

Trauma and Treatment in Gillian Flynn's *Sharp* *Objects* through Judith Herman's Theories

Mehrgan Rezaeian¹

M.A. in English Language and Literature, Faculty of Humanities
and Social Sciences, Golestan University, Gorgan, Iran.

Behzad Pourgharib (Corresponding Author)²

Assistant Professor of English Language and Literature, Faculty of Cultural
Heritage, Handicrafts and Tourism, University of Mazandaran, Babolsar Iran.

Abdolbaghi Rezaei Talarposhti³

Assistant Professor of English Language and Literature, Faculty
of Humanities and Social Sciences, Golestan University, Gorgan, Iran.

Article Type: Original Article

Page Numbers: 85-100

Received: 06 January 2023

Accepted: 01 September 2023

Abstract

As an important event in the life of a person, childhood trauma demonstrates its aftermath through post-traumatic stress disorder symptoms, besides shaping a person's self-perception and identity. The three main characters in *Sharp Objects* by Gillian Flynn suffer from multiple categories of trauma, including generational emotional abuse by female abusers. Therefore, it enables the possibility of having a psychoanalytical study of the novel concentrated on childhood trauma in three generations, with the help of trauma studies as elaborated by Judith Herman. This study aims at applying her trauma theory to Flynn's work in order to unfold the traumatic childhood of its protagonist, Camille Preaker, and two other characters. The study illustrates that Preaker's relationship with her family is affected by memories of emotional neglect and self-harm, and how her identity and relationships have been influenced by trauma. Examining the initial traumatic events can aid in comprehending the characters' conduct, as it is the trauma that influences their social interactions and reactions to circumstances. The research indicates that childhood trauma, particularly emotional abuse from female abusers across generations, has enduring effects on mental health, such as changes in personality and loss of identity.

Keywords

Post-traumatic Stress Disorder; Self-harm; Traumatic Childhood; Generational Trauma; Emotional Neglect; *Sharp Objects*.

1. Introduction

The term "trauma" has its roots in ancient Greek, where it denoted harm and injury, thus defining its meaning. Psychological theory posits that trauma originates from melancholia and Freudian concepts. Loss of loved ones, homeland, country, culture, and other similar entities can lead to depression in individuals. War, immigration, violence, and forceful power can cause psychological trauma, resulting in recurring nightmares, flashbacks, and compulsive behavior. Loss results in the inability of the subject to accept

¹ meh.rezaeian@gmail.com

² b.pourgharib@gu.ac.ir

³ a_rezaei_t@yahoo.com

reality, leading to a state of emotional depression. Traumatology encompasses medical and psychological branches. Medical traumatology is the specialized study of the treatment of injuries and wounds caused by accidents or violence, and it is possible to gain a deeper understanding of the psychological effects of traumatic events and the importance of recognizing and treating trauma, which literature can be used as a tool to increase awareness about the impact of trauma and promote recovery for the survivors. Since the late twentieth century, with the rising awareness of the impact of specific psychological incidents on people's minds, trauma studies began to attract attentions. It has been proved that specific incidents from the past leave marks on our minds forever. The fact is that among the life-changing experiences, trauma has the greatest impacts. Not only does it remains in people's minds, but also alters their perspective on life, resulting in changes in behavior and personality. Survivors will demonstrate symptoms of post-traumatic stress disorder. The symptoms may pose troubles when survivors are confronted with events which might trigger traumatic memory, which will cause them more distress. However, when the origin of trauma is detected and treated, the trauma survivor can improve the quality of his or her life without being constantly on edge. This study aims to draw attention to the concept of psychological trauma, which causes post-traumatic stress disorder, to explore the depth of the characters' psychological damage in Gillian Flynn's *Sharp Objects*. The life of the grown-up trauma survivor will be explored to measure the extent to which PTSD symptoms impact her routine life. In other words, the essence of trauma is examined throughout the novel's plot to find hints and traces of early signs of trauma by drawing on the trauma theory of Judith Herman.

Some of the research questions that guide the direction and purpose of the research include the following:

1. How does childhood trauma alter the personalities of *Sharp Objects*' primary protagonists, and how does this affect their relationships and behavior?
2. What sorts of trauma do the characters in *Sharp Objects* suffer, and how do these experiences differ in terms of their psychological impact?
3. To what degree does Judith Herman's trauma theory give a useful framework for understanding the psychological repercussions of trauma on individuals, as evidenced by the characters' experiences in *Sharp Objects*?

2. Literature Review

Writing on Gillian Flynn's style, Jennie Lindroos argues (2021) that Flynn makes use of a number of well-known tropes about women and violence. She shifts her attention to portraying the "victim" rhetoric, in which women are blamed for their own past victimization. By moving violence from the usually recognized paradigm of patriarchal

violence to a setting where all violence is passed down from woman to woman — from mother to daughter — *Sharp Objects* contradicts the traditional victim narrative and presents violence as heritable. Lindroos has attempted to apply the theoretical framework of the explanations for being crazy and victim in the context of feminist criminology and actual violence to the fictional universe (39) provided by Flynn's work.

Bordering on feminism, Soheila Farhani Nejad believes that cultures are to be blamed for elevating motherhood to a high status and thus they ignore the concept of female subjectivity and eliminate the need for creating a distinct identity. Women may acquire pathological desires as a result of culturally ingrained ideals of "perfect" parenthood, damaged mother-infant relationships, and other factors (4). In better words as women attempt to comply with such culturally made standards of being a good woman, they sacrifice their own subjectivity and desires. Therefore traumas experienced by the children might have their roots in the way the people are cultivated in a specific culture.

In the same light, Malinda K. Hackett (2020) uses trauma theory provided by Cathy Caruth and Ann Whitehead to *Sharp Objects* and concludes that when viewing women from the perspective of Whitehead's theory, it is very likely that they engage with a type of performative pathology to settle the trauma resulting from their past while they try to make sense of their world in the present.

In Maysaa Jaber's article "Monstrous Mothers and Dead Girls in Gillian Flynn's *Sharp Objects* and *Gone Girl*," (2022) the author explores the representation of female characters as monstrous mothers and missing/dead girls. Jaber argues that Flynn's use of these two tropes reveals the conflicting facets of female crime, victimhood, and agency in her thrillers, and by doing so, subverts the portrayal of criminal women in relation to motherhood, mental illness, and trauma.

In another article titled "Parental Influence in *Sharp Objects* and *The Silent Patient*," (2022) Valli Amuthavalli and Saradha Rajkumar employ Erikson's theory of psychosocial development to explore parental involvement in personality development in select novels. The authors examine the role of parent-child relationships in the psychological development of the female protagonists in *Sharp Objects*. They find that both novels emphasize the importance of parental guidance and the value of a developmental systems perspective.

3. Methodology

Trauma studies have demonstrated how childhood trauma may lead to a fragmented personality, detachment from reality, and a sense of isolation from others. While repeated trauma throughout infancy molds and wears down the personality, recurrent stress during maturity erodes the personality structure that has already been developed.

Children who are confined to abusive environments must overcome difficult adaptation obstacles. Since she is unable to care for herself or defend herself, she must make up for the absence of adult care and protection with the only resources she has available—an immature system of psychological defenses (Herman 96) which could also result in fighting against traumatic experiences as well.

In addition to their fear of violence, survivors frequently describe feeling utterly helpless. In a violent household, parental authority is exercised arbitrarily, capriciously, and completely. The laws are unpredictable, contradictory, or outright unfair. Many survivors recall that what mostly frightened them about the violence was how unpredictable it was. Because they are unable to figure out how to stop the abuse, they learn to adopt a position of total surrender, which would result in more violence.

Basically, it takes constant alertness to adjust to this constant state of danger. Therefore children who experience abuse in childhood become exceptionally skilled at spotting warning signs of an impending attack. They develop a keen understanding of how their abusers think and behave. They develop the ability to spot subtle changes in body language, voice, and facial expression that indicate anger, sexual arousal, intoxication, and dissociation. Nonverbal communication becomes highly automatic and occurs almost entirely outside conscious awareness. Child victims learn to respond without being able to name or identify the danger signals that elicited their alarm (Herman 99).

Furthermore, at times of momentary peace, children try to appease their abusers. These traumatized children strengthen and redouble their attempts to try to be decent, which seem to be the only way to gain control of the situation. Victims exhibit hyperarousal, intrusion, and constriction of feelings, sometimes to such extremes that an alternate state of consciousness emerges, allowing the victim to cope with reality. One of the most persistent elements Herman describes is “intrusion,” in which traumatized people cannot return to their everyday lives due to the trauma’s repeated interruption.

As Herman puts it, post-traumatic stress disorder occurs when trauma impairs a person’s self-protection mechanism. The symptoms are divided into three groups. The first one is “hyperarousal”: traumatized persons are always on the lookout for danger. Sleep difficulties, startled emotions, jumpiness, irritability, a rise in aggressive behavior, generalized anxiety, and irrational dread are some of the symptoms. Distressed and overwhelmed reactions modify a traumatized person’s sympathetic nervous system as they sense the return of danger and psychological complaints. Thus, there is chronic arousal of the autonomic nervous system, which reconstructs the human nervous system (35 – 36). In other words, the victim is always worried about the possibility of its happening again.

The second symptom is “intrusion”: although the terrible incident is over, victims believe they have been frozen in time. The trauma gets imprinted on their psyche, creeping into their thoughts throughout the day and manifesting as nightmares at night. Even years after the horrific occurrence, the traumatized individual relives the distressing experience as if it were happening again right now. He or she is unable to return to their previous life since the traumatic experience was recorded in an atypical way by the patient, and the memory reappears throughout waking states as well as during sleeps. Trauma interrupts the natural growth of the mind by repeatedly and uncontrollably intruding into the traumatized person’s thinking. Regarding this matter, Kardiner and Spiegel believe that nightmares are “fixation on the trauma” and that the traumatic dream is “an unaltered recurrence of a terrible nightmare that might last for years” (186), which cannot be easily ignored in studying the psychic conditions of a trauma victim.

Additionally, traumatized people constantly replay the traumatic event in their thoughts, dreams, and behaviors. Nonetheless, in most cases, they cannot verbalize the traumatic experience. Instead, they act it out. The replication of distressing experiences is most visible in children’s repetitious play. The psychiatrist Lenore Terr distinguishes between regular play and the “forbidden games” of traumatized children. Post-traumatic play is obsessively repeated in contrast to typical childhood games. If someone recognizes post-traumatic play, he might be able to identify the trauma with only a few other cues (Terr 96-104). Therefore, sometimes the apparently innocent games can point to the dark background in a child’s life.

Regarding this issue, it might be stated that traumatized persons replay certain features of traumatic experiences in a camouflaged and disguised way without realizing it. Some of the reenactments are capable of adjusting to the new experience in a socially beneficial way. As a result, traumatized persons might use the survival process to regulate the replication of certain components of their traumatic experiences later in life (Herman 40). In other words, the adults would act as children; however, their method of disguising the traumatic past would be different from those of children.

Some modern theorists also depict intrusion into reenactments as an impulsive effort to absorb and integrate the painful experience. The “completion principle,” as described by the psychiatrist Mardi Horowitz, encapsulates the human mind's intrinsic ability to incorporate new information in order to bring the underlying cognitive structures of the self and the world to date. Trauma, according to this theory, destroys these ‘inner schemata’. Unadjusted traumatic events, according to Horowitz, are stored into a kind of ‘active memory,’ with a natural desire to repeat the terrible experience via its content. As a result, the trauma goes away only when the survivor creates a new mental model for interpreting what occurred (93-4). Until that time, the victim will be entangled in the traumatic grip.

The final symptom of PTSD is “constriction”. When confronted with perilous events that make them helpless, some victims experience altered awareness. Numb feelings, a skewed sense of time, detached calm, a sensation that the event is occurring to someone else, and seeming apathy and inactivity are all indicators of this confined condition. The powerless individual escapes his or her predicament by raising awareness of his or her state of consciousness rather than taking action in the actual world. Victims or witnesses may become frozen when physically or emotionally assaulted (Herman 42). Surrender of voluntary action, suspension of initiative and critical judgment, subjective detachment or calm, enhanced perception of imagery, altered sensation, including numbness and analgesia, and distortion of reality, including depersonalization, derealization, and change in the sense of time, are all characteristics which constriction possesses (ibid 43). They refer to the partial or total change in someone’s personality and identity and as “identities are connected with places and other persons who are alive or dead” (Esmaili et al. 2), her going through different traumatic events at the hands of different people would have an impact on their identities and create new people out of them.

4. Discussion

Before venturing on the analysis of the story, it seems befitting to have a summary of the novel *Sharp Objects* by Gillian Flynn. The plot follows Camille Preaker, a newspaper reporter who is forced to return to her hometown to cover a series of killings. At her hometown, she meets her mother and spoiled stepsister. She has never had good relationship with her mother. The novel focuses on the personal life and traumas Camille has gone through in her life, more than the mystery of the murderer though – she is a woman full of childhood scars as the result of self-harm and substance overdose. In fact Gillian Flynn explores the themes of abuse, vulnerability, and power in *Sharp Objects* via Camille, her mother, Adora, and stepsister Amma. Judith Herman's trauma theory highlights the effects of repeated trauma on an individual's personality, identity, and behavior. "While the victim of a single acute trauma may feel after the event that she is 'not herself,' the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all" (Herman 62). The theory applies aptly to the characters in *Sharp Objects* who have experienced emotional abuse and neglect, leading to enduring psychological damage. "The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable" (Herman 1). Glaser highlights that emotional abuse and neglect are frequently disregarded types of child abuse, but they can have comparable or more severe short-term and long-term consequences than other forms of maltreatment.

Trauma witnesses may also experience its effects, which can impede their ability to maintain composure and clarity. "The child trapped in an abusive environment is faced with formidable tasks of adaptation" (Herman 70). Trauma's unspeakable nature is a frequent reaction to atrocities, in which certain breaches of the social contract are too dreadful to articulate. The career-child relationship exhibits harmful interaction patterns, without physical contact with the child. Malicious intent is not a prerequisite for the definition. Glaser notes that "emotional abuse and neglect is an under-recognized, but actually common, form of child abuse" (697). Miller argues that female characters in literature defy the binary categorization of women as either virgins or whores, thereby challenging conventional norms of female conduct and subverting "feminine social codes" (10). The novel portrays the themes of abuse, vulnerability, and power through the characters of Camille, Adora, and Amma. The story of *Sharp Objects* prioritizes the personal life and traumas of the protagonist, Camille Preaker, over the investigation of the murders. Herman suggests that childhood maltreatment and cumulative trauma can result in various anxiety and mood disorders, as evidenced by Camille's experiences with substance abuse and self-harm. Individuals with "complex post-traumatic" (Leonard 1) stress disorder (C-PTSD) may exhibit relational challenges and avoidance behaviors, as is evident in Camille's conduct. Herman's trauma theory offers valuable insights into the psychological consequences of childhood trauma and their impact on individuals. The issue of "emotional abuse and neglect leading" (Tull 1) to enduring psychological damage is especially pertinent in the context of *Sharp Objects*. The novel highlights the importance of identifying and addressing the enduring effects of trauma, especially in children, to prevent lasting complications.

4.1. Scars of Trauma

In the novel, when Camilla is requested to return to her hometown, she is suddenly faced with the haunting memories of her childhood and her dead sister, Marian. She describes the town as emotionally detached as possible. It seems to the reader that she is merely giving a geographic explanation about a town she has only visited once (Flynn 4). She then mentions that she and her mother are not on good terms and rarely communicate. In fact she despises returning to her hometown since she has a bad relationship with her mother. Her reluctance towards going to Wind Gap is not limited to her speech; her actions are also illustrative in her physical posture. She clearly states: "I still didn't want to go. So much so, apparently, that I'd wrapped my hands around the arms of my chair, as if Curry might try to pry me out" (5). Upon her arrival, she behaves as she had entered a cemetery (8).

Camille is well aware of the emotional distance of her mother, Adora. She is bothered by the fact that Adora puts up a polite face but her actions give her true intentions away. As she enters her childhood home, she is welcomed by her disinterested mother. As a mother, Adora views Camille as an outsider, a guest who is not close enough to them to share the casual ambiance of their home. Camille sounds somewhat disappointed when she remarks, "It was the first time we'd seen each other in almost a year. My hair was a different color—brown from red—but she didn't seem to notice." (30) Adora is not glad to hear that Camille will stay for a few days. Her body language very much tells of her true feelings, "A quick pause, her long fingernails, a transparent pink, clicked on her glass. "Well, I'm sure that's fine. I wish you'd phoned. Just so I'd have known. I would have had dinner for you or something." (30)

The very first night when Camille tries to sleep in her old bedroom, she has nightmares. She says, "Shooting up in bed every twenty minutes, my heart pounding so hard I wondered if it was the beating that woke me. ... I dreamt my mother was slicing an apple onto thick cuts of meat and feeding it to me, slowly and sweetly, because I was dying." (33-4) Bad dreams could be an indicator of anxiety and feeling frightened. A bad memory attached to this room and the people inhabiting the house make Camille unconsciously uncomfortable. Her mind and body are not relaxed, and she might be demonstrating a state of intrusion. This condition carries sleep difficulties due to the fact that the traumatic event is sculpted in an abnormal form in her memory and presents itself in her nightmares (Herman 37). Camille is triggered by Adora and the setting which reminds her of how she used to be treated in childhood.

Added to her PTSD symptoms, Camille is struggling with her sense of self and her relationships. For instance, at Keene's house, she sees her friends from when she was a teenager. Her thought while greeting them is, "All of whom had been my friends at one point, I suppose." (44). Camille doubts their honest intentions of being friends with her; a pattern of not trusting people is tagging along. Alternatively it can be Camille who does not trust herself to be true to her supposed friends. She might be too damaged to make people trust her. According to psychologists Bernstein and Fink, trauma is caused by emotional neglect and the failure to provide basic psychological needs. Symptoms may be intense fearfulness, loss of control, and helplessness. Those symptoms are evident throughout Camille's stay in her childhood home.

She is somewhat self-aware of her feelings as she mentions, "The evening was feeling too much like a reunion. And I was feeling too much like a child again—I hadn't even dared to pull out my notebook with my mother still here, shooting me warning glances." (46) A study by Stark et al. demonstrates how children's negative view of themselves matches their perception of their parents sending them similar messages, specifically,

apparent messages from caregivers about oneself, the world, and the future child's depressive symptoms. This path was arbitrated by child's own beliefs about themselves, their surroundings, and the future (617). Thus, the presence of Adora never ceases to stop; whether it would be conscious or unconscious.

Camille is lost in her existence, and whenever she needs a reminder, she repeats the words "I'm here" to her. As previously seen, she is keen on words since they can make abstract ideas into reality for her. This is quite common among traumatized children to be at odds with their identity:

I'm here, I said, and it felt shockingly comforting, those words. When I'm panicked, I say them aloud to myself. I'm here. I don't usually feel that I am. I feel like a warm gust of wind could exhale my way and I'd be disappeared forever, not even a sliver of fingernail left behind. On some days, I find this thought calming; on others it chills me. (Flynn, 121)

In general through the course of their natural growth, children develop strong inner representations of dependable caregivers that they may mentally call upon when they are in need. These inner images cannot develop in the first place in a milieu of persistent childhood abuse; they are continuously forcefully smashed by a traumatic experience. Because they cannot establish an inner feeling of safety, abused children rely more on external sources of comfort and consolation than other children. The abused child, unable to acquire a strong feeling of independence, continues to look for someone to rely on urgently and indiscriminately. Consequently, abused children often exhibit the contradiction that, while swiftly forming attachments to strangers, they still remain committed to their abusive parents. As a result, when a child has been abused repeatedly, fragmentation becomes the basic concept of personality structure. Consciousness fragmentation impairs the normal integration of information, memory, emotional states, and physiological sensations. Therefore identity integration is hampered by fragmentation in inner self-representations (Herman 107). It will result in a different person's being born out of the traumatic experiences he or she may go through and that is the very thing which can be proved in case of Camille, who will be craving to her mother's love although she hates her.

4.2. Substitutes for Care and Love

According to psychologists Bernstein and Fink, trauma is caused by emotional neglect and the failure to provide basic psychological needs (Bernstein et al. 151). Some people may overtly show signs of post-traumatic stress disorder (PTSD), but others will show resilient reactions or transient subclinical symptoms or effects that do not meet diagnostic standards. Trauma's effects might be undetectable or downright devastating. It can be concluded that the people who go through the same traumatic experience may not respond in the same way or develop the same kind of PTSD.

In response to not receiving love from a caregiver, in this case her mother, Camille figured out a way to distract her mind of the emotional trauma: self-harm. She explicitly discloses that she used to cut herself. She even personalizes the scars by saying, “they have a mind of their own” (Flynn 75). She carves words on her body to relieve the stress from her mind and body. The words do not entirely make sense and are unreal unless they are carved on her skin. Her act of self-harm can bear two meanings; besides its standing for a cry for help, it also means she was trying to alleviate psychological suffering by creating a source of physical pain. The more she felt the pain in her body, the less she struggled with her mental issues.

According to Farhani Nejad, we can deem the act of cutting words onto her skin a psychic dialogue. Camille seeks to be acknowledged by her mother since they never established a healthy connection (8). Additionally, when she cut herself, she says, “I adored tending to myself” (Flynn 78). She can be her source of love if no one can give it to her. She enjoys hurting herself so that she can take care of herself. By stating “[I would] pet my cheek until the sting went away.” (76), Camille shows all she needed was a loving hand to caress her face. Since Adora was emotionally unavailable, she took matters into her own hands.

Inevitably, she cannot rely on her self-soothing techniques forever. There are occasions in her life where she attributes a mother or father role to an acquaintance. A mother figure would be Jackie, one of Adora’s best friends. Camille holds a positive view of her, “Jackie was catty and shallow, but she was always completely herself. She also was more at ease with me than my mother. It was Jackie, not Adora, who slipped me my first box of tampons, winking that I should phone her if I needed instructions, and Jackie who’d always teased me merrily about boys. Small huge gestures” (46). As for a father figure, Camille has Curry, the owner of the newspaper she works for. She tells him she is not doing well in Wind Gap and nearly bursts into tears as Curry tries to comfort her:

“Make them like you. You’re a likable person. Your mom will vouch for you.”

“My mom’s not so happy I’m here, either.”

Silence, then a sigh from Curry’s end of the line that buzzed my ears.

My right arm was a road map of deep blue.

“You doing okay, Preaker? You taking care of yourself?”

I didn’t say anything. I suddenly felt like I might cry.

“I’m okay. This place does bad things to me. I feel...wrong.” (103)

Not only does Camille search for a stand-in mother, but also, she likes to have someone else as father figure since she does not receive any love or affection from her parents, her mother in particular. As the novel focuses on the relations of Camille and

the female members of the family, the focusing on the role of the father is ignored in the work, however, it can point to the absence of such a figure and in the absence of a father, it is the mother who typically replaces him. However, Adora fails in being both a good mother and a nice father.

4.3. Familial / Generational Trauma

The ongoing mother-daughter abuse speaks to a cyclical nature of the trauma experienced by Adora and Camille in their common household setting, with each woman playing the victim and perpetrator roles at various moments in time and location. Their collective trauma's matrilineal origins serve to highlight its connections to the family unit and the setting most frequently associated with the home. A study by Wark et al. found that in contrast to perceived male neglect, adult psychological distress was linked to perceived female neglect and decreased family stability and adaptation (1042) and this is exactly what happens in the case of the three main women characters in this novel.

Adora was suffering from generational trauma herself and carried it along into her family. She finds her mother (Joya) in Camille. Joya was neglectful of her, making her another neglectful mother in turn. Generational trauma may be defined as a secondary form of trauma that results from the transfer of traumatic experiences from parents to their children (Davidson and Mellor 348; Motta et al. 898). Also named intergenerational, transgenerational, or secondary trauma, it can result from different disturbing incidents or experiences that can cause generational trauma (Doucet and Rovers 94), which will run through generations in a family. In the novel since Adora never received love from Joya and felt ignored by her, she became traumatized. She passed it on to Camille, who is now suffering from PTSD. Camille is easily unsettled by her mother's words and actions. When Adora accuses her of being similar to Joya, she is furious and defends herself; an act of bravery demonstrates that Camille is on her road to recovery and finding her own voice and shaping her identity.

In one peculiar instance, Adora insists on the mother-daughter relationship to persuade her to spend some time with her. Camille is not particularly glad. She believes it to be miserable. Adora is sitting in the hall and calls Camille to come to sit by her, "No! Get a glass first from the back kitchen. You can have a drink with Mother. With your mother." (189). On the other hand, Camille is thinking of her childhood self; teenage Camille would have loved to spend time with her mother, and she would have loved to be invited by her mother to sit together and talk: "This should be miserable, I murmured as I grabbed a tumbler. But underneath that, a thought: time alone with *her!* A leftover rattle from childhood." (189)

Adora abruptly begins the conversation by saying she never loved Camille. Camille is shocked, even though it has been proven to her that Adora never loved her. However, hearing it firsthand was too shocking. She tried convincing herself that this was a trivial matter and had better act as if this was a scientific breakthrough; her thoughts have been admitted over the years. Conversely, she cannot help the sadness that is suffocating her; she needs to make herself breathe (190). Their conversation demonstrates that Adora is not only neglectful but also manipulative.:

“You remind me of my mother. Joya. Cold and distant and so, so smug. My mother never loved me, either. And if you girls won’t love me, I won’t love you.”

A wave of fury rattled through me. “I never said I didn’t love you, that’s just ridiculous. Just fucking ridiculous. You were the one who never liked me, even as a kid. I never felt anything but coldness from you, so don’t you dare turn this on me.” I began rubbing my palm hard on the edge of the stair. My mother gave a half smile at the action and I stopped.

“You were always so willful, never sweet. I remember when you were six or seven. I wanted to put your hair up in curlers for your school picture. Instead you cut it all off with my fabric shears.” I didn’t remember doing this. I remembered hearing about Ann doing this. (190)

Adora says that Camille was her only hope of gaining Joya’s love when she was pregnant. Still, when she was born, nothing changed. Adora could not love her because she was disobedient. She was hoping for a lovely mutual relationship between herself and Camille. She thought of Camille as her possible savior. Her dreams were ruined when she realized Camille was nothing like she desired. Adora states, “Even from the beginning you disobeyed, wouldn’t eat. Like you were punishing me for being born.” (191). Camille felt the same way when they were in the boutique and Adora was trying to choose a dress for her or when she scolded her. Therefore, their only shared feelings are the concept of punishment and neglect of love.

Their speech of hatred continues for long. Her mother tells how she wished Camille would die instead of her sister Marian who has died due to a strange disease – which would be proved to be her mother’s making her take some drugs. Camille does not stop arguing with Adora and replies back to her. Adora becomes so angry that attack her physically, threatening to carve her name on Camille’s perfect spot, which would be a way of asserting dominance over the child whom she could never control;

My mother lunged then, grabbed me by both arms. Then she reached behind me and, with one fingernail, circled the spot on my back that had no scars.

“The only place you have left,” she whispered at me. Her breath was cloying and musky, like air coming from a spring well.

“Yes.”

“Someday I’ll carve my name there.” She shook me once, released me, then left me on the stairs with the warm remains of our liquor. (191-2)

That night, Camille is distraught and is in a panic state. Thus, she drinks too much to soothe herself. As she got drunk, there came nightmares. She saw her mother cutting her body and unpacking her organs, “stacking them in a row on my bed as my flesh flapped to either side.” (192). In her nightmare, Adora was sewing her initials into her body parts, then tossing them back into her, along with some forgotten objects: “an orange Day-Glo rubber ball I got from a gumball machine when I was ten; a pair of violet wool stockings I wore when I was twelve; a cheap gold-tinted ring a boy bought me when I was a freshman” (192). It seems as if Adora has been following Camille her whole life. The years she mentions are crucial in her life story: Marian got sick when she was ten, Marian got sick to death when she was twelve, and her freshman year was the very first time when Camille left her home and lived on her own. Nonetheless, the phantom of her mother had always been present in her mind.

Interestingly, Adora’s emotional neglect is not the only mental issue with her. When Camille was in a hospital, Adora visits her. She displays signs of her syndrome, Munchausen by Proxy. It is a psychological disorder in which a caregiver deliberately makes the child sick to gain attention. Adora makes a normal conversation with Camille when they are alone. Nonetheless, Camille remarks, “When my doctors joined us, she cried and petted and fretted at me. She stroked my hair and wondered why I had done this to myself.” (81). Adora wants to present herself as the perfect caring mother. On the other hand, she is an abusive, manipulative mother in private. Adora’s altered behavior in public compared to her deeds in her private life has given rise to the indefinite conclusion that every woman has a responsibility to be a good mother. Adora’s actions, which involve slowly killing Marian by giving her medicines, also depict the mother as a poor role model. Adora’s actions were partly motivated by the pressure she felt as a result of the public’s perception of the ideal motherhood (Tamir and Elfira 270) which, however had terrible consequences for the daughters.

Adora is the cause for every PTSD symptom which Camille goes through. Upon laying eyes on Adora in an unexpected place, she remarks: “My stomach clenched without my permission.” (Flynn 119). Camille can read Adora’s body language pretty well: “My mother sat with her hands folded in her lap, skirt spread out along the couch, and blinked at me.” (120) According to Richard Kluff, traumatized children can detect signs of emotional turbulence better than others. They would know when a parent is uneasy and try to avoid making them angry or unintentionally triggering any negative response from them (175). Camille avoids further confrontation and says, “... [I] strode out of the room, not looking at my mother. I began crying before I’d even reached my car.” (Flynn 120)

5. Conclusion

Each major character in the narrative experiences a degree of trauma. Generational trauma stems from maternal emotional neglect and self-centeredness, resulting in a lack of love. Adora's disregard for her daughters' identities led her to treat them as mere dolls, causing Camille to undergo various acts against her will. As a child, Camille lacked the capacity to comprehend the situation and therefore did not endeavor to attain her mother's affection. In the novel, Flynn frequently links women with a doll-like appearance, portraying girls as mere objects of beauty. Camille navigated various developmental phases during her childhood and adolescence in solitude. She sought a parental figure to assume the role of Adora in her relationships. Without experiencing such trauma, her personality would have been significantly altered.

Trauma is the primary factor that influences the behavior and lifestyle of a survivor. Camille Preaker, the protagonist of *Sharp Objects*, depicts her childhood trauma by gradually revealing various facets of her suffering. The individual's familial ties are marred by recollections of emotional disregard and self-injury. According to Judith Herman, adult trauma can erode established personality structures, while childhood trauma can structure and distort personality. The child survivor encounters intricate adjustment difficulties due to residing in a perilous setting. She must establish trust with unreliable individuals, ensure safety in hazardous situations, maintain control in an unpredictable scenario, and assert power in a position of weakness. Each protagonist in the narrative experiences varying degrees of trauma. Generational trauma stems from maternal emotional neglect and self-centeredness. Camille navigated various developmental phases during her childhood and adolescence in solitude. The characters in *Sharp Objects* experience diverse forms of trauma, encompassing emotional, physical, and sexual abuse. Herman's trauma theory offers a valuable framework for comprehending the psychological aftermath of childhood trauma on individuals, as demonstrated by the characters in *Sharp Objects*. Herman's theory posits that trauma can alter personality, resulting in behavioral and self-perception changes. It emphasizes the significance of prompt intervention and treatment to avert enduring consequences. The novel portrays Camille's pursuit of therapy as a means to confront her trauma and modify her behavioral tendencies.

References

- Bernstein, David P., et al. "Childhood Trauma Questionnaire." *PsycTESTS Dataset*, 1994. *Crossref*, <https://doi.org/10.1037/t02080-000>.
- Davidson, Ann C, and David J. Mellor. "The Adjustment of Children of Australian Vietnam Veterans: Is there Evidence for the Transgenerational Transmission of the Effects of War-related Trauma?" *The Australian and New Zealand Journal of Psychiatry*, vol. 35, no.3 , 2001, pp. 345-51. doi:10.1046/j.1440-1614.2001.00897.x
- Doucet, Marilyn, and Martin Rovers. "Generational Trauma, Attachment, and Spiritual/Religious Interventions." *Journal of Loss and Trauma*, vol. 15, no. 2, 2010, pp. 93–105. *Crossref*, <https://doi.org/10.1080/15325020903373078>.
- Esmaili, Somayeh, Behzad Pourgharib, and Ali Arabmofrad. "Decolonized Trauma: Memory and Identity on Lahiri's When Mr. Pirzada Came to Dine". 8th National Congress on New Findings. *Iranian Indigenous Tehcnologies Association*. September 2020. pp. 1 – 5.
- Farhani Nejad, Soheila. "Inscribing Pain: Female Perversion and the Maternal Imago in Gillian Flynn's Sharp Objects". *Journal of Narrative and Language*, vol. 9, no. 16, 2021, pp. 1-12.
- Flynn, Gillian. *Sharp Objects*. London: Phoenix Fiction. 2010.
- Glaser, Dale. "Emotional Abuse and Neglect (Psychological Maltreatment): A Conceptual Framework." *Child Abuse & Neglect*, vol. 26, no. 6-7, 2002, pp. 697-714.
- Hackett, Malinda K. "Dirty Pretty Things: Female Trauma, Self-Mutilation, and Random Acts of Violence in Gillian Flynn's Sharp Objects." *Clues*, vol. 38, no. 2, 2020, pp. 80-89.
- Herman, Judith L. *Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror*. Basic Books, 1992.
- Horowitz, Mardi J. *Stress Response Syndromes: PTSD, Grief, Adjustment, and Dissociative Disorders*. 2nd ed. Northvale, NJ: Jason Aronson. 1986.
- Jaber, Maysaa. "Monstrous Mothers and Dead Girls in Gillian Flynn's Sharp Objects and Gone Girl." *Miscelánea*, no. 65, 2022, pp. 171-189. DOI: https://doi.org/10.26754/ojs_misc/mj.20226853. ISSN: 1137-6368.
- Kardiner, Abraham and Herbert Spiegel. *War, Stress, and Neurotic Illness*. New York, Hoeber, 1947.
- Kluft, Richard P. *Childhood Antecedents of Multiple Personality*. American Psychiatric Press, 1987.
- Lerner, Richard M., editor. *Handbook of Child Psychology, vol. 1: Theoretical Models of Human Development*. 5th ed., John Wiley & Sons, 2002.
- Lindroos, Jenni. "A Child Weaned on Poison": Stereotypes of Violent Women in the Novels of Gillian Flynn." *Master's thesis, University of Jyväskylä*, 2021.
- Miller, Alyson. "Emissaries of Death and Destruction': Reading the Child-as-Killer in We Need to Talk about Kevin and Sharp Objects". *Critique: Studies in Contemporary Fiction*, 28 Apr 2019. DOI: 10.1080/00111619.2019.1608150.

- Miller, Kaitlyn. "When Women Are Monsters: Gillian Flynn's *Sharp Objects* and the Subversion of the Monstrous-Feminine Trope." *Journal of Popular Culture*, vol. 52, no. 1, 2019, pp. 10-26.
- Stark, Kevin D., et al. "Cognitive Triad: Relationship to Depressive Symptoms, Parents' Cognitive Triad, and Perceived Parental Messages." *Journal of Abnormal Child Psychology*, vol. 24, no. 5, Springer Science and Business Media LLC, Oct. 1996, pp. 615-31. <https://doi.org/10.1007/bf01670103>.
- Tull, Matthew T. "An Overview of Complex PTSD." *Psych Central*, 2019, <https://psychcentral.com/lib/an-overview-of-complex-ptsd/>.
- Valli, Amutha S., and Saradha Rajkumar. "Parental Influence in *Sharp Objects* and The Silent Patient." *Theory and Practice in Language Studies*, vol. 12, no. 8, August 2022, pp. 1609-1615. DOI: <https://doi.org/10.17507/tpls.1208.17>. ISSN: 1799-2591.
- Wark, Lenore. "What Happens to Early Memories of Trauma? A Study of Twenty Children Under Age Five at the Time of Documented Traumatic Events". *Journal of the American Academy of Child & Adolescent Psychiatry*. Volume 27, Issue 1, January 1988.
- Wark, Mary Jo, et al. "Emotional Neglect and Family Structure: Impact on Student Functioning." *Child Abuse & Neglect*, vol. 27, no. 9, Elsevier BV, Sept. 2003, pp. 1033-43. [https://doi.org/10.1016/s0145-2134\(03\)00162-5](https://doi.org/10.1016/s0145-2134(03)00162-5).

