand implicit memories if we want to understand ourselves. The implicit memories are triggered subconsciously. For example, a certain type of interior of a room can recall the abuse the person had experienced in his or her childhood and make them frightened or restless. When the person with traumatic events in the past hears the child crying, it makes him/her extremely restless and painful feelings are triggered when the abused people were babies. Besides, if the parent is abused and terrified in his/her childhood, he may get overwhelmed by hearing the crying of his/her own baby. These triggered emotions are rooted in the implicit memories of the person's childhood. Thus, implicit memories have a close connection with panic disorder.

Traumatic memories appear in front of the person like a flashback. A loud noise makes war veterans extremely stressed, who may react by hiding themselves somewhere under the desk even though they are at their home in a safe place. The effective way to resolve the unresolved trauma is to make the implicit memories explicit. With an appropriate understanding of the explicit and implicit memories, it is possible to recover from the trauma. Some strategies are there to deal with implicit memories. First,

traumatic people need to be curious about their reactions to certain events or items. The COAL attitude helps deal with implicit memories. COAL is the acronym for the words "Curious", "Open", "Accepting", and "Loving" (Firestone, 2019). Developing a COAL approach is extremely crucial while exploring ourselves; it is the best way to move courageously in our past and unfold those events and incidents that hurt us. According to Firestone (2019), it is extremely crucial to explore the negative reaction rather than being their slave. Using explicit memories to resolve the traumatic experiences of the implicit memories is a courageous step. When people learn to make sense of the events or experiences, it helps them be stronger and more relaxed. It is the ideal way of dealing with the bitter and distressing past memories in implicit memories.

While discussing the impacts of trauma on human memory, it is essential to discuss the connection between intrusive memories and trauma. Intrusive memories of trauma are the hallmark symptom of PTSD (Clark & Mackay, 2015, p. 1). In the intrusive memories, the patients tend to recall one specific incident or moment of the traumatic event, which Ethler and Clark call 'Hot Spots' (336). These hot spots appear in every person differently and represent different types of emotions. Intrusive memories come to our minds forcefully and repetitively. In the medical profession, the term 'intrusive memory' is the cardinal symptom of PTSD, namely the sensory memories that appear in visual imagery after the traumatic events (Kanstrup, 2021), and they are usually triggered by senses, such as vision, smell, taste, touch, and hearing. The traumatic events trigger and activate the nervous system automatically. Some physical changes may occur after the trauma, including rapid respiration, increased heart rate, blood pressure, and decreased digestion. The common examples of intrusive memories are nightmares, flashbacks, and intrusive images. Some traumatic patients can recover from the intrusive memories automatically, but when the traumatic experience is severe or spontaneous, healing is not possible, whereby these patients need assistance from external agents, such as psychologists, counsellors, and therapists. Clark and Mackay (2015) divide intrusive memories into five components: involuntary recall, emotional processing, attention hijacking, mental imagery, and autobiographical memory. In involuntary recall, the intrusive memories appear in mind spontaneously. Emotional processing is crucial during the later development of PTSD. Intrusive memories are perceived to be negative. While explaining the term "Attention hijacking", Clark and Mackay (2015) state that it is "the superseding the attention geared toward our current

goal, transferring attention to something else" (7). Mental imagery is similar to sensory experiences and occurs without sensory stimuli. In traumatic patients, mental imagery is associated with rumination and connected to emotions. The last component of the intrusive memories is the autobiographical trauma memory related to a specific episode of life or an experience with personal relevance. With these five components, intrusive memories have become an extremely complex phenomenon.

In summary, the historical review states that trauma has existed since the ancient history of human civilisation. Epics and historical artefacts are evidence of several traumatic experiences people have gone through. Trauma is a severe wound and mental shock due to unpleasant and horror incidents. The studies of human psychology began at the beginning of the 20th century and neuropsychologists have become interested in studying the human mind. However, very little research has been conducted on the systematic study of trauma. In the 1980s, the American Psychiatric Association (APA) systematically and officially defined the term trauma and named it 'Post Traumatic Stress Disorder'. The need to study the concept of trauma emerged due to the series of dreadful wars fought in the 20th century and the war veteran's devastating mental and emotional conditions, whereby veterans' and civilians' traumatic experiences were documented. The psychologists and other scholars enlisted several trauma-related illnesses observed in the patients. However, the treatment of trauma would be extremely harsh before the 1980s due to the inadequate knowledge of the human psyche.

Trauma is a commonly observed acute psychological problem and must be treated with appropriate intervention. Apart from war, several other factors are responsible for developing PTSD, including violence, abuse, accidents, neglect, and deaths. Timely diagnoses and appropriate intervention help the patient recover from PTSD. For effective intervention and recovery of trauma patients, several theories can be applied. Along with the psychological and neurological fields, the concept of trauma has become an essential topic in literature. Consequently, several poems, fiction, plays, and short stories have been dedicated to the trauma concept. In the subsequent chapters, the literary work is analysed in the context of trauma.

Trauma and its subsequent impacts on memory are distressing. These impacts have multiple dimensions, whereby memory loss is the underlying impact of the trauma. Trauma can cause dissociative amnesia. The traumatic events lead to PTSD and other

comorbidities, such as substance abuse, depression, dissociation, and personality disorder. The trauma cause memory alteration in memory functions associated with the different areas of the human brain, including the hippocampus, amygdala, cingulate, prefrontal, and parietal cortex. PTSD is a common disorder that results from trauma. Other impacts of trauma include disruptive memories, nightmares, avoidance of recalling the traumatic events, and hypervigilance towards the potential threat. The impacts of trauma on implicit and explicit memories are also discussed in several studies. However, sometimes explicit memories such as problem-solving skills can be used to cope with the trauma rather than a negative avoidance strategy. Intrusive memories are also the factor responsible for PTSD. The discussion shows that the impact of trauma on memories is a complex topic that is essential to be studied from different perspectives. This complex topic can be further researched under assorted domains, including literature, psychology, anthropology, and history.

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2. CHAPTER TWO: The Analysis of Trauma Theory in *The English Patient*

The aftermaths of World War II were so massive that several decades after the dreadful incident, authors and writers were allured to use World War II as the primary theme for their literary works. The war led to several catastrophic events, including the deaths of millions of people, homelessness, economic collapse, unimaginable human torture in Nazi concentration camps, and total nihilism due to the nuclear attack. Apart from these tangible damages, the intangible damage was the dreadful psychological consequences.

In the late 1990s, authors and researchers from psychology and literature areas started investigating post-traumatic stress disorder (PTSD). Kuwert et al. (2006), Glaesmer et al. (2010), and Glück et al (2012). were among the scholars who confirmed the long-lasting impacts of WWII trauma. The trauma phenomenon was widely used as the primary theme while writing on World War. *The English Patient* is among the literary pieces written in the background of World War II. Michael Ondaatje has subtly depicted the traumatic condition of each of the four central characters and their complex psyche. These characters represent the contemporary war-ravaged, torn and damaged generation due to the disastrous experiences.

A brief synopsis of the plot is essential for understanding the causes, levels, and types of traumas whereby each one is suffering. It is a story of one female and three males who have taken shelter at Villa San Girolamo in a small Italian village. All major characters have their own story and causes of trauma. The protagonist or the title character, *The English Patient*, is an unknown man served by a young nurse called Hana. The identity of this titular Patient is revealed later. He is Count Ladislaus de Almásy, a Hungarian aristocrat and a desert explorer. Hana is a 20-year-old Canadian nurse who is committed to her Patient. He stays with him in the Villa when the Allies leave him behind because he is too weak to move. The other two characters, Caravaggio and Kip, join them in the Villa. Caravaggio is an old friend of Hana's father in Canada. He is now working in the British Intelligence Service since the late 1930s. He has been appointed for spying on German troops. He is captured, interrogated and tortured. His thumb is cut off in this torture (Ondaatje 57). After his release, he was in the hospital for four months and learned about English Patient and Hana. His dreadful memories of war have

traumatised him, and he is carrying the heavy mental and psychological burden of these painful and terrible war experiences.

Kip, the Indian Sikh, is a sapper in the British Army. The experiment bomb unit was mentored by an eccentric bomb expert called Lord Suffolk, who introduced Kip to English customs. Along with the dreadful war experience, the major traumatic event for Kip is the Eurocentric view of his dark skin. He has gone through immense oppression and evaluation due to his oriental identity. His body image has impaired his military career and social respect; there is a strong sense of loss of identity in his mind due to his denied complexion in the European world.

Ondaatje reveals the story of *The English Patient*/ Almásy. He falls in love with an English woman named Katharine Clifton, who married Geoffrey. He is with Almásy in a desert exploration. Katharine's voice captivates Almásy when she reads the Candaules' story. Despite continuing their affair, Katharine decides to stop this relationship because she fears that Geoffrey will be violent if he learns about it. However, when Geoffrey comes to know, he flies the plane down on the land to crush Almásy and kill him in a rage. Consequently, the plane crashed, and Geoffrey was killed. Katharine is on the plane then, and she is badly injured. Almásy keeps her in the Cave of the Swimmers and walks three days to British-occupied El Taj for help. The enemies catch him. He tells them about Katharine's condition and brings them to where she is kept. However, he finds her dead body. While flying back, the plane catches fire, and Almásy escapes with the parachute.

In the end, Kip's belief in White supremacy is crushed. He comes to know the surface and shallow pride of White people and returns to his cultural roots. He comes back to India and marries an Indian girl. However, Hana always remains in his mind.

Every character has a unique story, and everyone's trauma stems from different experiences and incidents in their lives. However, the commonality is that everyone's trauma is directly or indirectly associated with the disasters of WW II. The atmosphere was too pessimistic about holding any hopes; not a single ray of hope could be seen. Ondaatje narrates this extremely grave environment. He says that the countryside seems deadly; everywhere, the corpses are seen 'Dead cattle. Horses shot dead, half-eaten. People are hanging upside down from bridges. The last vices of war... The smell of the

dead is the worst. We need a good snowfall to clean up this country. We need ravens' (Ontaadje 31).

Regardless of their diverse cultural, national and geographical backgrounds, the common thing in them is the immense physical, mental and psychological wounds they gain from the war. They try to heal these wounds by interacting with each other like family members. However, later, Caravaggio and Kip abandon the Villa. They find momentary relief from their trauma. All four characters are going through some or other types of traumas. Before reviewing the trauma of these four characters, it is essential to know various types of traumas.

Three major types of traumas include acute, chronic, and complex ones. In acute trauma, a single incident is responsible for being traumatised. Such incidents include accidents, rape, assault, or any natural disaster. Acute trauma results in excessive anxiety, irritation, confusion, lack of trust (which is often unreasonable), lack of self-grooming, and aggressive behaviour. Chronic trauma is repetitive and prolonged; domestic violence and child abuse are examples of this type of trauma due to exposure to extreme situations, including war. The symptoms of chronic trauma include extreme anger, flashback, fatigue, body aches, outbursts, anxiety, and nausea. Complex trauma occurs when the individual is exposed to multiple traumatic events. It usually occurs due to interpersonal relationships (between people). The person suffering from complex trauma may experience being trapped, and it has a severe impact on the individual. Childhood abuse, domestic violence, and neglect are some causes of this trauma (Allarakha, 2001).

As mentioned earlier, the novel depicts four central characters who have been traumatised due to several incidents stemming from WWII. However, the characters of the novel prefer to escape from the trauma instead of dealing with the situation. They are not physically and mentally able to deal with the massive losses, including loss of self, identity, and loved ones. They have also lost their innocence, honour, and their youth. Everyone is trying to bury his/her trauma using possible defensive mechanisms. They try to forget the war and the catastrophic conditions outside the Villa, which has become the shelter for safeguarding them physically and psychologically. It was not just a matter of surviving physically from the traumatic events, but it was a matter of surviving emotionally from the negativity of the war. One of their defensive mechanisms

is to explore different identities in the form of names and places. Almásy comes to the Villa from the desert badly injured and emotionally burdened with the horrible memories, including his unsuccessful and tragic love affair, the consequent demise of his beloved, and his aeroplane accident. He is not a soldier and is directly associated with war; his traumatic experiences go parallel with the anarchical background of the war. In the end, Ondaatje makes the readers presume that he died due to his severe physical condition. Almásy keeps his name aside and lives with his new name: “The English Patient.” Kip also abandoned his Indian name to be the Englishman. His original name is Kirpal Singh, and Kip is the westernised form. He also left his motherland due to his naïve relationship with his parent’s country, England. He carries a typical colonised approach, which considers English and Western culture superior, whereas the native culture is inferior.

In the Villa, they are all together and try to save each other and care for each other. They are trying to learn from each other and attach and thus escape from the traumatic events of their past life. The key reasons behind their trauma include their failure on all fronts. They have lost their family members, friends, lovers, body parts, confidence, children, parents, security, trust, and innocence. From this section onward, the types of traumas of each character are analysed through the lens of trauma theories. The discussion will start with the title character and the other three central characters of the novel.

2.1. The Trauma analysis of the Title Character – *The English Patient*/ Almásy

Before coming to the Villa, the English Patient or Almásy led an extremely complex life in his past. The traumatic incident in his life is the tragic end of his beloved Katharine and his aeroplane accident that leaves him burnt beyond recognition. His recovery and rehabilitation are impossible. He is wrapped with bandages by the Bedouins when they find him severely injured and damaged in the desert. He is like a breathing dead man in a dead nunnery (Metcalf, 2015, p. 256).

Almásy, or The English Patient, tries to convince the readers that he cannot recall his name and identity. He also claims that he does not recall whom he fought for in

WWII. He is nursed by Hana, a young Canadian woman who is also traumatised due to the catastrophic experiences she has had in her past life. After reading the book, especially the story and condition of the title character, the readers know that he has post-traumatic stress disorder (PTSD), which is a mental condition of a person due to any terrifying incident either experiencing or witnessing it. The English Patient demonstrates some key symptoms of PTSD, i.e., flashbacks and severe anxiety.

Ondaatje introduces him as Hana's Patient, with whom she lives and takes care of him. He is severely burnt, injured, and wounded and is suffering from amnesia results in his loss of memories and forgetfulness about his identity. In some amnesia, it is difficult to form new memories, while in the case of some patients, it is challenging to recall the past. When Ondaatje introduces his character, the readers learn that he suffers from amnesia. While discussing Almásy's trauma, it is essential to know different types of amnesia.

The first type is retrograde amnesia, in which the person loses his/her ability to recall events that occurred just before the event caused amnesia. Almásy's amnesia cannot fit in this category because he can recall everything before the traumatic events. Rather his past life is revealed to the readers through his distorted memories. He recalls his intense affair with Katharine and his expedition in the desert. He can recall the moments he has shared with Katherine and the other members in their desert exploration. He narrates his past life as a passionate desert explorer. Those memories were before his actual traumatic incidents.

The second type is anterograde amnesia, in which the person cannot remember new information. The person with this amnesia can recall the information before the traumatic events. Transient global amnesia or TGA is a temporary state of amnesia which gets resolved within twenty-four hours. Almásy's trauma is neither an anterograde nor TGA. He remembers who he is and knows Hana, the nurse taking care of him. Hana's arrival in his life is a new incident for him, but he can recall it. However, his amnesia is not a temporary state. He has been suffering from amnesia for several days, especially after the series of traumatic events in his life.

Post-traumatic amnesia (PTA) is the state of confusion in which the Patient is disoriented and cannot remember the incidents that took place after the injury. The English Patient partially demonstrates the symptoms of PTA; he has confusion, distress,

and anxiety. In some cases of PTA, the patients are calm, quiet, loving, and friendly. The conversation between Hana and Almásy shows his quiet and loving nature. He also maintains a friendship with the other two characters. Sometimes, the PTA patients tend to wander and show violence and aggressiveness, but Almásy has not shown such symptoms. Therefore, it is difficult to speculate whether he is suffering from post-traumatic amnesia. Infantile amnesia or childhood amnesia is also a type in which adults cannot recall childhood memories.

The last type is dissociative amnesia which is caused by acute stress or trauma in which the person forgets certain incidents of his life. In some cases, he also forgets his identity and name. Emotional trauma is one of the key causes of dissociative amnesia which results from excessive exposure to traumatic conditions or events like war, accidents, and disasters. It is the rare amnesia that stems from emotional shocks. Almásy's amnesia fits in this type of Amnesia. The first symptom of dissociative amnesia seen in Almásy is his disconnection and absence of continuity in thoughts, memories, actions, and surroundings. As mentioned earlier, *The English Patient's* title is given to him because his identity was veiled. He speaks English like the native British. Therefore, everyone perceives him as English, but he has forgotten his identity (self-preserving instinct and not the authentic forgetfulness).

Amnesia has been frequently referred to in fiction or literary work. English is not the typical amnesia patient, but the readers can see how actively and sharply he memorizes past events. In one incident, he tells Hana: 'I have always had information like a sea in me' (Ondaatje 19). He also tells Hana that he knows maps of the seafloor charts containing various routes of the Crusades (Ondaatje 19.20). It indicates that he remembers things exceptionally. There are arguments and counterarguments regarding the English Patient's amnesic condition. It is not sure how much knowledge Ondaatje has about neuroscience, especially amnesic conditions. Recent studies in this field have obtained evidence to prove that English Patient's amnesia is real and not pretend. The scientists have proposed replacing the previous concepts such as short and long-term memories with the terms "feature memory" and "conjunction memory." It has been proved in recent studies that amnesiacs have no problem in recalling separate items, but the key challenge for them is to connect these separate items in an organised manner. In this context, when the English Patient claims that he has the "sea of information",

Ondaatje also highlights his incessant efforts to organise, arrange, and rearrange his story to connect the items that have remained apart from the story.

The English Patient can accurately and precisely recall the geographical locations and the names of the people without any problem, but he cannot attach himself to the personage. As a result, the narrative fluctuates between first and third-person pronouns. First, he narrates: 'They found my body and made me a boat of sticks and dragged me across the desert...They strapped me onto a cradle...' (Ondaatje p. 5), in which he used first-person pronouns such as *my* and *me*. After some time, while narrating the story, he uses the third person pronouns: 'They poured oil onto large pieces of a soft cloth and placed them on him. He was anointed' (Ondaatje p. 5). The English Patient knows that he has been one of the characters of the story he is narrating. However, sometimes, his memory keeps him away from the plot and the story, and he describes it as if he is the omnipresent narrator or a textual ghost. His incidents in his stories are like the puzzles scattered here and there, and he tries to organise them in a certain way to make it a complete structure. This state of mind indicates that he suffers from amnesia caused by a series of traumatic incidents. The English Patient strives to find his identity both as a narrator and the protagonist of his story; however, he explores incessantly without succeeding in discovering his past.

The notion of self is fluctuating and continuously evolving. The readers can also observe that the narrative is treacherous. He is confused about the chronology and repetition in his narrative. He repeatedly tells that he falls in love with Katherine; there are three diverging accounts of the scene of his love affair with Katharine. He says that Katharine is reciting Stephen Crane's poem. In another incident, the English Patient recalls the scene differently in which he says that Katherine is reciting *Paradise Lost*.

The English Patient also says that the incident occurred during the first few days after Clifton spent the voyage before returning to Cairo for the next month of their honeymoon. He tells the third version to Caravaggio in which the date is different. The campfire incident happens after Clifton and Katharine return to Cairo. He also tells that Katharine does not recite the poem but reads the tale of *Candaules*. The readers also know that she reads the tale to tease her husband Clifton and seduce the English Patient. One more discrepancy is found between the diary entry and his story. For example, in the diary entry of July 1936, the English Patient refers to the betrayal: 'There are

betrayals in the war that are childlike as compared with our human betrayal during peace. The new lover enters the habits of the other' (Ondaatje 103). According to the English Patient, the love blossoms between Katharine and the English Patient in 1937. Such discrepancies are seen in the narration of the English Patient. It can be assumed then that his diary before the accident is the authentic document and the inconsistencies in narration are due to the English Patient's amnesic condition.

Repetitive speech is also a common symptom of Post-Traumatic Stress Disorder (PTSD). Such speech is called Echolalia, which is a psychiatric disorder in which people repeat phrases, words or incidents. Echolalia is common among adults with severe amnesia or trauma. These patients try to regain their speaking abilities. There are several repetitions found in the English Patient's speech. For example, the repeated sentence in the narrative is 'a man named Geoffrey Clifton had met a friend at Oxford who had mentioned what we were doing. He contacted me, got married the next day, and two weeks later flew with his wife to Cairo' (Ondaatje, p. 151 and p. 243). This repetition is notable and meaningful. It is a stressed repetition because it will continue with the love story between the English Patient and "his wife", i.e., Katharine.

Ondaatje consistently explores the representation of trauma throughout the fiction. While exploring it, he uses the "talking cure" technique or therapy. This notion emerged when Sigmund Freud treated his patient "Anna O", whose name was later revealed as Bertha Pappenheim. Anna was suffering from hysteria, and Anna's physician, Josef Breuer, assumed that if she were hypnotised, she would recall everything that was suppressed deeply in her mind and could not recall in her conscious condition. When she recalls them in her unconscious state, her symptoms will be reduced. This psychoanalytic treatment was called *the talking cure*. It was Freud's private therapy, and he found that there was no need to hypnotise the patients, who openly talked to him when they felt relaxed. They were encouraged to speak whatever was in their minds. This process was called *free association*, through which Freud could analyse what type of trauma has made his present distressing. After handling several cases, Freud learnt that the traumatic condition occurs due to the repression of thoughts that are primarily associated with sexual urges.

The interaction between Hana and the English Patient is Ondaatje's attempt to focus on the free association or *talking cure* therapy Freud used with his several

traumatic patients. However, there are challenges in performing *talking cure* him to reduce his trauma. As discussed earlier, his narrative is broken, unorganised and distorted. Besides, no reliability is observed because 'he speaks in fragments about oasis towns' (Ondaatje p. 102). According to Dawson (2000), his fragmented and unreliable narrative is the aesthetics of trauma (Cited in Visvis p. 101). By aesthetics of trauma, Dawson (2000) states that it is the trauma in which the mental wound symptoms cannot be represented or completely understood but is repeated unconsciously. In this regard, Ondaatje demonstrates a newly explored sensitivity to the limitations of narration on the background of the trauma.

Though fragmented, Hana partially succeeds in applying talking cure therapy while making the English Patients feel relaxed and relieved from their trauma. Hana tries to talk to him and asks him questions about his past life. She asks him who he is and tries to know his identity. Hana is a simple nurse whose job is to relieve the patients. She is too small and has no information on how to treat traumatic patients and apply any therapy that professional psychologists can. However, she knows that the more he speaks, the more he will heal from his traumatic past.

Post-Traumatic Stress Disorder has a close association with sexual disorders. According to some psychoanalysts, traumatised patients may develop necrophilia. More specifically, the psychoanalysis theories related to necrophiliac fantasies state that necrophilia stems from infantile trauma. Katharine is severely injured in the deliberate plane crash her husband plotted to kill The English Patient. He takes her to the cave of swimmers, leaves her there, and treks some days to find help from anyone. During this journey, he encounters several hurdles and finally manages to return to the cave. Unfortunately, it is too late because he finds that she is long dead. The English Patient narrates: 'I approached her naked as I would have done in our South Cairo room, wanting to undress her, still wanting to love her' (Ondaatje 181). The necrophiliac act of The English Patient was the culmination of his severe trauma of the plane crash, including Katharine's injury and her consequent death. There is extreme agony and anxiety in his mind that he cannot save her life. He always desired her love when she was alive. The suppressed desire to possess her burst out after her death. Both lovers have to suppress their intense feeling due to some bondages. First, the value and morality have resisted them from loving each other without any guilt. Necrophiliac fantasies and the

subsequent action was the outcome or outlet of the long-suppressed desire and extreme trauma The English Patient receives from his love affair with Katharine.

In the Villa, the English Patient recalls and reexperiences his traumatic memories. It is one of the key symptoms of PTSD. The severity of the trauma is so massive that those recurrent, intrusive distressing memories of the traumatic events are constantly haunting him. Further, his memories have been poorly integrated and elaborated, as mentioned in Ehlers and Clark's (2000) study (as cited in Otgaar et al., 2017, p. 1049). As a result, the English Patient experiences challenges recalling the details in an organised manner. The role of memories of the English Patient is significant in developing PTSD. These memories are even more crucial than the actual events as they refer to the sensory characteristics of the traumatic events that occur in the English Patient's life.

His trauma is also not related to the state of dissociation, which is also known as "the mental escape". In this stage, physical escape is not possible, but the person is emotionally overwhelmed, and he/she loses coping abilities. It will be discussed later while analysing Hana's traumatic condition. Sometimes, the survivors of dissociation tend to say that it has not happened to them but to somebody else. It is observed in the English Patient, especially when he switches from first-person pronoun to third-person pronoun. However, it cannot be inferred that he is in a dissociation state, but it is because of his identity confusion rather than the mental escape issue.

The defence mechanisms listed either by Anna Freud or Sigmund Freud cannot be applied to the English Patient's traumatic condition. Instead, he recalls those memories frequently. It suggests that he is not in a denial mode. On the contrary, he talks openly about his emotions, attitudes, experiences, and guilt. After studying the trauma of the English Patient, it can be concluded that if he had any chances of physical recovery, he would have recovered from PTSD. His response to the traumatic phase is relatively positive. Unfortunately, his bodily condition does not support him. In the end, Ondaatje allows the readers to assume his destiny. It is up to the reader to decide whether he remains alive or dead. He is a person with strong Eros (urge for life) that has kept him alive even after the dreadful accidents and several physical and psychological damages in his life. In the next section, the trauma of Hana will be analysed using trauma theories.

2.2. The Trauma Analysis of the Female Character: Hana

Prior to the analysis of Hana, it is essential to focus on the story and events of her past. Hana is a 20-year-old Canadian nurse. During the war, several women joined the labour that men previously performed. Hana was unconcerned about the safety, 'having no qualms about the dangers of the possibly mined' (Ondaatje p. 14). She is appointed at the Villa San Girolamo, a nunnery and a war hospital in Italy. She serves the English Patient who has been seriously burnt in the plane accident. Her patient is beyond recovery as his physical condition was critical. He is also suffering from amnesia resulting from the traumatic incidents. Hana is committed to her patient and refuses to leave the Villa even after all patients and doctors vacate it. She spends her time nursing the patient and gardening in the Villa's orchard to feed her and the patient. It is a great solace for her to forget traumatic memories of the past. She sees her lost father Patrick in the injured patient.

She also reads books from the Villa library, which are important in her life. She learns about the outside world only through books. Otherwise, she is isolated from the world. She has experienced and witnessed the massive violence of the war. As a result, she is also suffering from post-traumatic stress. The primary reason for her trauma was her father's death. He was also badly injured during the war. She has guilt in her mind that she cannot take care of her. The loss of her father has a profound effect on Hana. Therefore, she thinks of the English Patient as her father, serves him, and tries to overcome the guilt in her mind.

Hana is traumatised by her father's death and the hundreds of deaths of the soldiers she witnesses in the hospital every day. She calls the dying soldiers "Buddy" and attempts to desensitise herself from their deaths. She has made up her mind that her relationship with them is temporary until their deaths. She thinks that if she does not ask the soldiers their names, she can keep herself away from the trauma of their deaths. However, the fact was that escaping from the names of the soldiers did not help her escape from the traumatic memories of their deaths. She is trying her best to detach herself from the soldiers to survive. Name is just a single aspect, but it cannot be the person's identity as a human being.

Hana has never been in a mentally and environmentally stable situation. Losing her father and witnessing the deaths of the soldiers every day are traumatic events for

her. One more event has elevated her traumatic condition, namely the loss of her child and the man who gives this child to her. Before coming to the Villa, she was pregnant and forced to abort her child, considering the unstable and anarchical conditions. ‘I lost the child. I mean, I had to lose it. The father was already dead. There was a war’ (Ondaatje 87). Her body is prepared to have the child, but her mind and the external condition are not prepared. She is carrying acute feelings of remorse and guilt for losing her father and her unborn baby. While narrating this traumatic event, Hana states, ‘I courted one man, and he died, and the child died. I mean, the child didn’t just die; I was the one who destroyed it. After that, I stepped so far back no one could get near me’ (Ondaatje 90).

A Series of traumatic incidents develop a battle fatigue syndrome in Hana. She is experiencing fear, helplessness, and horror. Most people with PTSD develop shock, anger, nervousness, fear or guilt. Hana is shocked by the series of disastrous incidents she suffers and witnesses. She is also carrying the burden of fear and guilt in her mind, being in a muted state.

Her response to fight the trauma is to alter her body image. She never looked in the mirror. She cuts her hair to keep herself away from the feminine identity that reminds her of everything about her past. Her fragile state of mind and her non-acceptance of the Eurocentric ideology force her to change her personality. She is honest about her current state of mind and wishes to present herself authentically. During her stay in the Villa with the English Patient, she is haunted by feelings of incompleteness and instability. Before cutting her hair, she has been the centre of attraction among the soldiers.

The PTSD has fractured and damaged Hana from the inside. She no longer wants to be a woman, an attractive woman. Her irritation with her physical appearance has forced her to cut her hair and escape from her identity. She demonstrates the signs of Trauma-Related Dissociation or sometimes called the “mental escape”, which has been discussed earlier in this chapter. Dissociation is the “disruption, interruption, and discontinuity of the normal, subjective integration of behaviour, memory, identity, consciousness, emotion, perception, body representation, and motor control” (DSM-5 291). Cutting hair and avoiding looking at the mirror are the symptoms of dissociation. She is trying to disconnect herself from the sense of identity, dreadful memories, feelings, and thoughts.

Dissociation has impacts on multiple levels. In this state, the person experiences depersonalisation, i.e., disconnecting oneself from the body. She feels numb and loses her sensation. Thus, dissociation is the coping mechanism of traumatic patients. When they dissociate themselves from their surroundings, they find the strength to cope with the trauma. According to DSM-5, the dissociative disorders (DD) include:

- Dissociative Identity Disorder (DID)
- Dissociative Amnesia (DA)
- Depersonalisation/Derealisation Disorder (DPDRD)
- Other Specified Dissociative Disorders (OSDD)
- Unspecified Dissociative Disorder (UDD).

When analysing Hana's traumatic state from the perspective of the trauma model, it can be argued that it is a trait that operates as her response to the traumatic or overwhelming experiences. Researchers have also proposed the Taxon Model of dissociation, which consists of two continua; the first is normal, and the second is pathological, based on the severe dissociative psychopathology. Identity alteration is one of the symptoms of pathological continua (Waller, 1996, p.315). Taxon Model proposes that dissociation reduces the impacts of trauma through alteration. Hana's condition is similar as quoted by Elizabeth Waites 'Flight from the body as a dissociative reaction to trauma has often been prepared in advance by a tendency to be at odds with the body and to consign it to the status of a bothersome, even alien entity' (Waites p. 135).

Hana experienced and witnessed the pain of death several times by losing her loved ones and seeing the unknown soldiers dying in front of her. Due to the consistent encounter with death, she has been deeply traumatised. She decides to alienate herself from her body image or probably the self by cutting her hair. She even takes the drastic step of never looking at herself in the mirror. The readers learn that she wants to wipe away her existence though it cannot be achieved due to her physical existence: 'She had refused to look at herself for more than a year, now and then just her shadow on walls. The mirror revealed only her cheek, and she had to move it back to arm's length, her hand wavering' (Ondaatje 54).

Hana's trauma is different from the English Patient, who is physically and mentally wounded. Hana's psychological pains were associated with the physical

injuries and consequent deaths of close and alien people. Fortunately, she has not gone through any severe physical injuries. She seems to be more controlled and psychologically strong to heal herself from the trauma. In a state of severe trauma, she is trying to perform her duty and help someone who is badly injured. Both characters suffer from the traumatic condition mentioned in Taxon Model, i.e. the pathological continua. However, their symptoms were different. Hana tries to escape from herself and her identity, whereas the English Patient consistently recalls his identity and tries to stick to himself as a person.

Before the arrival of Caravaggio and Kip, Hana is trying to escape from her traumatic memories by spending her time reading, gardening, and nursing the English patient. It is her strategy to cope with her trauma. When they arrive in the Villa, the circumstance changes. Though they are not stable and safe in the Villa, they start finding solace in the company of each other. Hana starts to recover from her traumatic condition. She falls in love with Kip, which is a great relief. This momentary romantic relationship helps her heal her psychological wounds caused by the war, deaths, and annihilation. Kip's love and psychological support were the sources of hope and happiness for her. However, in the end, she loses this hope as well. After the incident of Hiroshima and Nagasaki, everyone from the Villa is separated from each other with immense suffering, grudge, and hostility. Among them was Hana. Kip, who initially loves Hana, leaves her heartbroken just because she is European, and Kip has developed a strong grudge against Europe and the entire Western World, which according to him, was responsible for pushing the world into war and annihilation.

Hana's story ends here, and the readers will never know what will happen to her life after going back to Canada. Kip's love and the eventual breakup were one more traumatic incident. As stated above, the memories are more painful than the actual traumatic events. She is again pushed into the traumatic memories that might have accompanied her in her later life in Canada.

2.3. The Trauma Analysis of the Indian Sappier – Kip/ Kirpal Singh

Kirpal Singh, aka Kip, was among the four important characters in English Patient. He was born in India, but he studied in England. In the beginning, he seems to have accepted a voluntary solitude, but he falls in love with Hana and befriends the

English Patient. Kip represents the colonial past and post-colonial present in the novel. However, his identity is split between his original country (India) and the country that educates him.

Kip is fighting for his identity between black and white, known and alien, self and other, dark and light, Western and Indian, and Coloniser and Colonised. He prefers to be under Western influence and accepts Western supremacy. However, when the atomic bombs are dropped on Japan, he feels betrayed by the nations he admires more than his motherland. Aghast by the arrogance of the Western world, he finally chooses not to keep himself in the binary opposites and returns to his cultural roots.

Like Hana and the English Patient, Kip also suffers from shell shock. He is mentally disturbed and unstable. Like Hana, Kip has also lost his self-image and goes through the phase of dissociation. Both of them do not look in the mirror. Kip is extremely sensitive and can feel Hana's trauma and pains. 'He knows the depth of darkness in her, her lack of a child and of faith. He is always coaxing her from the edge of her fields of sadness' (Ondaatje 288).

In the beginning, English land is like the foster parents for Kip. His original name Kirpal Singh was rechristened as Kip, who believes that the nickname he receives is the way of the English officer to 'translate [his body] into a salty English fish' (Ondaatje 93). His original name Kirpal is forgotten within a week, and he has no regret for that. Kip is thus associated with fish, animals or indirectly savages rather than civilised ones. He is treated as "an anonymous member of the other race". Kip tries to immerse himself in the English culture and is ready to abandon his Indian roots for the sake of English culture. However, the white world never accepted him because of his brown skin and turban.

Kip's trauma is two-fold; he is traumatic because he has experienced and witnessed the annihilation in the war. As a result, he is suffering from shell shock or PTSD. At the same time, he is the only character suffering from race-based trauma. The detrimental impacts of racial discrimination are well documented in the academic body. Several scholars have confirmed that these impacts are linked with mental health deterioration (Polanco-Roman et al., 2016, p. 2). However, Kip is the only character in the Villa who has race-based trauma.

Carter, in his study, stated that discriminatory experiences could be regarded as a threat to the integrity and safety of the affected individual. For the whole of his life till the nuclear attack, Kip seems to suppress his distress and anxiety culminating from the acute racial discrimination. Nonetheless, after the bombs dropped on Japanese cities (Asian region), his repression suddenly burst out that he perceives the patient as a criminal because he is English; he takes the bomb attack personally and connects the incident with all the British's wrongs with him. He also raises his voice for the first time about racial discrimination. After the attack, Kip perceives Whiteness and Englishness as the same and blames the imperialistic drives of Westerners.

This phase of Kip perfectly matches the Mirror Stage proposed by Lacan. He realises how the Western culture, religion, and rules are imposed on Asians. A nuclear attack awakens him about the imperialism and supremacy imposed by the Europeans on him and his country. According to him, the right mirror exists in Asia rather than Europe.

It is the phase of his healing from trauma when he knows his real identity. "His name is Kirpal Singh, and he does not know what he is doing here" (Ondaatje 305). He succeeds in regaining his identity after a series of traumatic incidents. Several studies have confirmed that traumatic experiences and identity development are closely reciprocal and connected. Berman et al. (2020) state that the traumatic events force individuals to question and reassess their commitments towards certain people, roles, entities, organisations, or any country (275). Two traumatic incidents in Kip's life are witnessing war horrors and experiencing racial discrimination. The bomb attack is like an outlet for his anxiety and repression, and he is forced to ask himself questions about his role towards the foster country that deceives him. It forces him to rethink of his commitment to the cruelty the Westerners have committed by dropping bombs.

Previously stressed by racial discrimination and war experiences, he defined his role as a foster child or the servant of the British empire and a strong proponent of Western culture. He decided on his role as a follower of White supremacy, but after the destruction and nihilism in the form of massive human, economic, financial and other losses, his belief was shaken, and his newly formed identity questions him about his beliefs about supremacy and superiority of the British and the entire Western world. He is stressed out due to the anxiety about his inability to find his identity issues; such crises are closely linked to PTSD or shell shock.

When the relation between trauma and identity issues is perceived to be reciprocal, it must be considered that trauma impacts identity. Similarly, identity can also impact trauma. The beliefs about the world, religious beliefs, and political beliefs can also become the key factors in forming our perceptions of the trauma. Sometimes, these factors make it easy or difficult to endure and cope with trauma (Berman et al., 2020, p. 276). Initially, Kip was influenced by Western beliefs though he has not completely abandoned his religion. He was also influenced by political beliefs (e.g., the cultural hegemony of the British Empire). These beliefs form his perception regarding his inferiority and Western superiority, thereby forming stress and anxiety about his identity that was always compared with animal or savagery by the ostensible sophisticated Western world. At that time, it was difficult for him to cope with the suppressed trauma. The moment he gives up his false beliefs about supremacy and destined dominance of the Whites, he starts coming out of his long-suppressed distress.

Berman et al. (2020) refer to many studies to analyse the relationship between trauma and identity. Among these studies, Bombay et al. state that trauma-based on discrimination and existential threat to one's group and individual identity can be particularly harmful (cited in Berman et al., 2020, p. 276). This opinion is apt for Kip's case; the racial discrimination has made him traumatic as his identity was denied, overlooked, and underestimated. He always respects Western cultures and values and tries to absorb them; he honestly tries to immerse himself in this culture, but the result of this devotion is that he never receives the same respect and acknowledgement from that culture. He is never treated as an equal human due to his brown complexion and oriental origin.

His recovery from the trauma is temporary when he comes to the Villa. He is part of a temporarily formed family in which he is living with three Westerners/whites. However, he manages to establish amicable relations with them. His belief about Westerners is still alive. He tries to heal from the past trauma with these temporary family members. It was a crucial time for him to rethink his self-identity. For the first time, a white lady has fallen in love with him and is captivated by his exotic brown complexion and long hair in his turban. Nevertheless, Western society disregarded the same skin colour and humiliated the same skin colour. However, the bomb attack again makes him traumatic. He strongly feels that it is a hate crime committed against the Eastern Hemisphere. The events deepen and fracture his affiliation and identification

with the Western world. He abandons the Villa keeping Hana (his beloved) behind just because she is White. His coping mechanism was to abandon the people and the world who humiliated and traumatised him. He finds the healing to his trauma in his cultural roots, namely his motherland, India.

2.4. The Trauma Analysis of the Caravaggio

Caravaggio is a legitimised thief enlisted by the allies to steal documents and spy for the allies. He is Italian and immigrated to Canada. The German soldiers catch him at the end of the war, torture him, and almost cut off his hands. He is admitted to the military hospital, where he hears about Hana, the daughter of his family friend Patrick. When he arrives at the Villa, he is emotionally fractured and damaged. He falls in love with Hana, whom he saw as a child. However, he knows that she loves The English Patient as her father. He soon starts healing from the trauma with Kip and the English Patient he initially hated.

Like the other three characters, Caravaggio realises that it is difficult to face trauma; the easier way is to escape from it. At the beginning of the novel, when he arrives at the Villa, he is not mentally prepared to forget the war trauma and the grief of the loss of his loved ones. According to Caravaggio, war means crime and violence because he has endured massive physical and psychological scars from the horrifying experiences of war.

Hana and Caravaggio used to know each other in the past, but now, at present, they behave like newly met strangers throughout the novel. Trauma is the major cause that has parted them during their Villa stay. The traumatic experience has created an uncrossable gap between them because both of them have lost their past identities. He recalls memories, but he does not wish to do so. He is in the phase of dissociation, just like Hana. Thus, he is different from the English Patient, who does not want to get himself from the traumatic memories.

Due to the war and a series of traumatic events, Caravaggio lost his self-control and confidence. Along with the English Patient, he is addicted to morphine to find a way to escape. Since his war injuries, Caravaggio has become a morphine addict. He shares morphine with the English Patient because he wants to hide his traumatic stories and

events. The English patient once challenged this approach of hiding the past, saying, “You must talk to me, Caravaggio. Or am I just a book?” (Ondaatje p. 269). Here, the English patient expects that Caravaggio should be open and unfold his hidden stories

‘Each swallow of morphine by the body opens a further door ...’ (Ondaatje p. 263). This indicates that he is an opiate addict person. Morphine is supposed to be the medicine for PTSD patients to relieve their traumatic pains. However, its overdose is certainly harmful, and it is an addiction. Morphine is a type of opioid, a natural or artificial chemical that interacts with opioid receptors on the nerve cells in the brain and entire body, thus relieving the patients from pain. Consuming the morphine requires a prescription, but Caravaggio was consuming it without any prescription. Caravaggio’s traumatic condition is similar to Hana’s, but their coping mechanisms are different. Thus, Caravaggio becomes an opioid addict after a series of traumatic events, and this disorder is called Opioid Use Disorder Symptoms.

All of the four principal characters suffer from complex trauma exposure in which they witness and experience not a single traumatic event but varied and multiple experiences that are invasive and interpersonal in nature. The title character witnesses the invasiveness or hostility from Clifton, Katharine’s husband. Though it was obvious, such invasiveness brings a series of traumatic events in his life, including failure in his romantic life, loneliness, the shock of being attacked by Clifton and his attempt to kill him, and his incessant and failed efforts to save the life of his beloved, Katharine and her eventual demise, and his plane crash.

Hana is also the victim of complex trauma culminating from multiple traumatic events, including the loss of her father, disasters and cruelty of war, seeing soldiers dying every day, and the loss of her man whose child she is bearing and the subsequent abortion. Not just a single trauma, but Hana’s fragile mind and senses are hit by multiple traumatic and disastrous events that make her numb at a certain point.

Kip also suffers from the complex trauma in which his sense of self has been distorted. This symptom is present in the other three characters as well. It becomes difficult to control the relations, thereby leading to relationship challenges. Though Katharine is not discussed under the trauma framework, she shows such symptoms in that she causes several challenges in maintaining her relationship with her husband and her lover. Kip’s multiple traumatic events were the direct and indirect racial

discrimination and deaths, violence, and annihilation in war. His parent country (England), or the Western world, has betrayed him; the whites always treat him rudely, and he loses his confidence.

Caravaggio also experiences the shell shock or complex trauma from the ruins, deaths, and destruction of the war. The German soldiers tortured him physically and abused him by cutting off his hands. He has a strong feeling of being paralysed physically and mentally. He has experienced havoc in his life that makes him cynical about everything and everyone.

Judith Lewis Herman (1992) first introduced the term Complex trauma in 1990s. According to her, the complex trauma resembles the classic symptoms of PTSD in which the individual feels anxious, has flashbacks, and avoids circumstances that remind him/her of the traumatic incidents. Various symptoms of complex trauma are there, whereby the principal characters show some or other symptoms. Trauma has trapped their bodies and brains and created the symptoms of complex trauma, whereby all four characters feel a sense of fear, horror, powerlessness, and helplessness.

In the case of the principal four characters, the followings are some of the key causes of trauma:

- Ongoing physical and emotional abuse
- Chronic neglect and abandonment
- Torture or being held captive
- Genocide campaign
- Living in a war zone or a region with the civil unrest
- Thinking in black and white
- Ignoring positive and focusing on negative
- Physical abuse is prominently seen in Caravaggio.

2.5. Indirect and Unknowing Use of Cognitive Behavioural Therapy (CBT) Goals as a Healing Strategy

CBT is supposed to be an effective therapy to treat trauma patients. It is a psycho-social intervention to treat trauma patients. The primary goal of CBT is to reduce depression and anxiety disorders and regulate emotions. Though the novel's setting is the second World War in Europe, the characters do not know about such therapy. Because the practice of CBT was first developed in the 1960s, the term PTSD was first used in the 1970s and was officially recognised in 1980 by the American Psychiatric Association in the third edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-III). However, after studying the novel, it is observed that the four characters are unknowingly using the goals of CBT when they come close to each other and know each other.

The primary goal of CBT is to form new habits. For instance, Hana develops new habits such as reading books and gardening in the orchid of the Villa, along with her daily routine of nursing the patient. She demonstrates a constructive mechanism of coping with trauma. Caravaggio becomes a different person by changing his habit by giving up prejudice and thinking positively about the English patient and Kip. It was a constructive way of developing healthy habits. Kip also develops sound relations with the English patient and tries to know him, keeping his prejudice aside.

Learning interpersonal skills is also one of the goals of CBT. Initially, Hana and the English patient developed sound interpersonal skills between them. The English Patient shares his past with Hana, his love story, and the painful incidents in his life. The English patient's diary was also one of the means of communication. Hana nurses him compassionately despite the low chances of his recovery. The interaction between them developed through verbal communication (e.g., through dialogues and the narration of his story) and the touch, which is also a source of healing for her. 'If it is cold, she moves carefully into the bed and lies beside him. She can place no weight upon him without giving him pain, not even her thin wrist' (Ondaatje p. 5). The sense of touch is the basic component for developing haptic communication for interpersonal relationships (A-Sin & Koole p. 13). There was a spiritual touch to the interpersonal relationship of Hana and the English Patient. He was like a saint or a Godly figure for Hana. Similarly, Hana's presence was the source of healing for the English Patient and vice versa.

Interpersonal communication was developed among Caravaggio, English Patient, and Kip as well; love is the driving force for them to develop the interpersonal relations that are necessary to heal from the trauma. This healing force, i.e., love, comes in a different form in the novel. Hana's love for the English patient is parental and based on philosophical principles. A romantic relationship develops between Kip and Hana, which helps them heal from their trauma, though it is momentary. Kip also finds stability and peace in his relationship with Hana. Kip suffers from emotional wounds and trauma due to war, and racial discrimination starts healing when he falls in love with her. Kip, Caravaggio, and the English patient also develop relations through communication which helps them forget their wounds and trauma while staying in the Villa.

As mentioned earlier, love is the key driver of healing, and sometimes, it is also responsible for their trauma. For example, love is traumatic for the English Patient and Hana. The English Patient /Almásy's love ends up in a disastrous tragedy in which he has to lose his beloved. When their affair was in full swing, they went through several bitter memories because of the extra-marital status. Thus, Ondaatje projects love as both a healing (Eros) and destructive (Thanatos) drive. Hana is also devastated by her tragic love in which she loses the man she loved and bore his child that she aborted eventually. The death of her loved ones (her past lover and her father) represent the pain that she received from love. When it was Eros, it healed the characters from their trauma, and when it was Thanatos, it pushed them into the trauma.

After traumatic events, the individual is pushed into the deep hole of miseries and wants to stagger. The trauma is too severe to look at the bright side or "silver lining". Refusing pain is more harmful; being in a melancholy state and recalling traumatic events are more effective in letting the pain and trauma go and exploring productive solutions. Among the four characters, the English Patient is consistent with this strategy. He never tries to hide the traumatic incidents but constantly talks about them with Hana, Caravaggio, and Kip. His past is crystal clear to Hana through his narrative and diary entries.

Unlike him, other characters are not open to unfolding their trauma. They are in the repression mode mentioned in the psychoanalytic theory. Kip, Hana, and Caravaggio choose to hide the miserable memories by forgetting them or repressing them. However, it is not a permanent solution to healing from trauma; it may impact future relations. For

example, the repressed feelings of racial discrimination make Kip more hostile towards the European/ Western/White world. It bursts out after the nuclear bomb attack on the Asian country. He leaves the Villa and his beloved, who was also European. Later in his life, though he is established, he can never forget Hana. The wound always remains there in his mind.

To summarise the topic, Ondaatje's *The English Patient* is one of the best literary pieces that focus on the human psyche in the light of trauma theories. While depicting the complex trauma of his characters, he has proven his deep understanding of trauma theory. Therefore, this text is a must-read, reviewed and researched piece in multiple domains, including literature, psychology, history, politics, philosophy, and humans.

3. CHAPTER THREE: The Analysis of Trauma Theory in *Forrest Gump*

Groom brings the story of a man with “an IQ of 70” in his satirical novel *Forrest Gump*. Despite his low IQ, the title character leads a colourful life that is full of unbelievable events. It is a memoir of Forrest, who declares that his life is neither hum-drum nor like “a box of chocolates”. It is because of several unbelievable and unpredictable incidents Forrest declares himself “an idiot” or a mentally low person at the beginning of the novel. However, he adds that he is superior in his perception to many other people. The story comes to the readers in a chronological form, whereby the narrator does not intend to focus on the trauma and anxiety while narrating his life story.

He narrates his story by introducing his family, and the readers learn that he is half-orphan because he is raised by a single mother. He is sent to a special school where he finds only one teacher, named Miss Henderson. According to him, she makes genuine efforts to teach him. The readers also learn about his banana phobia because his father died under the piles of tons of bananas on the loading docks. His special school is a disastrous place, and football is the only way to escape from it. In high school, he meets his first-grade friend Jenny Curran, the only child who was nice to him. Later, they become lovers but separate from each other. He becomes an incredible football player. When he is at the University of Alabama, he meets Bubba, from whom he learns to play the harmonica.

He also joined the US army during the Vietnam War and was awarded Congressional Medal for saving Bubba’s life. Winning the army’s ping-pong tournament is one more feather in his cap. He is sent to Beijing, where he saves Chairman Mao from drowning. He again finds Jenny and joins her band, and they fall in love with each other. In the same period, he starts smoking marijuana, gets into clashes with Jenny, and separates again.

He took the opposite stand unexpectedly by joining the anti-war protest and was arrested and kept under psychiatric observation. He is sent to NASA and assigned for the Mars mission. He is caught in a forest of New Guinea among the cannibals. He learns chess from Chief Brig Sam and starts a shrimp farm, and several other incidents happen in his life. In the end, he meets Jenny and his son, Forrest Junior, but she is married to

another person. She still loves Forrest, but she feels that he does not deserve to take care of their son.

It is a chronology rather than a life story of someone. It is hard for the readers to expect that a single person with a low IQ can be an expert in multiple skills that are not connected. The book is also written in colloquial language with loads of grammar mistakes. Groom has deliberately used such language to show Forrest's Southern upbringing. However, the author has not mentioned precisely his disability when he repeatedly calls himself "an idiot". Presuming the exaggerated incidents of his life, it can be concluded that he is certainly not an idiot as he claims. It seems to be the sarcasm, probably because he is ill-treated during his childhood. Otherwise, a person with a low IQ cannot be a mathematician, a ping pong, a chess player, a musician, a wrestler, a football player, a military man, a politician, a scientist, and a successful businessman.

Reviewing and interpreting the text through the lens of the trauma theory is not a new idea. Scholars, historians, academicians, and historians are well acquainted with the experiences of trauma since ancient times. However, in the case of the present novel, it is challenging to apply the trauma theory. The foremost challenge is that it focuses on the protagonist's great exceptional, and unbelievable achievements. The readers know that such achievements are not possible in a single human life, especially the idea that Forrest is always successful everywhere and in every task he does. Playing multiple roles is not a sign of a person with trauma. Forrest is depicted as destiny's child and becomes greater than anyone else could imagine. His life was undoubtedly exceptional, and it is hard for the critics to analyse it from a trauma theory perspective. After repeatedly reviewing Forrest's life story, one can only find his tense relations with Jenny Curran, which may be the topic of discussion from a traumatic perspective. He has not encountered such a level of trauma in his life as the four characters in "The English Patient experienced and/or witnessed". Therefore, it is essential to analyse other characters around him to observe and study their traumatic experiences

Jenny is the female protagonist, and Forrest's story cannot be complete without her. Since elementary school, Jenny has been his love interest since they met in the first grade. She is always kind to him when other children tease him. Jenny is among the few people in his life that realise and acknowledge Forrest's talents. As a result, she falls in

love with him. They frequently come together and part over a while in their lives. In the end, he gains every material pleasure except Jenny's love and companionship.

It is essential to mention that the story was adapted on the silver screen. While adapting, the director Robert Zemeckis and the writer Eric Roth took immense freedom to alter the plot. The story was significantly altered in the film, which became more popular than in the novel. Major changes were made while crafting the characters of Forrest and Jenny. Though several studies have been conducted on film analyses; unfortunately, the novel lacks research; therefore, the discussion and analysis of the novel in this study will be subjective and based on the contexts of the book.

Jenny's character in the film aptly fits in the framework of the trauma theory. In the film, she is portrayed as a spoilt woman having an extremely dark past. Mr Curran, her father, sexually abused her. In the film, her famous dialogue on child abuse is "Dear God, make me a bird so that I could fly far away from here". It is shown in the movie that Jenny's father would chase her in the field to beat and molest her. Later, Jenny leads a hopeless and meaningless life. Eventually, she dies due to AIDS. If this life is presumed, Jenny can certainly be the case study of trauma. However, it has not been mentioned anywhere in the book that she has a bitter child abuse history. Rather, nothing is precisely told about Jenny's family. In the novel, her character is a relatively calm, mature and sensible woman. Therefore, her character cannot be analysed based on child abuse trauma. She is not the victim of any abuse or war experience like Hana in "The English Patient". However, there was a reason for her disturbed and anxious life, and it was her consistent failure in her romantic life. In the subsequent section, her character will be analysed using trauma and relationship. The section will examine whether Jenny is a victim of Complex Post Traumatic Stress Disorder (CPTSD).

Lt. Dan is among the most important characters in the novel. Forrest first meets Dan in the intensive care unit in Danang, Vietnam. Forrest has been brought there to treat some minor wounds caused by the gunshot. Dan is severely damaged and is suffering from "two punctured lungs, a severed intestine, spinal separation, a missing foot, a truncated leg, third-degree burns over half the body" (Groom, p. 68). Their next meeting was in Walter Reed hospital when Dan lost his legs and was scarred around the face. Later on, he becomes homeless. His character analysis will shed light on several

traumatic events he experienced and the immense pain he endured resulting from Vietnam War. His character fits in the analysis of the trauma theory

One more important character of the novel is Paul Bryant, who is a fabulous football player at the University of Alabama. After watching Forrest's skill in football, Bryant is keen to include him in the football team, but Forrest fails in the IQ test, with a score of 70. Though he is the major character in the novel, the research does not intend to focus on him because his character is less relevant to the research area.

Bubba is among the major characters to whom Forrest is closely connected. Forrest was devastated when Bubba died. It was traumatic for him to accept his death; he laments 'Bubba gone, shrimp boat gone; an he the only friend I ever had – cept maybe Jenny Curran' (Groom, p. 61). Bubba represents thousands of American young people who lost their lives just because of the political ambition of the American government. Thus, Bubba's character will be analysed in the framework of societal trauma.

Other Minor characters in the novel include Mr Chi, a shrimp vendor in Vietnam, Mr Claxton (Forrest's campaign manager), Curtis (Forrest's roommate at the University of Alabama), Mr Felder (a Hollywood movie producer), Coach Feller, Miss French, Major Jenet Fritch and Sue, Lt. Col. Gooch (an army officer), and Gladys Gump (Forrest's mother), and many other. However, this study will focus on those characters that directly or indirectly fit into the theoretical framework of trauma.

Rereading and an in-depth study of *Forrest Gump* have revealed that the novel has not yet been studied in an academic circle from a trauma perspective. Therefore, this discussion will be a novel research area in its critical analysis. The analysis will reflect the subjective approach of the researcher. Further discussions will be based on the following trauma-related themes:

- Childhood Trauma
- War Trauma
- Societal Trauma/ Complex Trauma
- Absurdism in *Forrest Gump*
- Addiction
- Meaninglessness and Isolation.

3.1. Childhood Trauma in *Forrest Gump*

Forrest is almost isolated as a child and is not fortunate to have a stereotypical ideal family with a father, mother, and children. His self-narrated story explains that the only caretaker was his mother, Gladys Gump. However, no evidence of dysfunctional family background is observed. He is the only child, and his father dies in an accident at his workplace. The netload of tonnes of bananas fell on his father, squishing him underneath. For Forrest, it was a great trauma, and later in his life, he had to deal with the banana phobia. Forrest uses the word banana 26 times in the book, thus indicating his phobia about bananas. He recalls the accident of his father when the group of boys falls on him during the football match. ‘but bout two tons of Nebraska corn jackoff beef, black and white, fall on top of me right away. I lay there flat on my back, thinking what it must have been like when that netload of bananas fell on my daddy, and then I went back in the huddle again’ (Groom, pp. 38-39).

At the beginning of the novel, he calls himself an idiot and explains his reason. He says that he is an idiot because, in his childhood, people laughed at him, and he received ill-treatment from people. His declaration regarding his low IQ is not real but sarcastic. It is anger and disgust that are expressed passively and bluntly. In a recent study (After the COVID-19 pandemic), the author connects sarcasm with depressive symptoms (Marabito, 2021). It is black humour in which Forrest tells how he was treated like a dumb person when he was not. Social rejection is also one of the major causes of trauma. In that sense, Forrest’s trauma is similar to the character of Kip from *The English Patient*. Like Kip, Forrest has also been rejected by society perceiving him as inferior. It is unknown why such a logical, rational person is called an idiot and why his IQ would be perceived as low. Groom has not specified any reason behind the low IQ of Forrest Gump and whether he has gone through any physical or mental health history. Therefore, it is hard to find the precise reason behind his low IQ. Forrest’s mother does not allow him to play with other kids because they do not treat him well. Forrest recalls that she first allows him to play with everyone, but then she finds that the children tease Forrest. He further narrates that a boy hit him in the back with a stick. They were chasing him, and he was extremely terrified due to their ill-treatment.

A wide range of studies has discussed the mental and psychological injuries of social rejection. According to Lynn Mulvey, Boswell, and Zheng (2017), social exclusion and peer rejection are pervasive phenomena in children's social interaction (71). The authors refer to several previous studies where individuals are excluded because they are different from other common people. Sometimes, they are more charming or gifted, while sometimes, they have some physical and cognitive deficits. Forrest has portrayed a person with physical impairments in the movie adaptation, i.e., his leg braces. The director seems to find a strong reason for Forrest's social inclusion. Therefore, such freedom of alteration may have taken it. However, in the book, nothing is mentioned regarding such physical disabilities. His high intelligence may be beyond the school teachers' understanding, so they may have labelled him an idiot boy with a low IQ. The thought process of gifted children is different and does not fit the normal parameters. They face challenges in grasping and consequently become "idiots". Forrest is such a boy; therefore, he is neglected and rejected child. He was rejected not only by the boys but also by the girls he wanted to play with. They were also not ready to accept him as their playmate.

After reading the next part of the story, the readers may assume that Forrest may have dyslexia. The common symptoms of dyslexia are found in Forrest's narrative. While recalling his school days, he stated his mind would be somewhere else when the teacher talked. He would look out of the window to the big oak trees, running squirrels, and other interesting things from nature. The teacher punished him, and other kids chased him and teased him. However, Groom has not precisely mentioned it; thus, the readers can either assume whether he was a gifted child or dyslexic. However, later in his life, he solves several difficult mathematical problems and proves that he is not an idiot as he had declared in the past.

As mentioned earlier, there are no references to direct or overt bullying and harassment; the people around him indirectly and mentally tortured him. It is certainly traumatic since social and peer exclusion causes severe psychological harm and several negative outcomes.

In his childhood, Forrest seems to be struggling with interpersonal communication and social interaction. His self-narrative indicates that he was a shy, withdrawn, and anxious boy, and such people are easily vulnerable to interpersonal

rejection because the peers tend to perceive such temperament as a social deficit. The social and peer rejection developed depression, jealousy, and sadness and impacted his performance in intellectual tasks. Such sadness and depression are seen and felt in the sarcastic narration while Forrest tells his childhood story.

The presence of two strong females in Forrest's childhood is the most important factor, especially in reducing the trauma and pain of social and peer rejection and exclusion. First is his mother, Gladys Gump, and second is his childhood friend and young-age crush, Jenny Curran. Though their strong presence is there in Forrest's life, these women also have gone through several traumatic events. However, Groom has not openly mentioned their traumas. It is up to the readers to interpret them through the narratives. In other words, the novel does not overtly give signs of the traumatic state of these characters, but they can be interpreted through their present status. In this context, the character of Gladys Gump, Forrest's mother, is critical.

Forrest mentions how his mother was overprotective of him; she would not allow her child to mix with other children because she knew they rejected him and teased him. After her husband's death, Gladys has lost her companion and the family's breadwinner. She gets a small pension from the United Fruit company; hence the financial crisis might not be acute. Forrest recalls her overprotectiveness where 'she used to put me down in the parlour a pull the sheds, so it was dark and cool and fixed me a pitcher of limeade' (Groom, ..., p. 3). She would never let him go and play with the children. One reason behind her overprotective approach may be her suppressed trauma of her husband's accident. Forrest does not mention any objectionable relationship between Gladys and her husband anywhere. Hence, there is no reason to assume that he belongs to any toxic family. Previous studies have been reviewed to connect overprotective behaviour with a person's traumatic experiences.

The only focus of the overprotective parents is to ensure their children's safety and security both physically and psychologically. Sometimes, the parents get excessively conscious of physical safety when the child is actually in a safe environment. Instead of interacting with her teachers and school authorities and maintaining interpersonal communication, she merely focused on Forrest's safety. One reason might be there behind this overprotection, namely the traumatic incident of her husband's accident. Her anxiety might have stemmed from the disaster she experienced in her life.

However, Forrest has not mentioned anything about the relationship between his mother and father. He also has not mentioned directly or indirectly any family crisis or dysfunctionality in his family. We assume that the sudden and unexpected demise of her husband must have made her anxious and overprotective.

Her overprotective behaviour can also be discussed from the perspective of post-traumatic stress. In this context, McWhorter et al. (2021) conducted research on parental emotional stress to confirm that post-traumatic stress is the probable reason behind the overprotective attitude of the parents. Hence, it is assumed that her husband's accident has stressed her out, and her protective approach was the outcome of her anxiety about losing her husband and raising her child single-handedly.

After reviewing, examining and interpreting the incidents of Forrest's childhood, it can be concluded that Forrest and his mother are suffering from an unknown trauma. Probably, Forrest does not know that it is a trauma through which they are going. The trauma of Forrest stemmed from the social and peer rejection due to his difference, while his mama is traumatic due to her husband's sudden death and her changing role in which she has to perform the role of a father and a mother in Forrest's life.

3.2. War Trauma in *Forrest Gump*

The previous chapter observed that war was the fundamental reason supported by other personal incidents behind the traumatic conditions of the four main characters in *The English Patient*. The psychological consequence of trauma is one of the widely discussed topics in psychology and history. Klaric et al. (2007) confirm that prolonged exposure to war and post-war stressors seriously impacts civilians and enhances post-traumatic symptoms (167). The brutality of war leads to traumatic experiences, and the victim constantly needs physical and psychological help to recover from the trauma.

The consequences are disastrous in which people lose their homes. They are directly exposed to interpersonal violence, including murder, torture, and other life-threatening situations (Munjiza et al., 2017, p. 1). The same study refers to the WHO's "World Report on Violence and Health," which explains that violence and cruelty in the war are associated with various psychological and behavioural issues, including depression, anxiety, PTSD, and suicidal thoughts. It is also warned that public health

will be at stake as long as the nations follow the path of war and destruction to resolve their issues and conflicts.

The people exposed to war also develop personality pathology and interpersonal dysfunction (Munjiza, 2017, p. 6). Personality pathology is based on the core features of self and interpersonal deficits. A rigid and unhealthy pattern is created in the person's thought process and behaviour after his/her exposure to traumatic events, including war. It also has a remarkably adverse impact on interpersonal relationships and social activities.

War trauma in *Forrest Gump* is significant in the context of the Vietnam War and Forrest's participation in it. Along with Forrest Gump, two more characters are engaged in the war and experience its aftermath. Among them are Bubba, Forrest's closest friend, as close as Jenny, and Lt. Dan. Bubba dies on the battlefield in an extremely horrifying situation, while Dan leads an extremely difficult and disastrous life later after coming back from war.

Bubba is a football player at the University of Alabama. He has been given discriminatory treatment and becomes Forrest's best friend probably because they have experienced neglect and rejection. According to Forrest, meeting Bubba is the turning point in his life. Bubba teaches him to play the harmonica, and they part from each other for some time, and then they meet again during the Tet Offensive. Forrest is a machine gunner, and Bubba is his carrier. They design their plan to start a shrimp business during their Vietnam meeting. Unfortunately, Bubba is shot and dies in a rice paddy. Consequently, Forrest feels miserable and suffers from pain from seeing Bubba being shot twice in his chest. Groom depicts the incident so that it stirs the readers' emotions.

Forrest carries Bubba back, and while carrying him, Forrest's shirt is covered with blood. Severely wounded, Bubba looks at him and says, "Why this happen?" Well, what in hell am I gonna say?" (Groom, p. 60). He requests Forrest to play a song on the harmonica. Forrest plays the harmonica for his dearest dying friend to the terrible sounds of shooting in the background. Instead of being with his machine gun, Forrest is with the harmonica, fulfilling the last wish of his friend. It was a traumatic moment for Forrest, and he says that the night is the most terrible and worst night he has ever experienced in his life. Bubba was his only friend after Jenny Curran.

Forrest's war trauma is similar to the four characters of "The English Patient". Hana loses her father and her lover, whose baby was being raised in her womb. Caravaggio has also lost his loved ones, and his hands were almost cut off. The English patient has also witnessed the tragic end of his beloved Katharine in the same way Forrest witnesses Bubba's death in the battlefield. Their life was completely changed after the traumatic incidents. However, the characters in *The English Patients* respond to the catastrophes in a relatively passive way. For instance, Hana and Caravaggio prefer to repress the memories, whereas *The English patient* prefers to talk and discuss his traumatic memories. On the other hand, Forrest chooses a constructive way to pay tribute to his friend. He takes a vow that he will start the shrimp business after returning to his country, and he fulfils his pledge given to the dying friend.

Lt. Dan is also a war-stricken character who lives in a critical condition and war trauma for a long period of his life after the Vietnam War. To understand his trauma, it is essential to focus on the tragic incidents he goes through. His post-war life was devastating; he was badly injured and was treated at Danang hospital in Vietnam. His critical situation has already been mentioned earlier; he has been wounded due to the shell explosion.

Forrest shed light on Dan's past life when he was working at a school as a history teacher before the war. He wants to reveal that Lt. Dan was not associated with military service. However, during the Vietnam War, he was pushed to warfare activities. Forrest intends to tell the readers that anyone (regardless of his warfare ability and skills) was hired into the military because of the scarcity of men. He is commissioned for a lieutenant's post.

Forrest meets Dan for the second time in Walter Reed hospital, Washington DC. At that time, Dan went through a traumatic event in which he lost both of his legs and was scarred terribly. However, he seems to be in the denial mode of the defence mechanism; apart from such terrible wounds, he claims that he is fine.

The third visit between them reveals Dan's miserable condition; he is homeless and lives on the street of Washington, DC. In their study, Rosenheck et al. (1994) have focused on the condition of the Vietnam war veterans. The authors confirmed that these veterans had several health issues; some were alcoholics and had a history of psychiatric

hospitalisation (Rosenheck et al., 1994, p. 4). Likewise, Dan suffers from similar conditions after the war.

He appears before Forrest almost as a beggar, half-bald and unshaven. Most of his teeth have gone, and his eyes are bloodshot. Forrest describes the incident when he meets him in the street. He saw something in front of an office building in the street that was familiar to Forrest. Somebody was under a garbage bag, keeping out of the rain. His hands reached out from the bag, and his shoes were shining. He wheeled himself around a handmade wood cart, and Forrest recognised that he was Dan.

Dan's trauma is obvious, resulting from his homelessness. His wife has divorced him because she thinks that he is incompatible. His artificial legs have been stolen and he has been fired from his job because of his alcohol addiction. He still has the medals received after the Vietnam war. After a series of events, Dan disappears. Forrest's shrimp business is flourished, and he hired many of the people who entered his life at different stages. He wants to hire Dan, but he cannot find him. Later, Forrest meets him in Savanna polishing shoes. Dan would urinate in the hat and dump it into the toilet as he lost his legs. Forrest sarcastically says, 'This is where the Vietnam War has got us' (Groom, p. 162).

The Vietnam war pushed the veterans into immense and interminable suffering. Lt. Dan represents numerous veterans who became traumatic due to several reasons, including physical disabilities, loss of families, neglect, financial crisis, and post-traumatic stress disorder. The character of Dan may be fictitious, but Dan's story is the story of many such veterans of the Vietnam war. Like Dan, several veterans have been still suffering from acute mental and physical disorders. Considering his appalling situation, it cannot be said that his mental health is absolutely fine. The readers can only assume considering the amount and severity of his tragic events. He might be suffering from feelings of loss, powerlessness, and hopelessness. In one incident, he tells Forrest that he does not want anything but death (Groom, p. 153).

As mentioned earlier, alcoholism and addiction were prevalent among the Vietnam veterans. War was extremely traumatic for them, and they developed PTSD. This condition co-exists with addiction and alcoholism. Dan's alcoholism was also due to the traumatic experiences of the war. The alcoholism developed because they wanted to escape from physical and psychological pain. War trauma was the combination of

physical, mental, and emotional or the combination of these three elements. Further, they were burdened with societal trauma. The societal trauma will be discussed in the subsequent section, which will focus on how the soldiers receive hostile treatment from society and how they deal with this trauma.

3.3. Societal Trauma/ Complex Trauma in *Forrest Gump*

The term societal trauma is used in social exclusion due to acute social hostility. It is a type of complex trauma. Individuals are the components of society; society is formed by individuals. Human beings are social animals, and society ensures their safety, security and a feeling of togetherness and belonging. According to the exclusion theory of anxiety proposed by Baumeister and Tice, ‘the fear of being excluded from social relationships was deeply rooted’ (Cited in Dou et al. p. 2). It further develops anxiety in the individuals.

It is also confirmed that social exclusion is responsible for declining mental health; it results in multiple disorders, including depression, anxiety, and PTSD. War veterans were receiving hostile treatment from the common Americans. The veterans were not welcomed by the people of the United States. They were seen suspiciously, and people asked why they fought and killed thousands of innocents. The Americans were asking whether the war was necessary and worthwhile. The Vietnam war was a failure because Americans were against such nihilism after two dreadful World Wars. They targeted the veterans or soldiers and gave them ill-treatment, insulting them and excluding them.

Groom shows the conditions during the war by saying that the soldiers were naïve, and it was unknown why they were fighting. Many people received medals for their bravery; Dan and Forrest were among them. However, the veterans’ condition was not well. In the previous section, we see how Dan lived after enjoying the post of lieutenant in the army during the war.

The theme of discrimination handled in the novel is similar to the discrimination-induced trauma of Kip in “The English Patient”. More specifically, the government rewarded the veterans with medals, and Forrest also experienced discrimination against the returning soldiers. He describes an incident when the veterans are pelted with

tomatoes and chased. The civilians also reject them during their journey toward Washington DC. They deliberately sit in distant seats in the plane to show them that the Vietnam war soldiers are excluded and rejected by the civilians. A girl scornfully asks them how many children they have murdered today in a Washington bar. They are treated like sinners, and they are blamed as if fighting in the war was their choice. The government and the political leaders should have blamed them because it was their decision. Forrest also receives a scornful look from a Cambridge MA college student.

The veterans also do not get proper medical treatment after their arrival. As mentioned earlier, Lt. Dan is badly injured and needs immediate and quality medical aid. Unfortunately, he is neglected in the Veteran's Administration; he is given the wrong artificial legs that do not fit him. Further, the poor condition and horrible circumstances force him to be homeless.

The primary cause of grudge towards the soldiers was America's unnecessary involvement in the Vietnam War. Due to the non-cooperation from the civilians, it becomes difficult for the soldiers to readjust themselves to the American society. Thus, physical injuries, emotional trauma, and drug and alcohol addiction are consequences of social exclusion. They were also not accepted by their friends, who held anti-war views. For example, Jenny Curran was against the war, and she participated in the anti-war movement.

The anti-war fever crushed the veterans physically and mentally, causing multiple and complex traumas. Many veterans started asking questions about the war and its social and political consequences. Arnold Isaac's book "Vietnam Shadows: The War, Its Ghosts and Its Legacy" includes the testimonies of several veterans. While sharing his bitter experience as a war vet, a graduate wrote, "[Vietnam war was] a burden on my heart that just will not go away.... I am not bitter; I am not frustrated. I have been mistreated because I am a Vietnam Vet". He also says that Vietnam is a big human tragedy (cited in Isaacs, 2000, p. 70). Groom's description of the treatment of Vietnam Vets resembles the above testimonial of the Vietnam Vet.

Due to the dreadful war, America had to lose fifty-eight thousand young lives. The financial loss was equal to \$150 billion. The Americans also gave their soldiers the most destructive weapons, including both conventional and advanced technology. When the veterans came back, the civilians asked about the meaning of such massive human

and financial loss. Unfortunately, the US army could not justify such loss due to their failure in the war.

However, the veterans did not receive the public respect and gratitude they always deserved. The veterans also asked whether it was fair to blame the veterans for the American defeat that occurred due to the misleading and ineffective leadership that never allowed the soldiers to win the war (Isaacs, 2000, p.71).

The impact of such social exclusion, hostility and grudge led Forrest to join anti-war protests and hit the Senate Clerk with the medal he had been rewarded. He says, 'Finally, I am 'put away' (Groom, ..., p. 109). The small sentence has a deep meaning; he has felt isolated from others since his childhood, but now he is separated from the entire society. He is arrested due to this behaviour and is kept under observation for mental and psychological instability. However, the doctor is ready to release him if he agrees to go on the NASA expedition. It is absurd to read such an unexpected turn to the story. The tasks assigned to Forrest in the military and later in NASA do not have any connection with each other. However, the present section is about analysing the social exclusion and trauma of the soldiers. Therefore, it is irrelevant to continue the discussion on Forrest's NASA campaign.

Coming to the point of social exclusion and trauma, Groom attacked US's decision to wage war against Vietnam, especially when World War II had just finished and the world had gone through several traumatic events. The global society was traumatised since the war is never an individual traumatic experience; it is a collective experience. Like an individual, society as a whole can also get traumatised in critical and anarchical situations.

Groom also refers to the protest that occurred after the end of the war and the veterans' homecoming. The protestors could not differentiate between war and the veterans. American soldiers were mentally tortured and excluded as they supported the war and willingly killed innocent people. Several veterans were against the war, and they were also not convinced that the war was essential. Patriotism was also relatively low during the war, whereby Groom gives a hint while describing the incident of Bubba's death and Forrest's behaviour. Forrest kept his machine gun down and went to search for Bubba. When Bubba was on his deathbed, Forrest forgot that he had left his gun behind. Gun is the symbol of duty. At that moment, Bubba and his friends were

more important to him than that nation and the shallow and false patriotism that forced them to kill several innocents for no reason.

Showing hatred and grudge toward the veterans and pushing them into the severe traumatic condition were the social responses to the traumatic phase. The society also lost several young people in the war who otherwise would have been the country's asset. Their skills and talents would have been used to shape the nation for a prosperous future. However, the society was traumatised because the real asset of the nation (the young generation) was lost due to the false ambition, greed, and pride of the fistful political leaders.

Forrest's character can also be analysed as representing the traumatic American society. The novel is just the depiction of the trauma of any individual, but it depicts the collective trauma or the community trauma. Therefore, it fits the complex trauma theory. Society sometimes actively responds to the collective depression, and sometimes, it becomes numb and stops responding to the traumatic events.

Forrest's character is symbolic; it can represent the whole community. Series of War were a series of traumatic events for society. The world had already fought two dreadful World Wars, and the societies throughout the world were devastated. Almost every family during the war had lost their loved ones. Though America ended World War II and brought victory, it was a traumatic experience at the social level. People throughout the world wanted peace and law in the devastated world. WWII ended in 1945, but the Vietnam war started just ten years after WWII. However, the society was not mentally prepared for the war, and people were fed up with war, political instability, and anarchy.

The Vietnam war was significantly prolonged as it lasted for 20 years. Several generations of young people were destroyed in the war. Billions of dollars (that come from the taxes of the civilians) were wasted just for the American ambition of dominating the eastern hemisphere. The political ambition resulted in the societal loss; the war was too long to be proactive for the American society. After enduring severe trauma, the mind becomes numb. It is worth mentioning that emotional numbness is a post-traumatic stress disorder; it is the defence mechanism.

The whole society was going through the stage called emotional numbness. Groom shows society's numbness through the indifference and numbness of Forrest

Gump. He develops the attitude of detaching himself from one incident to the other. He faces the events as they come to him without complaining. While narrating various life incidents, he becomes the passive and emotionally numb narrator. He did not prominently express his anguish and sorrow about his father's death, the single parenting of his mother, Bubba's tragic end, and Dan's disastrous condition. He presents all incidents objectively though he is the subject of them.

At the social level, the situation was not different during the war. Such a prolonged war and the massive loss made the society numb and emotionless. Apart from some anti-war protests, society learnt to look at the war apathetically. During such a long period, four Presidents ruled America, but unfortunately, none could attempt peaceful and constructive negotiations to avoid or stop the war.

While responding to such political stubbornness, society adopted a stand as a passive actor. It indifferently accepted whatever situation came, just like Forrest Gump, who accepted the traumatic childhood events by declaring himself an idiot person. This idiot person accepted everything throughout his life without complaining. In the end, he accepted the grief that he had lost his childhood crush, his dream partner, and even his biological son. Like American society, he becomes cold. However, such acceptance and detachment are undoubtedly not the signs of a healthy mind and personality (of both Forrest and society).

To summarise, this section of the chapter focused on the Vietnam War, social exclusion, and the traumatic conditions of the veterans. It argued that it is not just individuals, who experience trauma, but sometimes trauma is collective in which the entire society becomes traumatised. The aggressive response of the society, its grudge, and its indifferent attitude towards the veterans demonstrate that society has not remained healthy. It was also going through traumatic symptoms. Groom thus focuses on micro (personal) and macro (societal) level trauma caused by the dreadful Vietnam war.

Absurdism is the philosophical perspective that developed between the two World Wars. It was an artistic movement, and the response of art to nihilism and destruction took place in these wars. Absurdist philosophy is based on the premise that the universe is meaningless and irrational. After the Vietnam war, the futility and meaninglessness of war were widely discussed at all levels. An archival article from The

New York Times narrates a story of a bridge in Vietnam. During the Vietnam War, America spent half a billion dollars to destroy the bridge. It is absurd to waste human and financial resources on such petty activities.

The key purpose of discussing absurdism in the discussion of *Forrest Gump* from a Trauma perspective is that the four components or variables (e.g. absurdism, *Forrest Gump* novel, war, and trauma) are interconnected with each other. The Vietnam war has influenced Groom, and he has connected a major part of the novel with the Vietnam War and its consequences. War or such an anarchical situation is traumatic at the individual and societal level. The absurdism comes from the traumatic events in the novel.

Two factors or assumptions are essential to be considered in the context of the novel.

Assumption 1: The protagonist and the narrator, Forrest Gump, is traumatic.

Assumption 2: The novel is Groom's response to Vietnam War and the contemporary political and social situation.

The first assumption is the trauma of Forrest Gump. Throughout the novel, Gump describes his colourful and eventful life. The happenings in his life are a juxtaposition of facts and myths or dreams and realities. Any ordinary person can realise that the novel is exaggerated; A normal person cannot do such things in his life simultaneously. Such an all-rounder personality seems illogical and unrealistic even though the novel is perceived from an entertaining perspective. Forrest's life and career have no rationality. It seems as if Forrest is not narrating factual incidents, and it is not an autobiography of Forrest Gump, but it is the description of his dream in which he played different roles that have no association with each other. He is a football player, a musician, a ping pong, a chess player, a mathematician, a soldier, an astronaut, and a businessman. It can be assumed that he is, in reality, a dumb person and shares the series of irrational dreams in which he leads an exceptional and honourable life.

It is interpreted as dream-reality confusion, and Forrest Gump has a borderline personality disorder (BPD), which can develop in a person with a traumatic experience. Dream-reality confusion (DRC) is the disorder in which the patient faces challenges and difficulties in determining whether the events or experiences take place in real life or dreams.

BPD is a sequela of childhood traumas that occurs in multiple comorbidities, including anxiety, mood, obsessive-compulsive, addiction, etc. Childhood experiences affect biological systems, such as neurotransmission, grey matter volume, white matter connectivity, endogenous opioid systems, etc. (Bozzatello et al., 2021, p. 1). Supposing Forrest's trauma is considered from a psychodynamic perspective, in that case, it can be argued that his BPD has been developed in preconscious distortion in object relation, or the tolerance of aloneness, environmental stimuli, detachment, and hostility from others (As cited in Bozzatello et al., 2021, p. 2). It is highly possible that several incidents in the novels (especially the unrealistic) are his dreams that he might have seen to escape from his childhood loneliness.

Our second assumption is that the novel is the response to the traumatic events and contemporary instability and unrest in society. Groom followed the genre of absurdism and surrealism that is quite common in art, films, theatre, and even literature. The key attributes of absurdism appropriately fit this novel. Satire and black humour are the fundamental attributes of absurdism. The traumatic events are taken satirically, and Forrest Gump is likely to suffer from the trauma of loneliness, rejection, and his father's accident. His initial conversation and narrative with the readers is black humour and satire.

Incongruity or absurdity is the foundation of the novel in which many unrealistic incidents are described. An example is Forrest's travel to space with the NASA team and his friendship with an orangutan and his eventual partnership with her in prospering his shrimp business. It is hard to believe that an animal like an orangutan can be included in the NASA team and their Mars expedition. It is also absurd that the same animal partners are with him in his business. Absurdity was the outlet of trauma.

The whole novel is an unspeakable trauma. Instead of directly referring to the traumatic condition of the mind, it is expressed through dreamlike events, exaggeration, and absurdism. Earle uses the term traumatic absurdity in which she says that humour or comedy has a complex relationship with trauma. Groom has made the trauma move through the novel's narrative using a chronological and sequential pattern. It is the humorous (albeit dark) adaptation of the trauma either of Forrest Gump or the author Winston Groom.

The abasement of the reason is one more characteristic of Absurdism. It is referred to as the distortion in presenting logically. While reading the novel, the readers' first reaction is "where is the logic?" Sometimes, the incidents seem to be comic. For example, the rapid switching of Forrest from one task and role to another, and these roles and tasks are irrelevant. He comes back from the Vietnam war, receives a medal from the president, joins the anti-war movement, beats the senate clerk by throwing a medal on him, and is admitted to the hospital for psychiatric treatment and is suddenly called by NASA as a team member to Mars expedition. These irrelevant and illogical incidents perplex the readers who are likely to ask the questions, "how is it possible for a person who is under psychiatric treatment to be invited as a NASA astronaut? and how is it possible for an orangutan to be the astronaut?"

It may be a satire of the government's illogical activities to win the space war against the USSR. The American society was going through several problems which needed to be solved instead of wasting money on such a futile space war. It seems to be an attempt of the author to satirise the incident by conveying that anyone (a person with a mental disorder and even a monkey) could join NASA, which has lost its standard.

3.4. Addiction: Response to Trauma in *Forrest Gump*

Addiction is partially discussed in the section "societal trauma" of this chapter. In the book, it was referred to that Lt. Dan was fired from his job because of his alcoholism. In another incident, the narrator Forrest confesses that he starts smoking marijuana after joining Jenny's band. In this regard, previous studies have confirmed that trauma increases the risk of alcoholism and substance abuse.

In Dan's case, alcoholism directly impacts the series of traumatic situations he encounters in his life. As a war veteran, he is not given the honour and respect he deserves. His family life is also devastated when his wife leaves him. Additionally, he has lost his legs, namely the body organ that helps the individual live independently. Destiny has taken away everything from him, including even his physical abilities. It is obvious that his chances of addiction are higher. Instead of recovering from the trauma, he is pushed into the traumatic phase and has no urge left to live except to wait for death. He has a profound sense of isolation, trying to control his trauma-related memories. He is deprived of any psychological treatment that was extremely important for his recovery.

Like the trauma victims, Dan lives an isolated life and is vulnerable. He seems to be waiting for someone to accept him. Therefore, he must have taken support of alcohol. It is a two-way journey in which he is traumatised and becomes an alcoholic and remains alcoholic path re-traumatizes him. Dan has been flooded with fear, anxiety, depression, and shame, and Alcohol is the temporary solution to escape from these traumatic conditions. Dan's addiction can be justified considering the wide range of empirical studies confirming the association between trauma and addiction.

However, it is hard to find a concrete reason for Forrest's addiction. When he starts smoking marijuana, every condition of his life is in his favour. He meets his sweetheart Jenny, joins her band, and becomes her lover. His life was not miserable as Dan's; it was a rather peaceful and happy life. However, when he is introduced to marijuana, he becomes addicted. It is difficult to connect trauma with Forrest's addiction on the surface level. Therefore, it needs to be explored considering different angles and probabilities.

It can be assumed that the fascination for substance abuse must be there in his subconsciousness that has been repressed in his childhood. His mother was overprotective; as a result, he could not have gained a chance to fulfil his fascination. His addiction can be discussed by applying psychosexual stages of development. The latency stage (as Freud discussed) is prominently described at the beginning of the novel. It is a hidden stage in which the sexual impulses are repressed, and the sexual energy can be sublimated towards school activities and sports.

Sex is a kind of pleasure, so substance abuse is a kind of pleasure that helps forget every worry and concern. Moses, a person who introduced Forrest to marijuana smoking, says it is essential to enhance sexual pleasure. Therefore, it can be presumed that substance abuse is his latent desire. Had he not been under the parental guidance of his mother, he would have certainly been addicted at the early stage of his life because of peer rejection and his constant humiliation for being an idiot and a person with a low IQ. However, his mother keeps him away from such habits, and he could pay attention to productive work such as sports.

It can be assumed that he was not happy and contented with Jenny because he declared that he smokes to forget worries. It indicates that he had some repressed anxiety

which the readers remain unfamiliar with. He probably has some hidden traumas that he has not disclosed to the readers.

3.5. Meaninglessness and Isolation in *Forrest Gump*

The key characteristic of the war-torn generations is the strong feeling of hopelessness and emptiness. Politics and social life go hand in hand. During political turmoil, society cannot be peaceful and orderly, whereby absurdism and surrealism culminate from such strong feelings. The meaninglessness in the novel is described earlier. However, it is also essential to shed light on the lives of the characters living meaningless lives, and everyone is isolated as if they have built fortifications around them.

Forrest, throughout his life, remains lonely though he leads an eventful life. Jenny Curran has always been a part of his life, but she is absent in his memorable events. He has no other companion. In the end, Forrest loses the most important people in his life and leads a life that is almost isolated. Jenny Curran, with their son, leaves him and marries another man. Technically, he remains alone, just like in his childhood. He parts from his mother to endure the bitter war experiences.

Jenny is relatively a mysterious character for the readers. Though she is Forrest's beloved, and though she married someone else, she seems to seek love for her whole life. She has several affairs, but she falls into trouble with her partner every time. She travels to different cities and tries to settle down in her life. When she moves to Boston with a guy, she realizes that he is gay. She also has an affair with a peace maker, who is a terrorist in reality. She also has an affair with a married Harvard professor and then a shoplifter who gets her arrested. When her boyfriend Roudalph leaves her, she starts condemning every male as "lazy" and selfish. At the end of the novel, when she meets Forrest with their son, she reveals that she is married to Donald, and both of them will raise their child.

In the long journey and series of love affairs, the narrator seldom tells anything about the traumatic events in her life. She is neither traumatised by war nor by child abuse/sexual abuse (as depicted in the film adaptation). Rather, she is betrayed several times in her romantic life by her romantic partners, whom she trusts. It can be called the

trauma of relationship abuse; it is not clearly mentioned how and to what extent she was abused and tortured in her relationship with several partners.

It is indeed painful to be manipulated and betrayed by a romantic partner. It may destroy her sense of safety and self-esteem, and it can be assumed that Jenny is torn mentally and emotionally, as is obvious. Despite having romantic partners, she lives alone without family support. She wanders meaninglessly in her life, not knowing what she wants to do and achieve.

4. CHAPTER FOUR: Trauma Theory in *The Sea* by John Banville

The Sea is among many of John Banville's novels associated with trauma, loss, memory, and human identity. Derek observes how Banville's fiction moves inward towards retrospection and self-exploration (cited in Kucala, 2016, p. 21). More specifically, this particular novel provides an in-depth analysis of traumatic loss. The narrative focuses on the mourning and the struggle with the past and present of the protagonist Max Morden. His psychological distress and traumatic memories are reflected in his fragmented memories and his obsessive recourse. The novel reproduces the extremely painful process of identity crisis and reconstruction of the traumatised characters after the acute trauma. The novel can also be described as the portrayal of identity loss and the efforts to heal from traumatic memories.

Eleven years before the novel was published, John Banville had an interview in which he stated 'at some level,... all [his] art is about grief and loss and ... the awareness of death' (Cited in Kenny, 2006, p. 21). The quote is like a hint to *The Sea*, in which Max has portrayed a melancholy protagonist who has lost almost everything in his life and carried the burden of anguish and traumatic memories. Therefore, the novel is one of the most appropriate literary pieces for analysing trauma and memories. Before analysing it from a trauma theory perspective, it is essential to briefly review its plot.

The novel is unconventional in its form, in which Banville uses the technique of a series of journal entries. The narrator (Max) is a middle-aged man and a widower who spends the last days of his life supposedly in the guesthouse named Cedar on the southern coast of Ireland. His tragic childhood memories haunted him. The novel begins with several poetic lines that introduce the readers to the novel's melancholy tone that describes his sense of looming death, especially when he says, 'someone has just walked over my grave' (Banville 4).

The narrator is prepared to unfold his past while describing the place called the Cedars, in which he stays. The readers are informed that it is not a new and unfamiliar place for him as he has been during his childhood "at the time of the gods." He introduces the Grace family, as seen in the first glimpse. His memories take a momentary shift from the past to the present when he refers to Colonel Blunden, staying in the house.

As the story develops, the narrator recalls his memories of the intense summer spent with the Grace family, especially with Chloe, who drowned in the sea along with her brother, Myles. He also recalls his days spent with his dying wife, Anna. Both of these memories are equally intense, which memories make him aware of his own death, which he thinks is approaching him like the tides of the sea.

The narrator goes into the past to tell his love and romance with Chloe Grace, and he also confesses his oedipal feelings and initial infatuation with Mrs Grace, Chloe's mother. He also refers to Chloe's twin brother Myles and switches to Anna's memories again when the couple visits the doctor and confirms Anna's illness. The memories of Chloe and Anna are the means to escape from his unwanted memories of his childhood spent in poverty, emotional violence, and emptiness. The metaphors and poetic style used in the novel effectively reveal the narrator's deep attachment to his past. In the climax of the novel, the readers are informed that the proprietor of the guest house, whom he referred to many times in the novel, is Rose, namely Chloe's governess.

The three major traumatic events in Max's life change his persona and psyche. First is his conflicting and problematic family life; second is Chloe's sudden death, and third is the death of his wife. The focus on these three traumatic events will unfold the traumatic aspects of Max's life.

While analysing trauma, it is also essential to focus on the novel's characters because they are directly associated with the protagonist's trauma and are extremely crucial in further discussing Max's trauma. In this section, those characters, who are the sources of Max's trauma, have been analysed. Other minor characters are excluded. These characters can be divided into two categories:

- The characters in the recent past: Anna and Claire
- The characters in the distant past: Chloe, Myles, Mrs Grace, and Max's parents

Anna is the cause of Max's traumatic cause in the recent past. She probably appears in the novel as one of the sources of Max's trauma. However, little has been revealed about the family life of Anna and Max. She is introduced in the novel when the couple is in the hospital waiting for the doctor to reveal her illness. It was the first shock (Secondary traumatic stress) for Max when they heard the seriousness of Anna's illness.

Remarkable differences between Anna and Max as a husband and wife exist. He is negative and melancholy, while she is extremely positive. The narrator confesses that their relationship is similar to his relationship with Chloe in his childhood. The couple is compatible with each other in physique; Anna is tall like Max. However, she is never unhappy with Max's height or physical appearance.

The most important role of Anna's character is associated with death. However, she tries to take everything in a balanced way. Even while handling the dreadful situation of her illness and consequent death, Anna cracks the joke; She asks Mr Todd, her doctor: 'Well, Doctor,' she said, a little too loudly, putting on the bright, tough tone of one of those film stars of the Forties, 'is it the death sentence, or do I get a life?' (Banville 16). Her extreme optimism and mental strength are reflected in her approach to dealing with her illness and death. Further discussions will confirm that Max was not as mentally strong as her. Next to several days till the death of Anna, the couple was going through an extremely critical situation. Her death is an irreparable loss for the narrator.

Graces were the devastated world for Max, but Anna comes into his life and brings him a chance to his fantasy of himself in adulthood. She also helps him reformulate his lost world. Anna's illness is thus the fundamental crisis in his self-knowledge. However, Anna and Max tie a knot based on an unspoken contract of mutual ignorance.

Mrs Grace: Chloe and Myle's mother, Mrs Grace or Connie Grace, was Max's first object of desire. Max introduces her as a voluptuous and stimulating woman; Max describes her as "haunches quivering under the light stuff of her summer dresses." Max first encounters her when she greets him as her children's new friend by offering him an apple. However, she remains temporarily as the object of desire for Max, who falls in love with her daughter Chloe. "His infatuation with her [Mrs Grace] was based solely on an overheated imagination.

However, feelings of Max about Mrs Grace are not limited to an object of his sexual desire. There is a complexity in his feelings, which has come from his toxic and abusive parents. Though he fantasizes about her, she is also the alternative to his biological mother, who is always harsh. Unlike his mother, Connie is an open-hearted and free-spirited woman. He wants to be a part of the Grace family by any means and wants to disconnect himself from his parents.

For Max, the Graces, including Connie, were Gods. In one episode, Max describes Connie playing a ball with her children, Chloe and Myles. The description of the entire episode is about Max's infatuation with Connie. He describes how he observes her body while she is playing. Along with the seductive feelings, Max strongly urged Connie to complete his parental desire by being his mother. In an incident, Max narrates, 'the cool thick secret smell of milk made me think of Mrs Grace' (Banville, p.53).

It is an Oedipus feeling of Max toward Mrs Grace. If the parent-children relationship is sound healthy, the Oedipus Complex stage can end harmoniously, but Max goes through trauma and has already lost his motherly love and caring. As a result, he perceives Mrs Grace as a beloved and caring mother to comfort him from his abusive parents and their emotional torture.

Chloe: Chloe is the central character or the female protagonist of Max's childhood. Max's traumatic story, especially related to "loss", starts with Chloe. Initially, Max had romantic feelings for Chloe's mother, but later they shifted to Chloe. According to the narratives, Chloe is more dominating than Max, who describes her as an adventurous and outgoing girl. She is stronger than Max in her nature demeanour and social status. Max is from a poor family, while Chloe is rich, and this is the major reason behind Max's infatuation for Chloe. He desires to connect himself with her and elevate himself in his social status.

It is doubtful whether Chloe loves him as she is manipulative and opportunistic. She manipulates and dominates Max. When their affair is going on, Chloe takes the initiative for intimacy. She is the first woman in his life with whom he shares a kiss. Like Anna, she also appears to be an important part of Max's trauma in the novel. The readers are informed about her tragic death of drowning in the sea. It was deliberate drowning or suicide.

Chloe's death was Max's first encounter with the death of his loved ones. The shock traumatized him massively, and it became an unprocessed trauma later in Max's adulthood. For the first time, he realized that death is the horrifying truth of life, and he has no control over it. Chloe's death and the consequent trauma remain in his unconsciousness. Later in his life, Chloe's death defines his experience of such a dreadful incident with his wife. The same thing happens to Anna, which has happened to Chloe in his distant past. Anna's death discourages and demoralises him despite his

attempt to convince himself that it is inevitable truth for everyone living in this world. It was undermining because he had already gone through the trauma of Chloe's death and was afraid of facing the same trauma again in his life.

Max's Parents: Though Max's parents appear for a lesser time in the novel, they are important for discussing Max's trauma. The narrator is emotionally closer to the Grace family than his parents. The main reason is that he has never gained emotional support, acknowledgement, and parental care from his biological mother and father. Rather, they are the primary cause of his complex trauma. He spends his childhood with both parents in a very critical situation. Every day, he has to experience their verbal abuse and fierce fight with each other.

Their treatment of Max is also not good. His father later abandons him and his mother, who treats him as if she is taking revenge on him for his father's abandonment. His mother was bitter, sarcastic and harsh, extremely unlike Mrs Grace, who is soft-spoken, pleasing, charming, warm and generous to Max. His father is also a harsh, dominating and violent man. His abandonment of Max and his wife reveals how irresponsible and apathetic he is towards his child and family. His conversation with his mother reveals that Max is not the narrator's real name, and he is deliberately hiding his identity from the readers.

Max's mother is a metaphorical character who, in his memories, haunts him and reminds him that he cannot escape himself from his past. She is responsible for distorting his personality and self-identity; she is responsible for the everlasting guilt that he carries throughout his life. That is, Max experiences emotional abuse because he never mentions that his parents beat him. Rather, they abuse him emotionally by attacking his tiny mind and crushing his self-respect.

Such parental treatment makes him attracted to the Grace family, and due to such attachment, Chloe's death becomes a permanent trauma and irreparable loss for Max.

The Sea is the third novel in the present study. The purpose behind choosing *The English Patient*, *Forrest Gump*, and *The Sea* is that these novels deserve to be called trauma fiction. While explaining the concept of a "Trauma Novel", Robert F. Garratt states that self-consciousness about the narrative is a hallmark of trauma novels. A detailed analysis of the trauma novel is incorporated in the last chapter of the study.

The Sea is a trauma novel because of some of its special characteristics. The novel employs a narrative strategy of using different components of trauma, including flashbacks, memories, dreams, and haunting. The entire novel is a constant switching from the past to the present and from the present to the past. The readers can see how the narrator is haunted by his traumatic memories and cannot think beyond those memories. Trauma is the primary element on which the novel's entire plot is rested. It is a story that describes the external traumatic incidents (emotional abuse, accident, and deaths) and portrays the narrator's attempt to recall them. Being the narrator of the trauma novel, Max wrestles with the unreliability and uncertainty of his memory.

In his interview with Joe Jackson in 1994, John Banville clearly stated that his art is about grief, loss, and awareness of death. These are the primary characteristics of the trauma novel found in *The Sea*. A few years after, through the novel *The Sea*, Banville shows these components of his art. Max Morden, the protagonist, is suffering from intense **grief** about the traumatic events of the **loss** of his loved ones. He is aware of the ultimate truth of life, **death**. The Thanatos (death instinct) is powerful and dominates Max. Banville's novels are based on the issues of loss, memory and identity. '*The Sea* provides a comprehensive portrait of traumatic loss in Banville's canon' (Costello-Sullivan, 2018, p. 34). It is the unprocessed trauma in which he struggles with his distant and recent past traumatic memories. Such special characteristics of the novel have made it appropriate in this special fictional genre; "trauma fiction". The typical characteristic of trauma fiction, such as self-destructive behaviour, obsessive recourse to the past, and dissociated effect, make this novel one of the finest pieces of trauma fiction.

His traumatic family is a series of events that constantly occurs in his dysfunctional family. Max states 'Their unhappiness was one of the constants of my earliest years, a high, unceasing buzz just beyond hearing' (Banville 35). Thus, he reveals that they (his parents) were not happy with each other. This toxic environment of the family was the primary cause of his trauma. Max recalls the verbal abuse between his parents. 'My mother and father in the front room fighting, ... going at each other in a grinding undertone, every night, every night, until at last one night my father left us, never to return (Banville, p. 209). The repetition and stress on the phrase "every night" connote the unending pain he endured because of his parents. Thus, family dynamics have a considerable impact on Max's life. While narrating it, the narrator shows no

significant emotions but a repressive gesture that is consistent with his untreated childhood distress.

The trauma has not culminated just from a fight between the parents, but Max explains that his relationship with his parents was also not problematic. Though Max does not explicitly talk about the violence and abuse (if any), the readers can realize it based on how he describes his father. 'He was a violent man, a man of violent gestures, violent jokes' (Banville 37). Max also states that his father would twist out of his grasp in a panic (Banville 36). He would show several sadistic and aggressive signs. After his father leaves them, Max has to endure the bitterness of his mother, who ill-treated him with harsh and unflinching looks. The anguish of being betrayed by her husband was in her mind, and she thought that Max was also going to betray her, like his father. Max's mind was occupied by a strong sense of self-blame and alienation. Such characteristics are common among children and are connected with the responsibility for the incidents out of their control. The enduring impact of childhood trauma increases the risk of psychopathology (cited in Dorresteyn et al., 2019, p. 2), including major depressive disorder, which Max was going through. The self-blame was persistent in his adult life also, which Max shows through his confession 'I suppose I was' (Banville, p. 108). The consciousness of this responsibility is so strong that when he distracts his mind from his parents' fight to the fantasy, he sees himself as a responsible saviour of Mrs Grace and rescues her from catastrophes such as a shipwreck or a devastating storm towards a safe cave. He feels ashamed of his parents, and he constantly attempts to keep a distance from them, thereby showing his acute stress stemmed from his dysfunctional family.

4.1. Max's Fascination towards the Grace Family

Max always feels Mrs Grace is amiable and nice compared to his harsh and apathetic mother. He is fascinated by her and thinks of her as a good alternative for his mother. It is his escapist desire to be with the Grace family, especially with Mrs Grace. The entire Grace family is ideal for Max, and he calls them Gods. He feels that elevating his social status will only be possible if he is connected with the Grace family. He has always dreamt of living with such an ideal family. 'I had managed to scramble from the base of those steep social steps all the way up to the level of the Graces... [...] The Gods had singled me out for their favour' (Banville 109). Max already disclaims that he does

not hate his parents, but he is lonely in their company, and they are not “gods” like Grace.

As a child, he has experienced an embattle nature of association with his abusive parents. While using the term “abusive parents”, it is essential to note that Max witnesses emotional abuse and emotional neglect. Max’s traumatised phase in childhood can be also called relational trauma, which consists of multiple traumatic events. The relational trauma of Max due to his family is the reason for his emotional attachment to the Grace family. By attaching this family, Max tries to alleviate the traumatic situation he is experiencing every day. While describing Max’s detachment from his family and attachment to the Grace family, Herman (1992) says, the ‘perceptual changes combine with a feeling of indifference, emotional detachment, and profound passivity’ (43). The isolation and detachment from his parents and his escapist approach demonstrate the traumatic and stressful environment he has gone through in his childhood. The damaging impacts of such trauma remain forever in the rest of his life.

4.2. Grace Twin’s Death and Trauma

The second incident is the death of Chloe and Myles. It is the first traumatising experience caused by the death of loved ones. Chloe is Max’s childhood girlfriend and the central character of Max’s childhood memories. She is not just his romantic partner but also an escape from his humble family background, as Chloe belongs to a higher social status. It was an unexpected death that caused Max an acute sense of powerlessness and being victimised. Max’s association with the Grace family was closer even than his family. Therefore, Chloe’s death is probably more traumatic than his father’s abandonment. Death has always haunted him in the rest of his life. Max is already traumatised due to his dysfunctional family and is shocked by the sudden death of Chloe and her brother. While describing the horrifying situation, he says, “a sense of awe, the awe of myself, that is, who had known two living creatures that now were suddenly, astoundingly, dead. But did I believe they were dead?” (Banville, p. 246). This horror was followed by alienation which is the typical outcome of trauma.

Max carries an unprocessed trauma in his life and returns to the same place, namely the epicentre of his trauma, because of his irresistible desire to recall those memories after Anna’s death. He thinks he must stay in the place, i.e., the Cedars,

because it is his only refuge. However, he does not know that staying in Cedar complicates his ability to deal with the grief of Anna's death. It supports the argument of Cathy Caruth when she says that traumatic impacts lie in its delay and inconsistent appearance outside the boundaries of a single place or a specific period. Max's decision to return to the Cedar (consequently his past) indicates that the death of Chloe and Myles (several decades ago) still has lingering impacts on his present life.

The difference between Chole's and Anna's death was that the earlier was sudden and unexpected while the latter was anticipated. The scholars and critics have discussed Max's life with his wife and his childhood with the Grace family based on the memory perspective. The novel is about the incessant efforts for self-realisation and knowledge, and it has a close association with the awareness of memory. Max's returning to the Cedar indicates that his present is not detached from its past, but is dependent on it.

4.3. Complex Trauma

Max has been suffering from complex trauma in which he has been exposed to multiple traumatic events. These events are too severe and pervasive to forget. The memories of those traumatic events haunt him throughout his life. Therefore, the present analysis will be in the context of complex trauma. It is termed Complex Post-traumatic stress disorder or Complex PTSD, and the symptoms include shame, permanent feelings of being damaged and threatened, social withdrawal, hostility, somatisation and diversity from the previous personality. It also causes serious disturbances in consciousness, and self-perception with a negative self-concept (Giourou et al., 2018, p. 13).

One important thing that must be noted is that Max is uncertain about some recollections. He is unable to remember every detail of the traumatic events. So he is not sure of his recollection and doubts them. He also asks where Chole and Myles are. He is unable to recall why he was left alone with Mrs Grace. His memories with Mrs Grace are also occupied with uncertainties and disinclinations. The memories that Max can remember are also originally traumatic. These memories are like "unassimilated scraps" and remain unchanged several years and decades after the traumatic events. Max has imagistic memories about the Grace family, and he calls it 'tableaux', striking with a vivid representation and picture-based.

The fragmentation of memories is a common phenomenon after post-traumatic stress disorder. Due to dissociation, the memory encoding process becomes irregular and unorganised, thereby leading to memory lapses. In one passage of the book, the narrator describes his inability to recall his memories in a proper sequence. “Her hands. Her eyes. Her bitten fingernails. All this I remember, intensely remember, yet it is all disparate, I cannot assemble it into a unity” (Banville, p. 139). In the same passage, he confesses that he can see and envision Mrs Grace, but he cannot recall the appearance of Chloe.

The inability to differentiate between past and present is also a sign of traumatic memory. The narrative shows how Max gets confused between past and present. He cannot separate past and present memories, and he is aware of it. Moreover, when he compulsively enters the past, it fades and blends with near past and present memories. Max is aware of the strong place and power of the past and the present, and both have a tremendous capacity for destruction. Through Max’s character, Banville shows how the past can be destructive.

Max also combines the memories of Chloe and Anna though there is a considerable difference in time. For example, while thinking of Chloe, He wonders, ‘How could she be with me one moment and the next not? How could she be elsewhere, absolutely?’ (Banville, p. 139). This language is parallel while recalling his response to the death of Chloe and Myles. Such collapsing of past and present memories is a sign of traumatic memory.

The most recent memories of Max are Anna’s illness because of cancer, their fight against the illness, and Anna’s consequent death, thereby worsening the distressed conditions. Her diagnosis of cancer pushes them into immense despair. Both are shocked and panic-stricken and feel extremely helpless. ‘a panic-stricken sense of not knowing what to say, where to look, [or] how to behave’ (Banville 22). He expresses his inability and limitations as a human being to deal with the forthcoming death. Such isolation and alienation lead to the loss of Max’s verbal ability. The conception seizes him, and he expresses his further inability to say any word to her. The whole narrative in this incident expresses Max’s strong sense of abandonment, alienation, and loneliness, which was similar to his detachment from his father and memories of his romance with Chloe.

4.4. Max's Fascination towards the Grace Family

Danielle Brosseau et al. observed that the partners of the cancer patients are at a high risk of having secondary traumatic stress (STS). Therefore, it is also essential to interpret and analyse Max's trauma-related to Anna's illness from an STS perspective. STS is also referred to as "compassion fatigue" or vicarious traumatization. It is emotional distress experienced by the persons of the primary traumatised person, who is Anna. She is diagnosed with cancer, which is an incurable illness. She was traumatised when she knew it and felt shocked, helpless and horrified. Thus, she is going through cancer-related PTSD. Communication-related cancer diagnosis to the patient is extremely difficult and creates tense situations (Gieseler, 2018, p. 752). The communication process between Anna and Max is also disrupted. They do not know what to do and how to converse with each other. Lethal silence is there between them: "A deep, dreamy silence accumulated around her soft and dense, like silt" (Banville 154),

It is Anna's traumatic stressor in which she is threatened directly by death (Gieseler, 2018, p. 752). Max's situation is equally worse as he experiences secondary trauma or compassion fatigue. Though he is not directly going through the deadly disease, he has been indirectly exposed to it. He is destined to see his beloved gradually going towards the last journey of her life. In other words, cancer is a traumatic stressor due to its high probability of killing the patient. Max knows that his wife is dying soon.

Figley describes three domains of symptoms: [1] reexperience of the primary survivor's traumatic events, [2] avoiding memories of trauma or numbness, and [3] persistent arousal (cited in Jenkin & Baird 424). The first domain does not apply to Anna's case because her chances of survival are negligible. The second domain can be applied because the cancer trauma makes Max and Anna numb. Emotional numbness is their coping mechanism for them. Max is going through the phase that is known as a depersonalisation-derealisation disorder. Max narrates his numbness in one incident. After the cancer diagnosis, she developed the habit of bathing for a long time in the afternoon. According to her, it was soothing to her. One day, when she is quiet in the bathroom, Max imagines her slipping down in the bathroom and taking her last breath there. Max admits that he wishes to have it done. He strongly feels that it will be better

for him and her if she dies. The emotional numbness of Max is so severe that his traumatic feelings about her death have numbed. It was a phase after experiencing immense pain and miseries in STS. His sense of abandonment from her suffering has become just like the sympathy of the funeral-going person, but he has a strong sense of guilt for the numbness and sense of removal. In distress, he says, 'I felt I should stop and hold up a hand and tell these people that really, I did not deserve their reverence, ... that I had been merely a bystander, a bit-player, while Anna did the dying' (Banville 203). Consequently, his dissociation and emotional distancing are the traumatised response to his distress.

Max's emotional numbness, followed by his dissociation after Anna's death, his distant relationship with his daughter Claire, and returning to the Cedar for self-isolation, strengthen his tendency to withdraw from any intimate relationship, which is extremely painful. It is one of the strategies of a traumatised person to limit his/her emotional accessibility and be in his/her protective periphery. Max's trauma from the intimate relationship is repetitive. Chloe's death is a lifelong trauma in his subconsciousness, and Anna's loss is in his consciousness. The emotional numbness does not allow him to engage in any emotional attachment with any relationship, including a wife, a beloved one, or a daughter. Thus, he prefers to live an alienated life to avoid any kind of trauma, stressing that he knows nothing.

Anna's demise and Max's consequent alienation are the natural feelings of confusion and distress experienced by Anna's illness and death. It is more than these feelings. Anna's death does not cause his present trauma but his association with his near past woman, Anna, and distant past woman, Chloe. Anna's death has disrupted his deliberate distance from Chloe's death, thereby implying that Anna's death has taken him closer to his long-repressed traumatic memories of Chloe's death. His decision to return to Cedar is not just to cope with Anna's death but also to immerse himself in his founding trauma. By doing so, he is constantly trying to negotiate two traumatic events of his life; he tries to make an unsuccessful deal with both traumas.

4.5. Trauma and Identity Crisis

One of the outcomes of Max's trauma is an identity crisis. The novel conveys that it is hard to form and stabilize an identity. The term identity is associated with the

individual's values, goals, and beliefs about the world that the individual grasps. Traumatic events may force people to doubt and re-evaluate their commitments toward those values, goals, and beliefs. During the traumatic incidents caused by his parents, he seems to question whether his identity as the biological child of his parents is real. He is a neglected child of his family, and he compares himself with the Grace children. His belief about his identity is shattered. As a result, he starts establishing an imaginary identity in his fantasy in which he is a saviour of Mrs Grace and gets her out of a dreadful catastrophe. Thus, he starts to escape from his real identity and the trauma it brings.

The readers know Max's dissatisfaction with his original identity. Facchinello argues that the protagonists of Banville are men, and they endeavour to "fabricate a new identity for themselves replacing the one bequeathed to them at birth" (34). Facchinello's argument is valid in the case of Max, who constantly experiences an exile and the self-consciousness that haunts him throughout his life. In this regard, Max's confession at the novel's climax is significant in which he tells the readers that he wants to be someone else which he likes to be

It was not what I was that I disliked. I mean the singular, essential me – although I grant that even the notion of an essential, singular self is problematic – but the congeries of affects, inclinations, received ideas, class tics, that my birth and personality had bestowed on me in place of a personality (Banville, p. 216).

The impact of the dream also forces the adult Max to return to the same place, Cedars.

The identity-related doubts are also the key factor of trauma analysis in the novel. Max is suspicious regarding his acquired identity as a son. He expects attention and acknowledgement from his parents throughout his childhood, which he never gains. The harshness of his mother is an attack on his identity as a son. Her indifference towards him pushes him into a constant identity crisis making his life more traumatised. He questions himself whether he deserves such harsh treatment and whether he is such a person as his mother claims.

The trauma of Chloe's death can be also analysed through the lens of an identity crisis. Chloe is his crush, and additionally, her presence in his life is going to elevate his social status. With the tragic, sudden, and shocking death of Chloe and Myles, his identity as her lover and would-be family member of the Grace is shattered. It is hard for him to consider his life without the Grace family, which is entirely devastated. His

belief is shattered due to the sudden disappearance of his “gods” from his life. In his adult life, Anna’s death has a profound impact on his identity vested in his role as a husband who no longer exists. His role as a father is also at stake due to his indifference and his daughter, Claire. In any of these relationships, he never sustains his identity and the roles that come as a part of his identity. He consistently struggles to resolve the identity issues throughout his life but cannot succeed. Besides his inability, the circumstances are the factor behind his unsuccessful attempts to form his identity. Due to his father’s abandonment and the tragic end of Chloe and Myle, and Anna, everything was beyond his control and was already determined by destiny.

Evidence from several scholars’ studies confirmed that sexual and emotional abuse and physical and emotional neglect are associated with identity diffusion. These findings from the previous studies are consistent with Max’s identity crises and his consequential trauma. He is the neglected child of his parents, and in his old age, he is almost neglected by his daughter. Identity formation is an inevitable part of different phases of our life, such as childhood, adolescence, adulthood, and old age. The earlier distress and consistent exposure to the traumatic events have more significant impacts on trauma. This is true in the case of Max, who has been carrying the burden of early age (childhood) distress. Through the novel’s narrative, it is observed that Max does not recall good memories of childhood. He has primarily focused on the traumatic events and the incidents in which his identity is threatened. The negative and traumatic memories are the vivid moments and are also called “flashbulb memories”. Max’s narrative hints that his childhood has been stolen, and it was such a massive loss that he has to compromise with his identity in later life.

4.6. Role of Name, First-Person Pronoun in Trauma and Identity

The identity crisis is also reflected in the proper name. The protagonist’s real name is not Max but something else he never discloses to the readers; “a single name, among the list of available names, permanently designates a single individual in opposition to all the others of the same class” (cited in Kucala, 2016, p. 11). The proper name reflects the individual identity, and it is crucial in selfhood. The readers cannot understand Max’s intention behind hiding his real proper name. In an entire novel, Max appears as the narrative of his own story, and this can be interpreted based on the lens

of the trauma he has gone through in his life. Max abandons his first name (which the readers never know) and adopts a different name (Max), thereby indicating that he wants to dissociate himself from the trauma associated with his real name.

The narrative is in a singular first-person pronoun in which Max is the protagonist and narrator of the novel. The first-person pronoun is used in the whole novel. It also has a solid identity-related interpretation. Using “I”, the first-person pronoun, Max controls the narrative and takes the privilege to narrate only the part of his life he wants to disclose. It can be assumed that several other details of his life have remained untold. By taking this privilege, Max tries to control his life and become empowered that he is not. He cannot control the traumatic incidents in his life. Everywhere and at every time, he is helpless and powerless before destiny, resulting possibly from his abuse by his parents, or the death of Chloe and Myle, or Anna. Everywhere, destiny wins the game, making him a loser. To compensate for this failure, he takes control of the narratives and uses first-person pronouns. It is his identity-related response to destiny’s game.

The traumatic events have overwhelmed Max and reduced his coping ability. Dissociation is associated with the process of “switching off”, in which the traumatised person denies the fact, claiming that certain incidents do not happen to him/her. The American Psychiatric Association mentions three types of dissociative disorders: Dissociative Identity Disorder, Dissociative Amnesia, and Depersonalisation or Derealisation Disorder.

The dissociation is seen in Max’s disconnected thoughts, feelings, memories, actions, and the sense of his identity (who he/she is). Dissociation is a kind of defence mechanism of coping with traumatic events which can help the person endure the trauma and cope with it. Otherwise, it may be difficult to come out of it. Max’s intention of hiding his real name may be partially associated with a dissociative identity disorder. The symptoms include [1] the existence of two or more distinct identities, which are accompanied by a change in behaviour, memory, and thinking, [2] an ongoing gap in memory about personal information and past traumatic events, and [3] significant distress in social, occupational, and other functioning areas.

These criteria of dissociative identity disorders can be partially applied to Max’s response to the traumatic events. Though his behaviour, memory and thinking do not

change, he tends to distance himself from his real identity by adopting a different name. Thus, he tells the readers that those traumatic experiences belong to Max (alternative persona or avatar) rather than him. The narrative is split between two identities. The autobiographical narrator remains in paradoxical situations; the first is “knowing”, and another is “not knowing”. Such a split has been discussed in the narrative theory, thereby giving the story to different protagonists; one narrates the story and the other experiences it. An example of the split is the incident in which Max recalls himself listening to the radio. Banville uses the split in the narrative by using a third-person pronoun. ‘If that child dreaming by the wireless had been asked what he wanted to be when he grew up, what I had become was more or less what he would have described, in however halting a fashion, I am sure of it’ (Banville 93).

The ongoing gap in Max’s memories about past traumatic events is also found in which he does not know everything clearly but fragmentedly. Max’s significant distress is also seen in his social and other functional areas. In the entire novel, he just focuses on his relationship with the people around him in the past and the present. His childhood is divided between two families: his own family and the Grace family. His memories are associated with the people of these two families. He does not talk or probably remember other incidents in his life, like his school, friends, teachers, neighbours, and other people connected to him. He seems to be unaware or prefers to be unaware of other social units, such as school, neighbourhood, friends, etc. The whole narration of childhood is within the framework of the two families and does not cross that framework. The readers also know very little about his social and occupational details in his adulthood, except his profession as an art historian. Besides, Max does not mention anything about the details of his adulthood in which the readers find some people, namely his wife, Anna, daughter Claire, and some other minor characters. This indicates his disconnection from social life and his detachment from the social, occupational, and other functioning areas.

4.7. Trauma and Alcoholism in *The Sea*

A wide range of research has been conducted confirming the connection between trauma and alcoholism. Trauma is the emotional response to the horrified and shocking events, whereby alcoholism or substance abuse is one such response. Therefore, the

development of alcoholism is discussed within the framework of trauma psychology. In novels discussed in the earlier two chapters, the focus was on the issues of alcoholism and substance abuse.

The earlier discussions stated that trauma is the outcome of the threat or severe and irreparable loss the individual experiences in his/her life. If it is not resolved or remains unprocessed, it can result in alcoholism or addiction, which further leads to aggressive behaviour and post-traumatic stress disorder. Max's alcoholism is also a coping strategy of his traumatic experiences. Bienville's protagonists or other characters are commonly distressed souls with a horrified and traumatic past, and they try to relieve the trauma through addiction or alcoholism. Max mentions his alcoholism when he refers to his "hip flask". In an incident, Claire says that he is too drunk to drive. When he refuses that he is drunk, she says that he has finished the "hip flask." This incident gives a clear idea about his alcohol addiction. He also states that he requires "consolation and the brief respite of drink-induced oblivion" (Banville 200). Alcoholism is the best way of numbing the mind that has been severely traumatised, and using alcohol is such an effective way of numbing sensations, at least for a while; it is self-medication for him after Anna's tragic end.

4.8. Bond with the Deceased: Sign of Traumatized Protagonist

Dreams of the deceased have been confirmed as the common factors of grief and trauma. The novel's readers can see the bond between the protagonist and the deceased people. Max is in the dreams of the deceased, and it is one of the key signs of the severity of the traumatic experiences and the unprocessed trauma. Some have soothing and comforting dreams, while some have distressing dreams about the deceased. It is presumed that Max is suffering from complex trauma. Therefore, it is obvious that every aspect of his trauma is complex or hard to determine from a single perspective. It has several aspects and dimensions; his bond with the disease is among such complexity of his traumatic mind.

Max never gets part from his dreams and memories of the deceased people. Claire is the only close alive one whom he talks about. The rest of the characters are deceased but alive in their consciousness and unconsciousness. If these deceased characters from his dreams are categorised, it can be said that Anna and Claire are in his

consciousness (near past); among them, Anna is deceased while Claire is alive. All other major characters (causing trauma) are in the unconscious layer of his mind. Max's return to the Cedars means inviting the deceased again and again. Being a complex traumatic state, it is hard to determine whether Max's dreams of his deceased are comforting or distressing. At one point, he wants his deceased wife only as a shadow when he says, 'Send back your ghost. Torment me, if you like. Rattle your chains, drag your cerements across the floor, keen like a banshee, anything. I would have a ghost' (Banville 247-248).

He is ready to encounter Anna's ghost. This imagination is rather uncanny, but he is keen to have that experience. The dreams of the deceased are thus distressing, but this distress is comforting him. It is difficult to categorise whether his bond with the deceased is traumatic or relief from the trauma. The deceased are comforting Max; therefore, Max cannot forget Chloe and Myles. He wants to be in their memories. To refresh the dreams from his unconsciousness, he comes back to the place where he spent his childhood and preserves the memories of the deceased that led him towards a lifetime of traumatised state of mind.

The distressing and traumatic memories comfort Max because they have some positive aspects as well. Black et al. refer to one of their studies in which the authors surveyed some participants. They provided a checklist to find the positive and negative memories of their deceased. The participants were asked to find two positive and two negative themes about their deceased. Positive themes mean when the deceased are healthy and happy, thus making them happy (3).

Max's bond with his deceased also consists of positive and negative memories. His memories of Mrs Connie Grace, Chloe, and Anna are positive and negative. He informs how Mrs Grace's charm has created an infatuation in his mind. For a short time, he feels that she is his beloved; she remains in his fantasy and dream, and he gains immense pleasure from his dream. As discussed earlier, his fantasy was a coping strategy from his abusive parents. He also has some romantic memories of the days and moments he shares with Chloe. He also remembers their physical and sexual intimacy. Further, he has some positive and negative memories of Anna. Consequently, this may be the reason behind his emotional bond with the deceased people.

Max's return to the Cedars is his deliberate attempt to invite the memories of the deceased people and sufferings. His disconnection and dissociation are concerned to his tendency to detach from the self and the world around him. He seems to be least caring about Claire, who is alive, and established his bond with those who do not exist in the world. Thus, the dissociation, alienation, and alcoholism reflect the recent trauma of Anna's death (and his bonding with her) and the unprocessed trauma caused by his bond with Chloe's death. He has no emotional bond with his parents, but he certainly has it with the harsh treatment, neglect, and abandonment.

The Sea depicts comprehensive traumatic events and their complex psychological consequences. It is a trauma novel as it fulfils the common criteria of the trauma novel, including flashbacks, memories, dreams, and haunting. The key reasons for the narrator's trauma are the emotional abuse from his parents, his father's eventual abandonment, and the horrible and tragic end of the two women who are at the centre of his life; one was his childhood beloved Chole, and another was his wife, Anna.

The narrator, Max, suffers from complex trauma in which he has been exposed to multiple traumatic events mentioned above. They are too pervasive to forget, and their traumatic memories haunted Max throughout his life. Max also suffers from Secondary Traumatic Stress (STS) in his adulthood. The primary traumatic person is his wife, Anna, who was suffering from cancer with no chance of recovery. Her illness has traumatised Max.

Max is an uncertain and unreliable narrator due to the fragmented and unorganised depiction of the traumatic memories. The fragmentation of memories is a common phenomenon after post-traumatic stress disorder. He also has a severe identity crisis in which the traumatic events forced him to doubt and re-evaluate his commitments to his values, goals, and beliefs. His identity crisis also forces him to hide his real name.

Max rebuilds the process of self-discovery, which is a crucial step toward trauma recovery. This self-discovery is rebuilt through being open and telling the readers his story. The title of the novel, *The Sea*, is metaphorical in which the sea symbolises the trauma that is threatening and engulfing Max. However, it is possible to ride out the overwhelming tides and storms (Traumatic memories). The testimony or telling the

traumatic stories is the only way to survive the threatening sea and arrive to the harbour (peace and tranquillity).

CONCLUSION

Trauma fiction is vulnerable to getting trapped between facts and myths. It is based on documentation and testimonies. For example, *the English Patient* is partial documentation and testimonies in which the English Patient or Almásy has recorded his traumatic past in his diary. *Forrest Gump* is the first-person narrative in which Gump, the protagonist and the narrator, gives a chronological record of his life. In *The Sea*, Max also shares the testimony of his life with some major traumatic incidents. All these three narrators have got trapped between facts and myths. *The English Patient* has hidden some facts in his narration, especially his identity; the readers do not know whether it is hidden intentionally or unintentionally. Max in *The Sea* has forgotten several important facts about his life. These facts may have provided insights into understanding his trauma more thoroughly. In *Forrest Gump*, the facts and myths are jumbled in which the narrator tells many unbelievable stories which are hard to be believed by the readers. Forrest arranges the narrative chronologically, in which the readers and reviewers have to explore the covert references to traumatic events because the narrator is not aware that he is traumatic. Thus, the narrators of the three novels are trapped between facts and fantasies.

Trauma fiction is always based on personal and collective traumatic memories. The narrative tries to explore the personal and collective dimensions of trauma. The personal traumatic memories of every character are separately described in the narrative. Eventually, these personal memories become collective traumatic memories of the society that is devastated by World War II. In *Forrest Gump*, the personal memories of Forrest Gump are based on the collective or social trauma and the victims of trauma (e.g. Forrest, Jenny, Lt. Dan). The trauma victims represent the contemporary American society that has been traumatised by World War II, followed by Vietnam War and Space War. In *The Sea*, the collective societal trauma of child abuse is depicted through Max's trauma of conflicting childhood.

The narrator of this fiction has trust in the readers and intends to share the traumatic experiences. Toremans (2003) states that the reference to the traumatic event is the process of rethinking and restating trauma (339). The narrators of the three novels put forward the traumatic experiences so that the readers are therapists and share their experiences by rethinking, recalling, and restating. In *The Sea* and *Forrest Gump*, the

narrator is the sole person to inform the readers about the traumatic experiences. The *English Patient* has a slightly different narrative technique in which two types of narrators are there. One is the English Patient, who narrates the story of his own life and traumatic experiences, and another is the omnipresent and omniscient narrator, narrating the traumatic experiences of Hana, Kip, and Caravaggio.

Trauma fiction represents the victims' emotional and cognitive responses to the traumatic and distressing events in their lives, which are profound, painful, and sometimes beyond endurance. According to Vickroy (2002), trauma fiction "sharpens the victim's pains". The use of symbols and metaphors is a common characteristic of trauma fiction. Ondaatje uses the symbols such as the Villa as the symbol of traumatised and devastated world due to the World War and the subsequent anarchy, The desert (the epicentre of Almásy's traumatic events), Mirror (symbol of the response of Hana and Kip to their traumatic experiences), books (symbol of the defence mechanism of Hana), Kip's turban (symbol of trauma occurred due to the racial discrimination), and bomb (symbol of individual and societal destruction and annihilation).

The symbols in *Forrest Gump* include the box of chocolates, a series of unrealistic events, Forrest's so-called Stupidity, and a space expedition of Forrest. The box of chocolates represents various colours of life. The author wants to convey that life is like a chocolate box, and we never know what it brings to us. The series of unrealistic events (juxtaposed facts and fantasies) represents the elements of absurdism and surrealism, the generational response to the anarchical situation, and traumatic incidents of the wars of the 20th century, including the World Wars and Vietnam Wars. The space expedition of Forrest symbolises NASA's distraction from the mission and degrading quality of NASA, obviously because they are hiring people with no calibre and relevant experience. Anyone (Even the orangutan) can join NASA; it is Groom's sarcasm at the deteriorating values in the society.

The key symbol in *The Sea* is the sea, whereby Banville associates death and loss. His traumatic memories are like a sea in which Max has been drowning since his childhood. His childhood girlfriend drowned literally, but Max's drowning is symbolic. The harbour is individual peace, tranquillity and escapes from the trauma. The ship reaching the harbour through the fierce and violent waves is a testimony of the traumatic experiences.

While stating the role of the trauma narrator, Vickroy (2002) states that the protagonist becomes the historical marker to unspeakable experience” and “a marker for potential change if healed” (xiii). This narrator expresses the acute traumatic experiences. As mentioned earlier, we have four narrators (including the omnipresent and omniscient narrator in *The English Patient*). These narrators uncover the traumatic experience. However, Ondaatje’s trauma narration is more comprehensive than the other two novels. Unlike Groom and Banville, Ondaatje focuses on the traumatic stories of all central characters. Only the story of Almásy is narrated by himself, but the separate narration is used to share the trauma of other characters, whereby Almásy is incapable of telling. Banville and Groom’s readers have to rely on the protagonists to shape their opinions about other characters, which can be understood through their perspectives. Therefore, the readers cannot analyse the traumas of other characters objectively and unbiasedly.

Trauma is an overwhelming experience that is hard to be grasped by the intellect and documented by the memory (Osman, p. 161). It disrupts the coordination and symbiotic relations between the self and the world. The trauma fiction authors usually tackle the subject in which the individual self and the world are alienated. Hana, Kip, Caravaggio, and Almásy are the characters who demonstrate their alienation from the world. Hana likes to garden the orchid of the Villa and nurse the patient. She has made herself isolated from the world and kept a huge gap between herself and the external world. Caravaggio is also devastated by the trauma and physical torture that forces him to distrust the people around him. Kip is traumatised when his established belief about the western world is shattered due to the racial discrimination and the torture and torments he witnesses in the Western world. Further, Almásy is physically and mentally disconnected and alienated from the external world.

Forrest Gump is the story of a person who has been alienated in his childhood. He narrates how he spent his childhood without close friends except for Jenny Curran. His alienation and isolation resulted from peer rejection due to his unusual traits and qualities. Other main characters, such as Jenny, Forrest’s mother, and Dan, were living an isolated life and trying to connect themselves with the outer world.

In *The Sea*, the narrator has been isolated and alienated due to his dysfunctional family and abusive parents. His childhood circle was limited to his family and the Grace

family. His connection with the external world and society is not strong in his adulthood. After Anna's death, his introverted and shy nature forced him to go into his cocoon to avoid relations and the consequent traumas. All characters except two (Almásy and Forrest) tried to be in their shell to avoid further traumatic incidents. Like Almásy, Max is eager to talk to the readers about his trauma, and both of them do not reject or avoid the traumatic memories.

The survivors and the victims of the trauma fiction recount their extreme experiences in a fragmented and disorganised narrative, thus creating a conflict between the world, self, and representation. Almásy suffers from amnesia, and he is unable to recount the traumatic memories in their organised manner. Some details have been missed out from his testimonials. Forrest Gump does not directly talk about the traumatic memories as a narrator. He is the survivor of the Vietnam war and traumatised by the war disasters and the loss of his dear and close friend, but he does not seem to be the victim of any trauma like other characters. He tries to recover from the trauma by embracing the approach of "the show must go on". Max resembles the state of Almásy as he also remembered his traumatic memories in an unorganised and fragmented way. Hence, his narration also is fluctuated like Almásy, from one past incident to another. In chapters 2, 3 and 4, selected trauma novels were thoroughly analysed based on the trauma theory perspective. These three novels were comparatively analysed using different theoretical aspects of trauma.

Judith Herman (1992) states, 'trauma is an affliction of the powerless, and it makes the victim helpless before the overwhelming force'. These events are extraordinary and threaten human existence. The response of the ordinary human being to the trauma is complex. There is a significant difference between ordinary and traumatic memories and dreams. Ordinary memories are mutable and dynamic; they change in the course of time, but traumatic memories are fixed and static and are imprints from overwhelming past experiences (Levine). In traumatic dreams, identical dreams occur repetitively (Herman, 1992); 'trauma repeats itself against the survival's wish. The trauma repetition at the heart of catastrophe is "traumatic neurosis" (Caruth, 2016, p. 2). Max's dreams about Chole and Anna are an example of identical dreams. The main reason is that both of them died, and their deaths are shocking for Max. Almásy is also terrified by Katharine's shocking death and his plane crash.

Almásy and Max cannot escape from their dreams and memories; they embrace the repetition of compulsion as an attempt for escaping from them. On the other hand, Hana Kip, and Cavaraggio, from *The English Patient*, constantly try to escape from their dreams and avoid traumatic memories. They alter their self-image and identity for the sake of this avoidance. According to Herman (1992), most survivors do not consciously seek or welcome opportunities to relieve themselves from trauma, thereby showing a stark difference between escaping and relieving. Escaping is a temporary solution; the victims get rid of trauma momentarily, but relieving is a temporary process. In this regard, Almásy and Max try to relive their trauma by directly confronting the events.

In their endeavours, Hana, Kip, and Cavaraggion try to escape from them and avoid them. In *Forrest Gump*, the narrator's way of coping with the traumatic events is rarely related to sentiments and emotions; at least, he does not comment or stress on the traumatic events but rather tries to consider them as ordinary as possible. For example, during the Vietnam war, instead of focusing excessively on the disasters and damages of the war, he tells the readers how he and Bubba plan to start a Shrimp business after returning from the war. Bubba's death is undoubtedly shocking for Forrest, but it is not as distressing and intense as Max's shock for Anna and Chloe's deaths. He is more rational and stronger than Max or Almásy, or probably the terror of the death of loved ones is not as intense in *Forrest Gump* as it is in *The Sea* or *The English Patient*.

While analysing the terror of trauma and its memories in the case of all major characters from the chosen novels, the Cognitive Triad of Traumatic Stress can be applied (see Fig. 1, Topic 1). The upper angle of the triangle is "views about the world". This view puts forward three assumptions; the victims or traumatised persons feel that [1] the world is dangerous [2], people cannot be trusted, and [3] life is unpredictable. Hana, Kip and Caravaggio from *The English Patient* hold this attitude; Kip holds the second belief. He has lost his trust in shallow Western thoughts and ideologies, which he considered great and ideal. For Kip, the world (especially the Western hemisphere) is dangerous and responsible for the devastation of the rest of the world. Hana is also a person suffering from a shell shock. She views the world as a dangerous place to live. In the war, she has lost her loved ones (her father, her lover and probably would-be husband, and her unborn baby). Hence, it is hard for her to trust the world and hope for good things to happen. Besides, Caravaggio is not certain about anything; he lost his confidence in himself. At first, he is suspicious of Almásy and Kip. His traumatised

memories have terrorised him that he cannot trust strangers. He hints to Hana that her divine perception of her patient is false and that he does not deserve her love and admiration.

Forrest Gump holds the third principle: Life is unpredictable. At the beginning of the novel itself, he uses the metaphor of the chocolate box for life. We never know what will be there ahead in life. As evidence, he unfolds his eventful and colourful life, which is unbelievable to the readers. The reference to the chocolate box is also the foreshadowing technique used to describe his life and the series of mysterious incidents that are full of fantasies. However, the other two assumptions cannot be applied to him. He does not hold the extreme view that the world is dangerous. In contrast, he indicates that the world is a place that is full of opportunities and thrills.

For Max, the world is dangerous, causing immense distress and traumas. The foundation of the novel is dead, that is a threat to life. Chloe and Anna's deaths have made the world dangerous for him to live in. The narrator, Max, does not mention whether he perceives people to be trustworthy. His trust in his own family as the sources of mental and physical security has shattered, but life is certainly unpredictable for him, as the loss of his loved ones was an unpredictable situation for him. Though Anna's death was anticipated, he did not predict her cancer diagnosis.

The second angle of the Cognitive Triad of Traumatic Stress is the views about the future. It consists of three views:

1. Things will never be the same.
2. What is the point? I will never get over this.
3. It is hopeless.

The first view indicates that everything is bound to change, and nothing will be permanent, not even the trauma. In *The English Patient*, the characters go through several transitions in a relatively short period. Their relationship also changes according to the circumstances. The traumatic events such as the father's and his lover's death, the deaths of hundreds of soldiers every day in the hospital, and the death of her unborn baby were the traumatic transitions in Hana's life. She is so traumatised by these sudden transitions that it takes several days for her to process them. The transitionary phase comes into her life when she gets a chance to nurse the severely wounded patient in the

Villa. She knows that her stay in the Villa is also not permanent. Therefore, she is trying to live that temporary phase in peace. In this transition process, Hana has hidden her womanhood or rejected it by cutting her long hair and avoiding looking at herself in the mirror. In other words, numerous incidents (almost traumatic) have changed her physical, mental and psychological patterns.

Her relationship with Caravaggio has also changed under the principle that “things will never be the same”. In the past, he was his father’s family friend, and Caravaggio has seen Hana as a small child. However, in the course of time, the relationship pattern changed, and now Caravaggio has a romantic feeling for Hana. Hana is in love with her English patient (a fatherly or parental love) and later shifts her attention to Kip, who becomes her lover. Kip also has the same feelings for her, but again, “things will never be the same”.

During their short stay in the Villa, they all feel like family members and come close to each other, but the relationship takes a turn when America drops the nuclear bombs on Japan. It was traumatic and shocking for Kip, or his suppressed hostility and grudge toward the white world burst out after the traumatic incident. A sudden change occurs, and he leaves the Villa abandoning Hana because she belongs to the white community. Though his life in India is happy and respected, he has memories of the short stay in Villa and the moments he spent with his beloved Hana.

The principle “things will never be the same” is most applicable to Groom’s *Forrest Gump*. As mentioned earlier, his life was eventful; so many things take place in his life beyond any person’s imagination. Groom proves that things will never be the same, from his basketball tournament to his shrimp business incident. In other words, so many changes in events and relationships occur. Forrest takes every change as a new opportunity and gets into it with his capacity. However, his relationship with Jenny has been relatively steady throughout his life and changes only at the end of the novel.

In *The Sea*, the protagonist is incessantly fighting with the traumatic changes. The happy moments he spends with the Grace family change suddenly into a nightmare when he loses Chloe. In adulthood, Anna’s presence in his life is changed with her permanent exit from his life. The issue is that Max is never prepared for these changes as they come suddenly and unexpectedly.

The other two principles, namely “What is the point? I will never get over this”, indicate the hopelessness and meaninglessness of life. Every character in the three novels is feeling a vacuum in his/her life. What is the point of waging war and killing millions of people? This question is there in every character’s mind in *The English Patient*. The readers are tempted to ask the same question, “what is the point?” at the end of the novel *Forrest Gump* in which Forrest leads an exceptional life and achieves so many things in a single life. However, what is the use of this success and achievement when Jenny declares him unworthy of parenting their child, marries another man, and leaves him forever.

The third angle of the Cognitive Triad of Traumatic Stress is Views about self. The principles under this view are:

1. I am incompetent.
2. I should have reacted differently.
3. It is too much for me to handle.
4. I feel damaged.

The first, third, and fourth principles can be applied in these four views while analyzing the three novels. The strong feelings of unworthiness have been there in Max since his childhood. The abusive parenting has damaged his self-consciousness. Besides, the abandonment of his father and his mother’s harsh treatment develop and set the feelings of unworthiness in Max. This sense of unworthiness damages his adulthood as well. He always feels inferiority complex and is not sure about his abilities; his self-identity is damaged due to his abusive parents.

Caravaggio also is suffering from the same feelings of being incompetent and unworthy; he has lost his confidence after being physically tortured and abused. He is not sure about his ability in whatever he is doing. Similarly, Kip suffers from an inferiority complex, which is covertly developed in his mind by his racial treatment in the English land. Hana feels unworthy, especially due to her inability to nurse her dying father. She has that guilt in her mind, and to wipe out the self-labelled unworthiness, she devotes herself to nursing the English patient. She stayed in the Villa with him when all the other doctors and nurses left it.

Forrest is sarcastic while talking about his worthiness. When the novel starts, he declares himself an idiot person with a low IQ. It indicates his view about his incompetence and unworthiness. Jenny is aware of his competence and intellectual capacity. Later, he proved that the label was wrong as he showed the phenomenal capacity of his brain and intellect.

The overwhelming memories are excessive for the principal characters to handle. Sometimes, these memories suffocate them. This traumatic phase of Max is particularly seen when he and Anna learn about Anna's unrecoverable illness. From the cancer diagnosis to Anna's death, the period was extremely critical. They felt helpless and powerless before their destiny. Therefore, they developed the view about themselves that "it is too much for me to handle".

The four characters of *The English Patient* staying in the Villa also have gone through this phase several times. There is a strong feeling of being damaged. Everyone has gone through an irreparable loss. At the individual level, they have endured excessively and limitlessly. They represent the world that is also going through immense devastation.

The damage to the central characters is massive and is sometimes beyond endurance. The overwhelming experiences have carved on their body, brain, and psyche. The loss and the memories of those losses are not going to change easily. Their condition is similar to that described by William Faulkner in *Requiem to a Nun*; "The past is never dead. It's not even past" (Cited in Levine).

Levine refers to the concept of "relieved" traumatic memories which erupt involuntarily, suddenly imposing themselves on the vulnerable sufferers. For example, the news of the nuclear attack of America on Japan makes Kip burst and erupt like lava. He becomes aggressive and violent and rushes to kill the English patient because he belongs to the ruthless and senseless Western world that has emotionally tortured him. The trauma was already suppressed, but the bomb attack burst the agony and fury in his mind.

As described by Levine, traumatised people feel captivated and arrested until their trauma remains unprocessed. Max spends his entire life in such captivity for the whole of his life, carrying the burden of his unprocessed trauma. Almásy tries his best to escape from this captivity. Similarly, Hana feels captivated while spending her life

with her patient in the Villa. She is captivated by the external anarchy, unrest and annihilation, and the internal trauma caused by several disasters in her personal life.

In Chapter 3, while examining the Vietnam veterans' treatment in the American society, the collective trauma was discussed. Trauma can be individual or collective. When it is individual, it is limited to the sufferers and the clan, group, or society has nothing to do with it. In contrast, collective trauma is a cataclysmic event that shatters the basic fabric of society (Hirschberger, 2018). Depiction of collective trauma is found in *The English Patient* and *Forrest Gump*.

After reading the novel, *The English Patient*, the readers understand that every principal character has his/her past, which is extremely painful, and everyone is carrying the burden of excessive traumatic memories. World Wars were the most disastrous incidents of the 20th century. It is a collective trauma that destroyed the world where people experienced and witnessed deaths, torture, homicide, mass killing, and complete annihilation of the entire human race. *The English Patient* is plotted in the background of World War II. Though the characters' traumatic experiences are different and individual, they are directly and indirectly connected with the Second World War. It means that if the war had not taken place, they would not have gone through such traumas.

Like Hana, thousands of young boys and girls lost their family members and loved ones. Hana was not the only one. In the Villa itself, other characters have suffered a massive loss. Kip was not the only man who was tortured and abused for his race. Rather, thousands have been tortured. The best example is the Jew community that experienced mass murders and homicides. Even today, racial trauma is quite common among the minorities (especially the black community) in America. It was a societal or collective trauma.

In *Forrest Gump*, the collective trauma is depicted in the episode of the Vietnam War. Forrest, Bubba, Lt. Dan and other few characters experience the Vietnam War; they experience massive human destruction. They also witnessed how human life is insignificant in political ambition and how much economic loss America had to bear. Even the soldiers were not convinced about the war; they blamed the government for this war. The American society was fed up with war and its aftermaths. The traumatised memories of World War II were still fresh, and the society had not come out of the

trauma of World War II when the ambitious and power-hungry politicians waged war against Vietnam. The entire American community was against the war and infuriated with this war.

The ill-treatment of the returning veteran was the response to the collective trauma of the society that was suffering from complex trauma. It was a response to the war-stricken American society and its traumatic memories. Even the veterans questioned whether waging war against Vietnam, killing people, and destroying infrastructure and the environment was necessary. The hostility and grudge toward the veteran responded to relieve the social trauma caused by the long-lasting Vietnam War.

After annihilation, destruction, and degeneration, society gets numb and is incapable of feeling. Patriotism is one of such feelings at its peak during the war, but when the trauma is beyond endurance, people lose a sense of patriotism. They crave peace, law, and order. The characters of Forrest Gump are not in a position to be patriotic about their countries. They want to stop this destruction and let everyone live peacefully. The absence of patriotism is also seen during the Vietnam War when Forrest and Bubba discuss the Shrimp business and plan to start it after returning from the war.

When Bubba is badly wounded and counting his final breath, Forrest does not want to think about his military duties (which were subordinate to him). Instead, he plays the harmonica for his dear dying friend.

In *Forrest Gump*, Groom has shed light on the psyche of the entire American society. Their fury was justifiable, but the hostility towards the veteran cannot be justified. Society targeted the war veterans and pushed them into trauma and distressing life that they did not deserve.

“The collective trauma can disrupt the people’s global sense of meaning by exposing them to the darker sides of human nature” (cited in Hirschberger, 2018). According to the sociologist Erikson (2006), individual trauma is a ‘*blow to the psyche breaks through one’s defences so suddenly and with such brutal force that one cannot react to it effectively...*’ (153). Erikson (2006) then defines collective trauma as ‘*a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality*’ (153).

Forrest Gump is accurately suitable for Erikson's (2006) definition. The Vietnam veterans were Americans. However, a wide bridge was created between them and the common people. The bond and attachment of American society were damaged during the Vietnam war. However, in *The English Patient*, a unique bond is created among people from different social and cultural backgrounds. It is an amazingly opposite picture of collective trauma.

According to Herman (1992), the recovery from the trauma depends upon the survivor's empowerment and the creation of new connections. The author also states that the recovery occurs only within the context of the relationship and not in isolation. Hana, Almásy, Kip, and Caravaggio try to re-create their psychological faculties damaged by the traumatic experiences of war individually and collectively. During their stay at the Villa, they contact each other and establish a relationship and bond. They start developing trust and intimacy with each other; it is a good sign for their recovery.

The four characters of the novel, *The English Patient* work as therapists for each other. There is mutual cooperation formed among them; it helps restore their power by reducing isolation. Hana is already attached to her patient. Initially, Caravaggio and Kip are hostile toward each other. They are also doubtful about the patient. However, gradually, they manage to reduce the gap between them. Ondaatje highlights the importance of social connection and individual relationships as an effective tool to recover from traumatic memories.

Unfortunately, until the end of the novel, *The Sea*, Max remains disconnected and isolated. He never tries to seek the help of any therapists or people around him. He prefers to live his life in isolation. In *Forrest Gump*, Lt. Dan leads a life of forceful isolation. After the Vietnam War, several veterans approached the therapists seeking help. The readers do not know why Dan leads an extremely poor life and becomes homeless. *Forrest* keeps aside his bitter war memories and continues with his Shrimp business, but Dan cannot control and recover from the traumatic memories of war.

Sometimes, the survivors or the trauma victims may doubt other people. They perceive them as the perpetrators or those who may cause traumatic experiences. Hence, a mutual relationship is essential. However, this relationship depends upon external forces as well. The external forces (war-stricken environment) were dreadful, and the Villa was vulnerable. Initially, the three characters, Hana, Kip, and Caravaggio, show

aloofness and indifference toward each other; every one of them is drowned in his/her own traumatic experience. Nonetheless, when a mutual relationship is built among them, they start recovering from their traumatic memories. Then, they part from each other and lead towards their own path in the end. The external force (bomb attack) part them creating hostility among them. Kip has developed compassion and love for Almásy and Caravaggio, but after the bomb attack, his hostility towards the entire white race forced him to break his relationship with his Villa buddies.

Forrest survives his childhood isolation and potential trauma because of his mother and Jenny Curran, who was his only childhood friend. Both of these women play the therapist's role in protecting Forrest from the distress of isolation and peer rejection, which is also one of the key causes of childhood trauma. His mother is over-protective, and when she realises that her son has a potential risk of rejection, she strengthens the shield of protection around him. If Forrest had the same harsh and indifferent mother as Max of *The Sea*, he would have been traumatised just like Max, who was the victim of emotional abuse in his childhood. Consequently, Connie Grace and Chloe Grace worked as therapists for him. They helped him recover from his traumatic family experiences, but after the source of happiness in his life ends due to Chloe's death, he is devastated.

For Forrest, his mother and Chloe are around him in his childhood. Consequently, the potential psychological damage can be avoided. Forrest is empowered to recover from any potential traumatic situation, mainly because he was protected in his initial stage by two strong women

“Psychological restoration and healing can only occur through providing the space for survivors to feel heard and for every detail of the traumatic event to be re-experienced in a safe environment” (Brandon, 1995, pp. 4-5). Forrest is fortunate to have had such a safe environment in his childhood. If Max had been fortunate to have the long-lasting support from Grace's family, he would have been protected from the potential complex trauma he suffered due to the destruction of Grace's family. In his adulthood, he also sought such a therapist to heal his trauma. Anna is a strong woman to support him emotionally, but unfortunately, she could not remain forever in his life.

The shell shock of Hana, Caravaggio, Kip and Almásy is because of their isolation. Before coming to the Villa, they all fought against the situation individually. At that time, their condition was like the narrator of *The Sea*. Hana lost her father, would-

be husband, and her baby. Caravaggio also lost her family. Similarly, Kip left his family in India seeking encouragement and acknowledgement from the parent country (Britain), which he never gets. They are traumatised due to their personal condition, but when new connections are created, they empower themselves to recover from the trauma.

War-induced trauma is found in *The English Patient* and *Forrest Gump* among the three chosen novels. The principal characters in the novels experience their dreadful life in the war zone, and such experiences are widespread. The World War and the Vietnam War were profound on thousands of families and worsened the survivors.

In war trauma, the survival's role in managing and controlling their trauma becomes highly crucial. His/her life and memories are in his/her control, and he/she is the recreator or destroyer of his/her social, physical, and mental post-war conditions. The issues of war-related trauma discussed in the novels are the difficulties in living in a war zone, problems during the journey of displacement, the experience of torture, and mental health problems. The Villa is a war-zone place, and it can be targeted and bombed at any moment. Hence, it is extremely difficult to keep the morals when you are unsure of what can happen to you in the next moment. Hana and her patient (Almásy) lived in an extremely war-sensitive place when it was already abandoned by other nurses and doctors. Hana works as a nurse in the war hospital, living in a war-zone area where she witnesses deaths daily.

The journey of the characters' displacement also leads to their traumatic experience. Hana and Caravaggio are Canadians and travel from one continent to perform their duties with uncertainty and overwhelming feelings. Almásy is also spending his supposedly last days in a dangerous villa that is vulnerable to bomb attacks. He also travelled from deserts, met several traumatic events, and could not save his wounded beloved amidst the chaos of war.

The German soldiers torture Caravaggio because they suspect that he is the spy. They almost cut off his hands. However, Hana is emotionally tortured not by anyone but by destiny, which imposes disasters on her and her family members. Similarly, Kip's torture is at the emotional level. He spent his life in war zones and witnessed several deaths and wounds. In addition, he is covertly abused by Europeans by crushing his self-esteem.

The aftermaths of the Vietnam war on veterans were horrible and sometimes were beyond endurance. Lt. Dan from *Forrest Gump* represents the dreadful condition of the veterans. The readers observe Dan's transition from an extremely optimistic person (when introduced in the novel) to an extremely pessimistic one. He is depicted as a person with existential despair and carries an acute political fury at the novel's climax. He is physically wounded in the war zone of Vietnam. Later, his underprivileged life and the war's homelessness have pushed him into extreme trauma. Social rejection is among the most traumatised experience and emotional abuse for the Vietnam war veterans. It was torture that he had been suffering from since his homecoming. He was suffering from complex trauma in which multiple traumatic events devastated his life and challenged his existence and identity, thereby leading him to suffer from existential crises.

War-traumatised people respond to war atrocities differently; this depends on the circumstances, approach, and other internal and external factors. A stable personality and availability of support can make a big difference in the severity of trauma. For instance, Hana (*The English Patient*) and *Forrest Gump* try to be stable while reaching a solution. In contrast, Dan cannot handle war trauma due to the lack of support from his family, society, and government.

The female characters in all these three novels are extremely influential and powerful. The concept of trauma is directly associated with their presence. They are either the sources of the protagonists' trauma or the healers. The female characters are Hana and Katharine from *The English Patient*, Jenny Curran and Gladys Gump from *Forrest Gump* and Chloe, Anna, Connie Grace, and Max's mother from *The Sea*.

Katharine is the source of trauma in Almásy's life. The series of traumatic experiences start in his life after Katharine's arrival. Almásy depicts her as a violent, aggressive and dominating temptress. Some episodes of her violent sex and romance are included in the novel. The intense feelings for each other, followed by their physical intimacy, have been the initial cause of trauma. Katharine is married, and it is the reason for their unfulfilled desire to live together. Almásy has already been suffering due to the break-up and the end of their romantic relationship. The lethal attack of Katharine's husband Geoffrey Clifton on Almásy and Clifton's eventual death in that attack is the second traumatic experience. The series of trauma continues when he finds Katharine

seriously wounded. He leaves her in a cave and treks to seek help. He promises her to return to the cave at the earliest. Unfortunately, when he comes back, Katharine has already died. It was the third and the fatal trauma for Almásy. Later, he experiences a plane crash in which his body is severely burnt, and his severe physical condition leads him to the hospital, where he becomes Hana's patient. Katharine is the cause of his trauma, whereas Hana is the healer. Katharine gives him profound pain and irreparable physical and emotional damage, whereas Hana nurses him and tries to heal his psychological and emotional wounds.

The powerful women of *Forrest Gump* are Jenny Curran and Gladys Gump, who supported Forrest in his childhood when he needed emotional support. They help him be stable and keep him protected from the potential trauma that may have been caused due to peer rejection and his social isolation. Later, Jenny helps Forrest whenever and wherever she gets a chance. It can be argued that Forrest's real trauma starts at the end of the novel when Jenny leaves him and settles with another man and Forrest's son. However, in her absence, Gladys appears again to stabilise her son. Due to the presence and support of these strong women, Forrest never suffered from fatal trauma in his life despite his encounter with several traumatic experiences.

Four women are influential in Max's life in *The Sea*. The first woman is undoubtedly his mother. Max has to go through several traumatic experiences while living with his mother. She is punitive, bitter, and indifferent due to her frequent fight with her husband and his eventual abandonment. She consistently inculcates in Max the feelings of acute guilt, thus damaging him from within. He carries this childhood guilt for the rest of his life and cannot gain self-esteem. A significant difference is observed between Gladys Gump and Max's mother. Gladys never makes Forrest feel abandoned and neglected. She firmly stands by her son as his powerful support system, but Max is a neglected child and never gets attention from his mother. He never feels sheltered and safe in her company, but Mrs Connie Grace provides emotional and mental support to Max. He wishes that his mother should have been like Mrs Grace, who is amiable, compassionate, loving, and caring. He thinks Mrs Grace is the better alternative for his mother. As a result, his distress and overwhelming feelings are relieved when he is with Grace's family.

Chloe, Anna from *The Sea* and Katharine from *The English Patient*, play the same role of making the protagonists traumatic and distressed in their lives. If we review their characters, it could be argued that Chloe and Katharine are fairly similar in their behaviour. They are manipulative and try to trap the protagonists emotionally. Both dominate the narrators and finally push them into the deep sea of acute pain and suffering.

Though Anna's death was extremely painful and traumatic for Max, Anna has also been the healer to Max's distressing childhood memories. She helps Max process his repressed childhood desire. The readers cannot derive a specific conclusion about their compatibility and healthy relations. Like other couples, they also get into disputes, but she has made Max's adult life fairly bearable. However, her illness, the couple's fight with it, and Anna's eventual death are traumatic incidents. Due to her death, his memories of Chloe's death have entered his consciousness from the unconscious mind. Thus, Anna has the potential to be the therapist and saviour of Max's mental upheavals, but instead, she is destined to be the cause of exacerbating his mental trauma.

The principal male characters of all three novels are the victims of substance abuse. In this regard, Giordano et al. confirmed that 'trauma is prevalent among the clients with substance abuse' (55). Several studies have also proved the association between trauma and substance abuse or alcoholism. Traumatic life experiences, such as accidents, physical or emotional abuse and neglect, are higher risk factors behind alcoholism and substance abuse.

The early trauma exposure of the protagonist and narrator of *The Sea* can be one of the key factors of his alcoholism. The readers learn about his alcoholism in a few episodes, for example, when Claire, Max's daughter, warns him not to drive the car as he is heavily drunk. In another episode, when he is with Miss Vavasour one morning, he narrates a series of alcohol-fueled confrontations in the local bar. He also refers to his brandy bottle as his soother. He is desperate to relieve himself from the childhood memories haunting him. He admits that he can only cope with his traumatic experiences by using alcohol.

Childhood traumatic memories have compromised the neural structure and function, rendering him susceptible to his adult cognitive deficit and psychiatric illness, including major and severe depression, PTSD, and the consequent alcoholism. Powers

et al. (2009), in their study, confirmed that childhood emotional abuse and neglect proved to be the key predictive of adult depression. Such childhood maltreatment Max receives from his abusive parents leads him toward alcoholism. Therefore, it is one of the factors of Max's alcoholism but not the only factor.

Forrest Gump has some episodes that refer to the substance abuse of Forrest. In one incident, Forrest narrates how he is exposed to marijuana when he is in Jenny's band. Surprisingly, everything is fine at the surface level. He is united with Jenny, and both of them are active in her music band. However, he gets victimised of substance abuse.

As previously discussed, Giordano et al.'s findings cannot be applied in Forrest's case. He has a conflicting path, but not the worst or traumatic one. Undoubtedly, he is teased for being an idiot or a person with a low IQ. He has no friends except Jenny. However, rejection from society, the school and peers is not a severe trauma like abusive childhood or distressing life in disastrous wars and unrest. Therefore, it is exhausting for the readers to connect Forrest's substance abuse with his childhood episodes.

Mose is the person who introduces Forrest to marijuana smoking. He convinced Forrest that marijuana helps enhance sexual pleasure. Then, the readers are forced to presume that he had a repressed sexual desire in his childhood. While living with Jenny, he may not have gained sexual pleasure. Of course, all these are possibilities because Forrest does not mention his sexual desires and life in childhood and adulthood. The protagonist seldom gives the chance of his psychoanalysis. He makes them involved in the series of chronological events that the readers do not get a chance to peep into his inner world to find the concreted reasons behind Forrest's substance abuse.

Usually, the trauma of the separation and break-up with the romantic partner lead to substance abuse and alcoholism, but Forrest's case is reversed. He becomes addicted, and as a result, Jenny leaves him.

In *The English Patient*, Ondaatje introduces the characters' substance abuse through Caravaggio and Almásy, i.e. Hana's English Patient. Caravaggio is addicted to morphine when he loses his six-year-old daughter, and his thumbs are cut off. The trauma of the loss of loved ones and his consequent torture led him to be addicted to morphine.

He also keeps Almásy under the effect of alcohol and morphine because he wants to find out the real identity that he is hiding. He also raids Hana's supply of morphine. The traumatic experiences and the loss of loved ones have created a huge vacuum in his mind, and he tries to fill it with morphine.

One common thing found in these three novels is that the male characters are being addicted, but the female characters, despite their traumatic conditions, have never followed the path of alcoholism and substance abuse. The trauma handling mechanisms of the female characters are different but are certainly not any kind of addictions.

The second common thing (as mentioned earlier), the addition of Max, Caravaggio, and Almásy, is justifiable. However, the readers cannot find evidence of any strong reasons behind his substance abuse. In this context, the narrative of *Forrest Gump* is unreliable, in which the narrator seems to hide the traumatic incidents of his childhood or/and adulthood. It is just hinted that some issues must be there because Forrest agrees that marijuana smoking relieves him from tension and stress. Therefore, the readers can assume that some distressing incidents might have occurred. However, there are limitations in correlating Forrest's addiction with the trauma theory.

Traumatic experiences are represented in these three novels with a pluralistic approach, especially while highlighting the values and representation of trauma in literature. The novels do not just emphasise individual traumatic experiences, but these experiences are discussed in the societal context. Further, various consequences of traumatic experiences have been given through the individual stories of each principal character. According to Caruth (2016), "trauma is never simply one's own," she further states, "we are implicated in each other's trauma" (24).

According to Caruth's opinion, the trauma depicted in the three novels does not belong to the victims or the characters who have gone through it. However, it is the trauma of every individual living in the society in the era and the society the novels have depicted. For example, the traumatic experiences of the characters in *The English Patient* are not limited to them, but they are the experiences of millions of people living in the period of World Wars. Max's childhood abuse and the consequent trauma belong to every child who has been abused today in their families physically and emotionally.

Further, the socio-economics and political factors are involved in everyone's trauma. The political unrest and dreadful war are the circumstances that led to the

traumatic conditions of the generations during the World Wars. Max's trauma can also be analysed from an economic perspective. Social status has always been one of the principal issues triggering his distress. He has the complex of his lower class and feels Grace's family members as gods because they are from the rich class and have easy access to all resources. He dreams of elevating his social status by connecting with the Grace family. The hidden intention behind forming relations with Chloe was to enter the upper social class.

Furthermore, the base of the conflict in Max's family may be the financial crisis about which the narrator has not spoken anything. He constantly compares himself and his lifestyle with the Grace family. It makes him restless, and probably this factor has triggered his trauma in his childhood.

Ondaatje has effectively handled the issue of Post-colonialist theory and its association with trauma. The post-colonial theory is based on the foundation of European colonial rule and its cultural, political, social, economic, and aesthetic impacts on colonized nations of the 19th and 20th centuries. Ondaatje handles the post-colonial theory through the balanced and sensible depiction of Kip or Kirpal Singh. Inferiority complex about indigenous culture and perceiving cultural values of colonisers are inherently superior. Kip holds the same post-colonial mentality when he leaves India to come and settle down in England, which is his parents' country. During the Second World War, India was ruled by the British Empire, which had brainwashed the minds of the Indian people, revealing to them how their culture was savage and how Western culture is superior and worthy to be followed.

In the beginning, Kip is a loyal follower of Western culture. He adopted Western values and styles and tried to immerse himself in the English culture by wiping out his original cultural values. However, he is never accepted by the Western culture and has always been regarded as other (Western and others). He is always treated as a savage person. Besides, his abilities are never acknowledged, and he has to bear the acute pain of racial discrimination. His belief in the Western culture shatters, thereby leading him towards trauma that is induced by racial discrimination.

Literature and psychology complement each other; several psychological aspects can be explored in literature. Therefore, the present study attempted to study a single topic of psychology, i.e. trauma. It is a widely discussed topic in academic circles of

literature and psychology. The three chosen novels are the most impactful and comprehensive literary pieces to study trauma theory from multiple dimensions and perspectives.

Every character in the novel is a separate case study of trauma theory. The principal characters and their experiences in the light of trauma were analysed. Everyone goes through different circumstances and deals with different traumatic experiences. However, their traumas are mostly stemmed from social, economic, cultural, and political factors. More specifically, war is among the major causes handled in two novels, *Forrest Gump* and *The English Patient*.

A thorough review of the three novels helps gain a deeper insight into the study of trauma. Post-war PTSD, Racial Discrimination, relationship trauma, Societal or collective trauma, secondary traumatic stress, physical and emotional torture, loss of families and loved ones, and childhood abuse are some of the causes of trauma found during the analysis of the three novels. The coping strategies, recovery, and defence mechanisms of the traumatised people are also explored through the novel's characters. The comprehensive character analysis discussed various consequences of traumatic experiences (short-term and long-term).

The present study will be useful for future researchers to conduct other studies in a similar research area. The case studies of the three novels are in-depth and will prove the roadmap for their further studies. In the end, the researcher would like to suggest that future researchers conduct more studies in this interdisciplinary area.

REFERENCES

- Allarakha, Shaziya. (2021). What Are the 3 Types of Trauma? *MedicineNet*, www.medicinenet.com/what_are_the_3_types_of_trauma/article.htm.
- Andreasen, Nancy. (2011). What is post-traumatic stress disorder? *Dialogue with Clinical Neuroscience*, 13(3)pp. 240-43, DOI: [10.31887/DCNS.2011.13.2/nandreasen](https://doi.org/10.31887/DCNS.2011.13.2/nandreasen)
- A Sin, Mandy Tjew, and Koole, S. . (2013). *E That Human Touch That Means so Much: Exploring the Tactile Dimension of Social L.*
- Berman, Steven L., et al. (2020). Trauma and Identity: A Reciprocal Relationship?" *Journal of Adolescence*, vol. 79(2020), pp. 275–278, [10.1016/j.adolescence.2020.01.018](https://doi.org/10.1016/j.adolescence.2020.01.018).
- Bozzatello, Paola, et al. (2021) The Role of Trauma in Early Onset Borderline Personality Disorder: A Biopsychosocial Perspective. *Frontiers in Psychiatry*, 12, (2021), <https://doi.org/10.3389/fpsy.2021.721361>.
- Brandon Hamber, (1995). Do Sleeping Dogs Lie? The Psychological Implications of the Truth and Reconciliation Commission in South Africa, seminar presented at the Centre for the Study of Violence and Reconciliation, Johannesburg, July 26, 1995, 4-5
- Bremner, Douglas. (2003). Functional Neuroanatomical Correlates to Traumatic Stress Revisited 7 Years Later, This Time with Data. *Psychopharmacology Bulletin*, 37 (2) pp. 6-25.
- Bryant, Richard., and Harvey, Allison. (2002), Gender Differences in the Relationship between Acute Stress Disorder and Posttraumatic Stress Disorder following Motor Vehicle Accidents. *Australian and New Zealand Journal of Psychiatry*, 37(2), pp. 226-29.
- Caruth, Cathy. (2016). *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press.
- Caruth, Cathy. (1995). *Trauma: Explorations in Memory*. Johns Hopkins Univ. Press
- Clark, Ian A., and Clare E. Mackay. (2015). Mental Imagery and Post-Traumatic Stress Disorder: A Neuroimaging and Experimental Psychopathology Approach to Intrusive Memories of Trauma. *Frontiers in Psychiatry*, 6(104), pp. <https://doi.org/10.3389/fpsy.2015.00104>.

- Costello-Sullivan, Kathleen. (2018). *Trauma and Recovery in the Twenty-First-Century Irish Novel*. Syracuse University Press.
- Crouthamel, Jason, et al. (2018). *Psychological Trauma and the Legacies of the First World War*. Cham Springer International Publishing Palgrave Macmillan.
- Dawson, Carrie. (2000). Calling People Names: Reading Imposture, Confession, and Testimony in and after Michael Ondaatje's *The English Patient*. *Studies in Canadian Literature* 25 pp. 50–73,
- D'hoker, Elke. (2004). *Visions of Alterity: Representation in the Works of John Banville*. Rodopi.
- Dorresteijn, Sasja, et al. (2019). Childhood Trauma and the Role of Self-Blame on Psychological Well-Being after Deployment in Male Veterans. *European Journal of Psychotraumatology*, vol. 10(1)p. 1558705, <https://doi.org/10.1080/20008198.2018.1558705>.
- Dou, H., et al. (2020). Social Exclusion Influences Conditioned Fear Acquisition and Generalization: A Mediating Effect from the Medial Prefrontal Cortex. *NeuroImage*, vol. 218(2020)p. 116735, <https://doi.org/10.1016/j.neuroimage.2020.116735>.
- Ehlers, Anke, and David M. Clark. (2000). A Cognitive Model of Posttraumatic Stress Disorder. *Behaviour Research and Therapy*, 38(4), pp. 319–45, [https://doi.org/10.1016/s0005-7967\(99\)00123-0](https://doi.org/10.1016/s0005-7967(99)00123-0).
- Erikson, Kai. (2006). *Everything in Its Path : Destruction of Community in the Buffalo Creek Flood*. Simon And Schuster
- Firestone, Lisa. (2019). These Invisible Memories Shape Our Lives. *PsychAlive*, www.psychalive.org/making-sense-of-implicit-memories/.
- Foa, Eda, and Mclean, Carmen. (2016). The Efficacy of Exposure Therapy for Anxiety-Related Disorders and Its Underlying Mechanisms: The Case of OCD and PTSD *Annu. Rev. Clin. Psychol*, 12(2016)pp. 1-28. DOI: 10.1146/annurev-clinpsy-021815-093533
- Giordano, Amanda, et al. (2016). Addressing Trauma in Substance Abuse Treatment. *Journal of Alcohol and Drug Education*, 60(2), pp. 55-71
- Gieseler, Frank, et al. (2018). Cancer Diagnosis: A Trauma for Patients and Doctors Alike. *The Oncologist*, 23(7), pp. 752–54, <https://doi.org/10.1634/theoncologist.2017-0478>.
- Glaesmer, H., et al. (2010). Traumatic Experiences and Post-Traumatic Stress Disorder among Elderly Germans: Results of a Representative Population-Based Survey.

International Psychogeriatrics, 22(4), pp. 661–70,
<https://doi.org/10.1017/S104161021000027X>.

Glück, Tobias, et al. (2012). PTSD and Trauma in Austria's Elderly: Influence of Wartime Experiences, Postwar Zone of Occupation, and Life Time Traumatization on Today's Mental Health Status--an Interdisciplinary Approach. *European Journal of Psychotraumatology*, 3, (2012), pp. 1....
<https://doi.org/10.3402/ejpt.v3i0.17263>.

Giourou, Evangelia, et al. (2018). Complex Posttraumatic Stress Disorder: The Need to Consolidate a Distinct Clinical Syndrome or to Reevaluate Features of Psychiatric Disorders Following Interpersonal Trauma? *World Journal of Psychiatry*, 8(1) pp. 12–19, <https://doi.org/10.5498/wjp.v8.i1.12>.

Goodman, Revital. Contemporary Trauma Theory and Trauma-Informed Care in Substance Use Disorders: A Conceptual Model for Integrating Coping and Resilience. *Advances in Social Work*, vol. 18, no. 1., pp.186-201

Groom, Winston. Forrest Gump. Corgi Books. Kindle Version

Hauber, Daniel, and Zank, Susanne. "WWII Trauma Impacts Physical and Mental Health in the Oldest Old: Results from a German Population-based Study. Ageing and Mental Health, DOI: [10.1080/13607863.2021.1876637](https://doi.org/10.1080/13607863.2021.1876637)

Hayes, Jasmeet P., et al. (2012). Emotion and Cognition Interactions in PTSD: A Review of Neurocognitive and Neuroimaging Studies. *Frontiers in Integrative Neuroscience*, 6(89) <https://doi.org/10.3389/fnint.2012.00089>.

Herman, Judith. (1992). Trauma and Recovery. New York: Basic Books.

Hirschberger, Gilad. (2018). Collective Trauma and the Social Construction of Meaning. *Frontiers in Psychology*, 9, 1441,
<https://doi.org/10.3389/fpsyg.2018.01441>.

Isaacs, Arnold R. (2000). *Vietnam Shadows: The War, Its Ghosts, and Its Legacy*. Johns Hopkins University Press

Jean-Michel Ganteau. (2018). *Ethics and aesthetics of vulnerability in contemporary British fiction*. Routledge.

Jones, Edgar, and Wessely, S. Psychological Trauma: A Historical Perspective. *Psychiatry*, 5(7), pp. 217–20,
<https://doi.org/10.1053/j.mppsy.2006.04.011>.

Kanstrup, Marie, et al. (2021). Reducing Intrusive Memories after Trauma via a Brief Cognitive Task Intervention in the Hospital Emergency Department: An

- Exploratory Pilot Randomised Controlled Trial. *Translational Psychiatry*, 11(1), pp. <https://doi.org/10.1038/s41398-020-01124-6>.
- Kenny, John. (2006). Well Said Well Seen: The Pictorial Paradigm in John Banville's Fiction. *Irish University Review*, 36(1), pp. 52–67.
- Kimbrel, Nathan A., et al. (2014). The Critical Warzone Experiences (CWE) Scale: Initial Psychometric Properties and Association with PTSD, Anxiety, and Depression. *Psychiatry Research*, 220(3), pp. 1118–24 <https://doi.org/10.1016/j.psychres.2014.08.053>.
- Khan, Touseef. (2017). *Trauma and Fiction: Representational Crises and Modalities*. pp. 160–67, www.academia.edu/34536843/Trauma_and_Fiction_Representational_Crises_and_Modalities.
- Klaric, M., and T. Franciskovic. (2007). Social Support and Psychological Consequences in Females Exposed to War Trauma. *European Psychiatry*, 22, p. S272, <https://doi.org/10.1016/j.eurpsy.2007.01.915>.
- Konsolaki, Eleni, et al. (2010). Cranial Trauma in Ancient Greece: From Homer to Classical Authors. *Journal of Cranio-Maxillofacial Surgery*, 38(8), pp. 549–53, <https://doi.org/10.1016/j.jcms.2010.02.009>.
- King, Nicola. (2000). *Memory, Narrative, Identity: Remembering the Self*. Edinburgh University Press
- Klarić, Miro, et al. (2007). Psychological Consequences of War Trauma and Postwar Social Stressors in Women in Bosnia and Herzegovina. *Croat Med J*, 48, pp. 167–76.
- Kucała, Bożena. (2016). Memory and the Splitting of the Self in John Banville's the Sea. *Lublin Studies in Modern Languages and Literature*, 40(1), pp. 9.... <https://doi.org/10.17951/lsmll.2016.40.1.9>.
- Laven, Peter. (2015). *Trauma and Memory*. Berkely, California: North Atlantic Books
- Levine, Peter A. (2015). *Trauma and Memory: Brain and Body in a Search for the Living Past : A Practical Guide for Understanding and Working with Traumatic Memory*. North Atlantic Books
- Madigan, Tim. (2015). Their War Ended 70 Years Ago. Their Trauma Didn't. *The Washington Post*, 11 Sept. 2015, www.washingtonpost.com/opinions/the-greatest-generations-forgotten-trauma/2015/09/11/8978d3b0-46b0-11e5-8ab4-c73967a143d3_story.html.

- Marabito, Maria. (2021). Adults with Depression, Anxiety Use More Humor, Sarcasm to Cope with COVID-19 Pandemic. www.healio.com/news/psychiatry/20210622/adults-with-depression-anxiety-use-more-humor-sarcasm-to-cope-with-covid19-pandemic.
- Marmar, Charles R., et al. (2015). Course of Posttraumatic Stress Disorder 40 Years after the Vietnam War. *JAMA Psychiatry*, 72(9) pp. 875-.... <https://doi.org/10.1001/jamapsychiatry.2015.0803>.
- Metcalf, James. (2015). Necrophilia and Medical Euthanasia in Michael Ondaatje's the English Patient: An Illustrated Literary Analysis. *International Journal of Emergency Mental Health and Human Resilience*, 17(1), pp. 256–57.
- Munjiza, Jasna et al. (2017). Severe War-Related Trauma and Personality Pathology: A Case-Control Study. *BMC Psychiatry*, 17(1) <https://doi.org/10.1186/s12888-017-1269-3>.
- Powers, Abigail, et al. (2009). The Protective Role of Friendship on the Effects of Childhood Abuse and Depression. *Depression and Anxiety*, 26(1), pp. 46–53, <https://doi.org/10.1002/da.20534>.
- Rosenheck, R., and A. Fontana. (1994). A Model of Homelessness among Male Veterans of the Vietnam War Generation. *American Journal of Psychiatry*, 151(3), pp. 421–27, <https://doi.org/10.1176/ajp.151.3.421>.
- Toremans, T. (2003). Trauma: Theory – Reading (and) Literary Theory in the Wake of Trauma. *European Journal of English Studies*, 7(3), pp. 333–351. <https://doi.org/10.1076/ejes.7.3.333.27981>
- Kuwert, Philipp, et al. (2006). Sixty Years Later: Post-Traumatic Stress Symptoms and Current Psychopathology in Former German Children of World War II. *International Psychogeriatrics*, 19(5), pp. 955–61, <https://doi.org/10.1017/s104161020600442x>.
- McWhorter, Linda G., et al. (2021). Parental Post-Traumatic Stress, Overprotective Parenting, and Emotional and Behavioural Problems for Children with Critical Congenital Heart Disease. *Cardiology in the Young*, Aug. 2021, pp. 1–8, <https://doi.org/10.1017/s1047951121002912>.
- Metcalf, James. (2015). Necrophilia and Medical Euthanasia in Michael Ondaatje's the English Patient: An Illustrated Literary Analysis. *International Journal of Emergency Mental Health and Human Resilience*, 17(1), pp. 256–257.
- Mulvey, Kelly Lynn, et al. (2017). Causes and Consequences of Social Exclusion and Peer Rejection among Children and Adolescents. *Child Development Perspectives*, 17(3), pp. 71–75, <https://doi.org/10.1111/cdep.12157>.

- Munjiza, Jasna, et al. (2017). Severe War-Related Trauma and Personality Pathology: A Case-Control Study. *BMC Psychiatry*, (17), pp. <https://doi.org/10.1186/s12888-017-1269-3>.
- Ondaatje, Michel. *The English Patient*. Bloomsbury. Kindle Version
- Otgaar, Henry, et al. (2017). What Drives False Memories in Psychopathology? A Case for Associative Activation. *Clinical Psychological Science*, 5(6), pp. 1048–1069. www.ncbi.nlm.nih.gov/pmc/articles/PMC5665161/, 10.1177/2167702617724424.
- Perspectives on “Shell Shock” | World War I Centenary*. ww1centenary.oucs.ox.ac.uk/body-and-mind/shell-shock-on-film/.
- Polanco-Roman, Lillian, et al. (2016). Racial Discrimination as Race-Based Trauma, Coping Strategies, and Dissociative Symptoms among Emerging Adults. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(5), pp. 609–617, 10.1037/tra0000125.
- Rosenheck et al. Some were alcoholics and had a history of psychiatric hospitalisation
- Rubin, David., Boals, Adriel., and Barntsen, Dorthe. (2008). Memory in Posttraumatic Stress Disorder: Properties of voluntary and involuntary, traumatic and non-traumatic autobiographical memories in people with and without PTSD symptoms. *J Exp Psychol Gen*, 137(4), pp. 591-614. DOI :10.1037/a0013165.
- SAMHSA. (2014). *Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration
- Southborough, L. (1922). *Report of the war office committee of inquiry into 'shell-shock'*. London, UK: HMSO.
- Toremans, T. (2003). Trauma: Theory – Reading (and) Literary Theory in the Wake of Trauma. *European Journal of English Studies*, 7(3), pp. 333–351. <https://doi.org/10.1076/ejes.7.3.333.27981>
- Vickroy, L. (2002). *Trauma and survival in contemporary fiction*. University Of Virginia Press.
- Visvis, Vikki. Traumatic Representation: The Power and Limitations of Storytelling as “Talking Cure” in Michael Ondaatje’s *In The Skin of a Lion*, and *The English Patient*. <https://journalhosting.ucalgary.ca/index.php/ariel/article/view/34919/28929>

Waller, Niels, et al. (1996). Types of Dissociation and Dissociative Types: A Taxometric Analysis of Dissociative Experiences. *Psychological Methods*, 1(3), pp. 300–321, 10.1037/1082-989x.1.3.300. Accessed 31 Oct. 2019.

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