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What Doesn't Kill You Still Hurts: Trauma and Post-Traumatic Stress Disorder in Modern Young Adult Literature

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What Doesn't Kill You Still Hurts: Trauma and Post-Traumatic Stress Disorder in Modern
Young Adult Literature

By

Stephanie Miller

This thesis is submitted in partial fulfillment of the requirements for Honors in the Discipline in
English and the Elizabethtown College Honors Program

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Contents

Different Present, Similar Past: PTSD in Reality and Fiction	3
Beating Odds that Are Not in Your Favor: PTSD in the <i>Hunger Games</i> Novels	8
All Was Not Well: Trauma in the <i>Harry Potter</i> Series	26
One Person's Trauma is Another Person's Treatment: Trauma in the <i>Divergent</i> Series	45
No Turning Back Now: The Focal Series and the Future of Trauma Literature	58

Different Present, Similar Past: PTSD in Reality and Fiction

Adolescence is a stressful time for everyone. Sometimes, though, teenagers go through more than the average math test or breakup. A recent study of over 2,000 eighteen-year-olds revealed that 31 percent of the teens had experienced some form of trauma, whether it was bullying, a car accident, sexual assault or the death of a loved one. Additionally, the researchers found that one in thirteen young people have had post-traumatic stress disorder (PTSD) at some point in their lives (Davis). While it is true that not everyone who goes through trauma develops PTSD, these results still concerned experts and parents because of how few of the teens sought treatment. Of the participants who exhibited PTSD symptoms, only 10 percent visited a mental health professional (Davis). It is unknown what other methods the teens used to cope with their trauma. Perhaps they sought distraction from it through hobbies like reading. After all, books can be an escape from reality for some. This could especially be the case for young readers who have survived trauma. If the characters actively cope with their experiences, teens may be inspired to do the same. If they do not, the teens will still know they are not alone in their experiences. Luckily for these teens, such books are not hard to find. Some of the most popular series written for young people in the last couple decades show how well-known characters respond to trauma. The healthiness of their responses varies, but all are valuable portrayals in one way or another. This analysis will examine trauma, PTSD, and recovery in three such series: Suzanne Collins' *The Hunger Games*, J.K. Rowling's *Harry Potter*, and Veronica Roth's *Divergent*.

Some background on trauma and PTSD is necessary going into this analysis. Merriam-Webster defines trauma as “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury” (“Trauma”). However, the word “trauma” is usually associated with the experience or injury itself. Experiencing or witnessing a traumatic event may

cause several psychological symptoms to occur. In some cases, the symptoms are extreme enough to warrant a PTSD diagnosis.

The U.S. Department of Veterans Affairs' National Center for PTSD defines PTSD as "a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault" ("PTSD"). Its symptoms and diagnosis criteria are classified in a few categories. To receive a PTSD diagnosis, a person must fit the criteria and experience symptoms from each category for longer than a month and these symptoms must negatively affect the person's ability to function ("PTSD"). Symptoms include nightmares about or flashbacks to the event; avoidance of things related to the trauma; negative thoughts about oneself, the trauma, or the world; and hypervigilance, or a sense of always being on guard ("PTSD"). Treatment can include a variety of trauma-centered therapies, which usually focus on exposure to the trauma or reframing thoughts about it. However, treatment has changed over time, partly because people's perceptions of PTSD have changed.

PTSD has a complicated history. People initially believed it only affected war veterans after they returned home. Over time, they realized that war is not the only thing people see as traumatic. Still, PTSD was not officially recognized as a diagnosis until 1980, and until the most recent revision of the Diagnostic and Statistical Manual (DSM-5), it was classified as an anxiety disorder (Parks 5-7). The 2013 edition listed PTSD in a new category: "Trauma- and Stressor-Related Disorders" ("PTSD"). Another notable change in this edition is that a person's subjective experience of things like fear and hopelessness is no longer a diagnosis criterion ("PTSD"). This limits PTSD diagnoses to objective criteria based on the actual traumatic event and does not consider someone's perception of it. This analysis does occasionally look at how characters'

perceptions of traumatic events affect their responses, and I believe this is valid. Most of the novels I examine were published when subjective experience of trauma was still a factor in diagnosis.

Trauma was present in young adult literature before the publication of the works analyzed here, but for a while there was not much discussion of its aftermath. Characters would go from one stressful event to another without taking a chapter to process it all. In other cases, things like trauma and violence would be portrayed as good for young characters if it did something like validate years of training. This was the case for Alanna in Tamora Pierce's novels or for Aerin in Robin McKinley's *The Hero and the Crown*, both of which were published in the 1980s (Sprague). Since then, young adult literature has shifted its approach to tough topics, depicting trauma and its aftermath more explicitly, thereby making the novels themselves heavier. For example, Laurie Halse Anderson's 1999 novel *Speak* depicted rape and its psychological aftermath for a teen audience on a scale rarely seen previously. Off the page, people did not really know how to react to such a raw depiction of trauma and recovery. As a result, *Speak* and novels like it were often praised for their writing but banned for their content. That did not stop authors, and in 2008 Collins published *The Hunger Games*, which centers around two dozen teens fighting each other to the death. Characters in this novel react to traumatic events not just for a chapter, but for two entire sequels. As a result, this series not only depicted more trauma, but also examined the trauma-to-reaction-to-recovery process itself. This opened the door for other authors to do the same, and they have not disappointed.

We have already discussed trauma and PTSD and their histories in real and fictional worlds. This is followed by analyses of the three focal series. In the first body chapter I examine the open presence of PTSD, focusing in its portrayal in the *Hunger Games* trilogy. Of the three

focal series, this one has the most explicit and abundant examples of trauma symptoms. I plan to examine characters' symptoms for accuracy and see if they qualify for a PTSD diagnosis.

My next chapter will focus on the final four books of the *Harry Potter* series and the script for *Harry Potter and the Cursed Child, Parts One and Two*, a play that tells the series' eighth story. While this chapter will examine five works instead of the three analyzed in the other chapters, it is more even than including all the *Harry Potter* books and having an eight to three imbalance. Also, the more serious trauma starts in the fourth novel. My analysis of this series has two key elements. First, unlike in the other series, the trauma in these novels and characters' responses to it are influenced by magic. Second, *Cursed Child* handles trauma in a different way than the initial novels, and while this can lead to some surprises in terms of which memories Harry finds traumatic, it is not a bad portrayal of what could be mild PTSD.

Chapter Four discusses the series with the most ambiguity around trauma. The Dauntless faction in Roth's *Divergent* series values bravery and trains its members to eliminate fear using techniques that are sometimes traumatic themselves. However, protagonist Tris does not have time to truly process what she goes through or display many PTSD symptoms; she dies with a handful of chapters left in the last book. In this chapter, I plan to examine what symptoms Tris and other characters showed and what aspects of Dauntless life could have triggered such different reactions.

The final chapter will summarize the findings of the three analyses and their implications for readers. I will also use these findings to speculate where the young adult literature world could be headed in terms of depictions of trauma and what effects that could have on young readers and those they interact with. Overall, these three series show that when it comes to exposing young readers to trauma and recovery for young readers, there is a lot of potential and many benefits; we just have to be willing to experience it along with the characters.

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Beating Odds that Are Not in Your Favor: PTSD in the *Hunger Games* Novels

Suzanne Collins's popular series follows Katniss Everdeen, a 16-year-old girl from an impoverished district in the nation of Panem. Panem's government, seated in the prosperous Capitol, forces each district to provide two teenagers to participate in an annual fight to the death known as "The Hunger Games" as punishment for a past uprising. Katniss's volunteering to compete in her sister's place kicks off a couple years of continual trauma. At first, the events are mostly physical: Katniss must survive manmade natural disasters, fight off and/or kill her competitors, and watch her peers perish. After she unintentionally sparks a nationwide rebellion, the psychological trauma increases: future installments find Katniss suffering from nightmares and exhibiting avoidance symptoms as she relives her first Games in multiple ways. This is not limited to Katniss; several other characters are impacted by their trauma and the aftermath shows on the page several times per book. A series with many characters who could be diagnosed with PTSD could easily be depressing. Fortunately, while Collins never shies away from the dark side of adolescent trauma, she also provides hope for her characters and her readers.

The Hunger Games burst onto the young adult literature scene in 2008, with two sequels following in 2009 and 2010. Fictional young women perpetuating violence was not entirely new; Tamora Pierce's eleven-year-old Alanna successfully became a knight in a series published in the 1980s. Aerin, the main character of Robin McKinley's *The Hero and the Crown*, also wanted to experience all aspects of knighthood, including slaying enemies (Sprague 28). Young protagonists like Alanna and Aerin rarely suffered psychological damage from taking lives. In fact, for early young female fighters, killing proved their worth as warriors (Sprague 29). This had a positive effect on young female readers: "the warrior-heroines of early YA fantasies excited girls' imaginations and made them yearn to fight for country, glory, and adventure. They

offered girls an escape from typical boundaries of gender restriction” (Sprague 33). But times changed, and as trauma’s effects on survivors became better-understood, authors started including those effects in their novels. In contrast to protagonists like Alanna, modern characters offer a well-rounded picture of the costs of violence and other trauma. The *Hunger Games* series, with its frank discussions of trauma symptoms and wild popularity, is one of the most notable examples.

Separate and Unequal: Mental Health and PTSD in Panem

Katniss lived a rough life in District 12 before being forced to fight her peers to the death. While the residents of Panem’s Capitol live lives of excess, the socioeconomic wellness of the districts varies widely, with District 12 on the lower end of the spectrum. Katniss’s friend Gale sums it up when he describes District 12 as a place “where you can starve to death in safety” (Collins, *The Hunger Games* 6). With physical survival as the top concern, psychological survival is not on citizens’ minds. The only mention of a possible non-physical illness in District 12 comes when Katniss describes the granddaughter of the local black market’s owner; the girl is not very intelligent and spends most of her time silently wandering the stalls. Katniss observes that most people treat the girl like a beloved pet (Collins, *The Hunger Games* 204-205). The girl’s condition is never labelled, and the closest guess is an intellectual disability. Whatever the girl’s condition, what matters is that she is clearly not getting the medical or psychological care she needs. To an extent, she cannot. Few people in District 12 can afford doctors for physical needs, and in a world where survival is the priority, psychological needs are forced to come second if at all (Collins, *The Hunger Games* 8). People turn to local healers like Katniss’s mother to treat both, as they may in countries with a low socioeconomic status or that still take less-developed approaches to mental health. One study examined attempts to implement more

sophisticated Western mental health services in Uganda. Things like language barriers and limited access to health centers complicated the delivery, but the attempts were still made and the local population benefitted (Kopinak). In Panem, no attempt is made to bring the Capitol's mental health resources to places like District 12, and the district suffers.

Without such resource-sharing efforts, District 12 turns to one of its own for medical help. Katniss's mother is a holistic doctor for citizens of the Seam, District 12's poor outer region. Throughout the series, she treats everything from common colds to marks and bleeding caused by whipping. Overall, she stays true to District 12's focus on physical survival, and people respect her for it. The mental health side of her care is not seen as often, but she does sometimes care for the mentally ill and help those whose loved ones are dying.

Mental illnesses such as PTSD are expensive and time-consuming to treat, but that does not mean they do not exist in District 12; Mrs. Everdeen herself deals with a mental illness after her husband's death, later reflecting that she "could have treated myself if I'd had the medicine I have now" (Collins, *The Hunger Games* 36). It is implied that she means she now has remedies for mental illness, but readers receive little details about what specific illnesses they are used for. Outside District 12, mental health resources are not often mentioned beyond the existence of some therapists and unspecified "mental health professionals" who do not leave the districts where they work. In fact, the coping technique that eventually helps Peeta Mellark recover comes from a combination of his Capitol treatment team and his fellow Hunger Games victors.

Peeta's recovery technique, a game called "Real or Not Real," is what modern psychologists call "cognitive reappraisal" or "cognitive restructuring." Cognitive reappraisal is a common intervention used for patients dealing with stress, trauma and PTSD. It involves reframing the meaning of something that triggers emotions or stress. For example, a teenager

who is nervous about a test could focus on how much they have studied instead of how they think they will fail. In Peeta's case, "Real or Not Real" is a way to restructure how he thinks about memories involving Katniss and the Games. Such techniques allow Peeta and others with PTSD to redefine aspects of their trauma (Parks 50). "Real or Not Real" ends up being one of the most successful interventions in the series, and Peeta continues to use it years after the Games are over.

Outside of "Real or Not Real," Panem does not always handle trauma victims well, often casting them aside or forcing them to reexperience their trauma. District 13, with its militaristic regime, simply labels Katniss "mentally disoriented" (Collins, *Mockingjay* 19). A post-Hunger Games tradition involves victors watching a live recap of the competition, deaths and all. While Katniss reacts negatively to this, Peeta does not. This difference in reactions reflects PTSD statistics. The chance of developing PTSD after trauma is three times higher for girls, to the point where Parks lists being female as a risk factor for it (19). As far as readers know, the Capitol citizens are not affected by this, even though odds are some of them have witnessed a death. Thus, as accurate as the reactions may be, this event still sheds light on the effects of the unequal distribution of mental health resources in Panem.

Write Me One with Everything: The Many PTSD Symptoms in the Series

In Your Dreams: Characters' Experiences with Nightmares

One of the symptoms that affects Katniss the most is nightmares. A classic symptom of PTSD, nightmares plague Katniss from the book's opening pages, when she mentions recurring nightmares about her father's death (Collins, *Hunger Games* 5). While it is implied that Katniss has nightmares often after the Games, she (and Collins) still make a point of mentioning some specific ones. Most of the nightmares involve combinations of traumas that just happened and

traumas from the Games themselves. In a later novel, Katniss casually starts a nightmare description with the words “in my nightmare” (Collins, *Catching Fire* 167). By this point in the second novel, Katniss’s nightmares have become a part of life. Readers realize this upon examination of the whole series. Although her nightmares are still noteworthy enough to warrant a description, this nonchalant introduction reveals a sad truth: in a way, Katniss has become accustomed to living with at least one of her symptoms.

The nightmares cause other sleep problems for Katniss as well. One of the only times she goes without nightmares is when she goes two nights without sleep. When she does sleep, she thrashes violently. Loved ones of trauma survivors often experience sleep problems as well. For example, they may wake up as the victim tosses and turns, as Katniss’s sister does (Zayfert and DeViva 17). Peeta sleeps in Katniss’s bed to comfort her when Katniss’s nightmares intensify. Katniss does not realize it in the moment, but this willingness to stay helps cement Peeta’s status as a member of her support network even while dealing with his own symptoms. Peeta suffers from insomnia because of his trauma, but he rarely has nightmares that make it onto the page.

There are some other characters whose nightmares Collins describes or implies, most notably fellow Hunger Games victor Finnick Odair. Katniss and Finnick share similar backgrounds, having won their respective Hunger Games before being used as Capitol pawns and eventually finding love among their fellow victors. When not dealing with his trauma, Finnick’s love for his girlfriend-turned-wife Annie and his desire to protect her consume his every waking and sleeping thought: Katniss observes that “Finnick’s sleep is restless...Every now and then I hear him murmuring Annie’s name” (Collins, *Catching Fire* 360).

Two Places at Once: Peeta’s Flashbacks

While flashbacks are a hallmark symptom of PTSD, they do not make many appearances in Collins's series. Peeta experiences the most abundant and extreme flashbacks out of any character. In a way, flashbacks are Peeta's main symptom in the same way nightmares are Katniss's. Years after the Games, "there are still moments when [Peeta] clutches the back of a chair and hangs on until the flashbacks are over" (Collins, *Mockingjay* 388). The chair grabbing is an example of a grounding technique because it keeps Peeta in the real world while he is stuck in the world in his head. Raja and Ashrafi recommend that teens with PTSD plan what to do when symptoms appear unexpectedly, so perhaps Peeta has trained himself to remain grounded over time to ensure that he is always ready should a flashback begin (58).

This is Not a Drill?: Hypervigilance in The Hunger Games

According to Rosenthal, those with PTSD may continue rely on the instincts or behaviors that got them through their trauma as if the trauma never ended. This is because the fact that the event is over does not register. In these instances, survivors' minds and bodies react the right way in the wrong situation, turning them into "hamsters on a PTSD wheel" (Rosenthal 50-51). This sense of always being ready for battle even after it ends is called hypervigilance, and it is experienced by combat veterans in fictional and real worlds. One Filipino active duty combat soldier said he constantly locked windows and doors and "would tell [his] wife to drop down, because [he] believed there were enemies" (Cruz and De Guzman 1667). It is not known whether the soldier recovered, but at the time of the case study he said he believed he would not have developed PTSD or hypervigilant behaviors had he not been so close to the combat (Cruz and De Guzman 1669). Though it is a common PTSD symptom in the real world, hypervigilance shows in few of Collins's characters. When it does show, though, it affects the characters deeply.

Haymitch Abernathy, Katniss and Peeta's mentor throughout the series, provides the most explicit example of hypervigilance. A victor of a decades-ago Hunger Games, Haymitch always sleeps with a knife nearby. When he wakes up, he "slashes the air for a few moments before coming to his senses" (Collins, *Catching Fire* 14). According to Zayfert and DeViva, war veterans are more likely to include weapons in their coping behaviors because they are used to having them and feel safer with them (197). The Hunger Games are not war, and Haymitch's Games happened decades ago, but clearly something is telling him to be on guard. It is fair to assume this has to do with Haymitch's own Games or the dozens he had to oversee in the years since. Whatever it is, it affects him deeply; in the second novel, Katniss casually mentions Haymitch "doesn't like to sleep when it's dark out" because it leaves him vulnerable (Collins, *Catching Fire* 42).

You Can Run, But You Can't Hide: Avoidance of Triggers

The common PTSD symptom of trigger avoidance appears in several characters. Raja and Ashrafi define triggers as reminders of something traumatic, from smells and sounds to places and people (51). An encounter with a trigger may cause someone with PTSD to experience a flashback, panic attack, or other negative symptom related to their trauma. A mention of hearing screams from a Capitol jail cell prompts Annie to do "that thing where she covers her ears and exits reality," as Finnick instinctively comforts her (Collins, *Mockingjay* 241). It is difficult to know when a trigger will occur, and unfortunately the only way to learn how to deal with them is to experience them at least once.

Katniss has triggers too, but unfortunately for her, the triggers are internal: she avoids her own emotions. This constant guardedness seems to be a deliberately acquired part of Katniss's personality. She often consciously decides whether to express herself, and many of these chosen

emotions pertain only to the Games. After discovering Peeta's alliance with the Career tributes, Katniss knows the audience will be desperate for a reaction. Not considering how she really feels, she pauses to react for the cameras before moving on (Collins, *The Hunger Games* 163-164). Hiding real emotions on a reality television show can be a smart move, but Katniss takes it too far, becoming emotionally avoidant to the point of being repulsed by her own emotions inside and outside the Hunger Games arena.

Katniss's trauma and subsequent emotional avoidance affect her life by giving her a fear of being weak and a distorted perception of what weakness is. When Peeta recovers from an electric shock, Katniss makes what she calls "awful choking sounds" but what others would call crying (Collins, *Catching Fire* 281). The sounds may be ugly but calling them "awful" shows Katniss's early aversion to excessive displays of emotion as signs of weakness. There is hope for her, though. She may not let her guard down often, but as the series progresses, she becomes aware of what her different emotional states mean. In the final novel, Katniss is aware of her vulnerability and the fact that "later, the human feelings will come... Now, I'm conscious only of an animal need to keep the remnants of our band alive" (Collins, *Mockingjay* 313). On the surface, this may seem unfortunate, as Katniss still deliberately represses her human feelings. However, the Katniss of previous novels would dismiss or refuse to acknowledge some feelings for fear of looking weak or vulnerable. By the end of the series, Katniss knows to expect such feelings and is as prepared as she can be. Perhaps she uses avoidance tactics as a method of survival; if she avoids things that trigger her symptoms, she will not put herself into situations that make her vulnerable. Unfortunately for Katniss, the problem with such behaviors is that "if [someone's] whole life is about avoiding threat, then [they] never really live" (Rosenthal 202-203).

Ups and Downs: Anxiety and Depression in Collins's Characters

Anxiety- and depression-related symptoms appear in Collins' characters and in real people with PTSD. Panic attacks are less associated with PTSD than with anxiety disorders but can still occur if someone with PTSD encounters a trigger. Peeta shows early signs of anxiety during a live Capitol broadcast; perhaps he was on the verge of a panic attack like those Katniss occasionally experiences. As one of the less-known symptoms of PTSD, panic attacks could be one of the easier symptoms to prevent. For example, Raja and Ashrafi advise teens with PTSD to limit their caffeine intake to reduce the hyperactivity that can lead to anxiety; unfortunately, throughout the series Katniss discovers coffee and hot chocolate (117). She does not enjoy the coffee, but she drinks it anyway, and the caffeine arguably contributes to a panic attack she has shortly afterward.

Depression-related PTSD symptoms appear in Collins's characters as well. After Katniss's father's death in a mine accident and before the novels begin, Mrs. Everdeen went into a borderline vegetative state. Her husband's death was a traumatic experience, and she did need time to grieve, but Mrs. Everdeen took it to the extreme, sinking into a state that forced Katniss to provide for all three remaining family members. Zayfert and DeViva write that such sacrifices lead to resentment of trauma survivors, and Katniss resents her mother until she experiences trauma-induced depression herself. This happens once in each of the two sequels: "They can pump whatever they want into my arm, but it takes more than that to keep a person going once she's lost the will to live," Katniss remarks after coming out of the arena and into a semi-responsive state (Collins, *Catching Fire* 389). Katniss's worst episode comes near the end of the third novel. Others are forced to care for her as she silently sits and processes her trauma. In short, she leaves the world mentally the same way her mother did. Having a family member with

a mental illness is a risk factor for developing PTSD, but only to an extent; there still needs to be a traumatic event to spark a reaction in the first place (Parks 25). Unfortunately for Katniss, she has both.

Don't Be So Hard on Yourself: Distorted Self-Image and Sense of Identity

The final PTSD symptoms exhibited by Collins's characters are effects on self-image and identity, and one of the most tragic characters in terms of this symptom is Finnick. On the surface, Finnick seems like a self-confident, charismatic young man. Readers learn that is not the case once he reveals he was a victim of Capitol-approved sex slavery after his Hunger Games victory made him a nationwide heartthrob. Finnick essentially experiences this symptom in reverse; Raja and Ashrafi write that teens who experience trauma may turn to risky sex to cope (13). For Finnick, risky sex was the trauma, as it damages his sense of who really cares about him. This loss of a sense of who you are and where you fit is especially dangerous for young trauma survivors, who are figuring out who they are and how they fit with others in the first place. In the novels, Finnick clings to people who like him for him, like Annie and his fellow tribute Mags. Zayfert and DeViva remind readers suffering from PTSD they "might discover that other people actually value your thoughts and opinions, respect your preferences, and welcome the opportunity to consider your needs" (144). That seems like common sense advice, but for someone like Finnick, whose identity and perceptions of people around him were manipulated, it is reassuring.

Katniss also has a distorted perception of herself. Her self-talk is overwhelmingly negative: "No wonder I won the Games. No decent person ever does," she remarks (Collins, *Catching Fire* 117). She also sees herself a "wasteland" (Collins, *Mockingjay* 366). Most notable, though, is Katniss's inability to internalize love or kindness from others because of her

years of guardedness. She dismisses the idea of Peeta having genuine romantic feelings for her and never really explains why. Perhaps she does not see herself as deserving of love after everything her trauma forced her to do. Perhaps she sees showing affection as a sign of weakness and therefore fears it by association. Either way, this inability to accept love and its contribution to Katniss's negative self-perception is perhaps the saddest of her PTSD symptoms.

Surviving and/or Thriving: How the Characters Cope

The characters cope with their PTSD symptoms in a variety of ways, with some being less healthy than others. The most destructive among them is Haymitch, who has been an alcoholic for as long as Katniss can remember. According to Raja and Ashrafi, some survivors abuse alcohol because they want to forget bad memories, and some do it to fix sleep problems (15). For Haymitch, it is likely both. Zayfert and DeViva write that it is often difficult to find a balance between tough love and enabling when dealing with trauma survivors (128). Katniss and Peeta struggle to figure out how to deal with Haymitch's alcoholism. For a time, Katniss enables Haymitch's addiction because she feels like she owes him.

Humor is a more productive coping mechanism used by Hunger Games victors in the second novel. In one scene, a group of victors sits around a table making jokes about the Games and about each other in a way a different group of people could not: "Most people do not really understand PTSD because most people, even those who have gone through trauma, do not develop it. Those who have the disorder, however, understand...there are hurdles...that sometimes seem too high to climb" (Parks 48). Even though PTSD is different for every person who has it, the victors' trauma causes them to see the world in a way they can use humor to understand. This is the case off the page as well. In one study, firefighters who used more coping humor showed a smaller relationship between experiencing trauma and developing PTSD than

those who used less (Sliter et al. 265). The researchers also noted that, as it does among the victors, humor creates camaraderie among groups who find social support in stressful environments (Sliter et al. 260).

Finally, some characters cope with their trauma using hobbies they pick up. Peeta spends much of his post-games time painting other tributes. The fact that Peeta can paint outside the Games after being forced to artistically camouflage himself to survive is a hopeful one. Meanwhile, Finnick and Katniss spend time tying knots into pieces of rope. This may be more of a habit than a hobby, but when they are tying knots, Finnick and Katniss are usually symptom-free. This painting and knot-tying are similar to real-world stress interventions that involve mindfulness, such as meditation. The characters engage in these activities with focus, and for a while their thoughts are away from their trauma. Even though tying knots and painting dead tributes may seem more like symptoms than coping, they still give Katniss, Peeta, and Finnick control over small aspects of their lives.

A Real Chance to Heal: The End and the Epilogue

Characters like those in Collins' books often take a long time to recover because they go through years of nonstop trauma. Rosenthal advises those with PTSD to take advantage of any chance they have to foster recovery, no matter how small (178). For Katniss and Peeta, recovery does not truly start until the last couple chapters of *Mockingjay*. Readers see the results in the series' epilogue, in which Katniss describes her current life, reflects on her past, and wonders how those will fit together as she raises a family of her own. The epilogue takes place at least fifteen years after the end of the last chapter of *Mockingjay*, but the exact amount of elapsed time is unclear. While Katniss does remain "consumed by the grief of the war," she and Peeta find ways to cope that make their lives with PTSD as fulfilling as possible (Laskari).

Even after all those years, Katniss and Peeta still face lingering PTSD symptoms. In the real world, the amount of time spent dealing with PTSD symptoms depends on the person, the trauma, and how much care is received. According to the National Institute of Mental Health, some people recover within a few months, while for others, PTSD becomes a chronic mental illness (“Post-Traumatic Stress Disorder”). Katniss and Peeta are examples of the latter, but by the epilogue they know how to cope and have accepted the symptoms as part of their lives. Katniss’s nightmares are only mentioned briefly, but they still exist in the epilogue. The end of *Mockingjay* is also when Katniss first mentions Peeta’s chair-grabbing technique, but it is unclear how he started doing this — whether it was a suggestion in some sort of therapy or whether he started doing it naturally. Either way, holding onto something in the present helps distance Peeta from the past.

The existence of lingering self-blame or a negative self-image is more ambiguous in the epilogue. Katniss spends the epilogue focused on aspects of her current life. Still, everything she lists stems from an event in the novels in which she had a role, a role she took on deliberately (Laskari). Rothschild writes that forgiving oneself often starts with realizing there was no choice regarding how one responded to trauma; this does not paint an optimistic picture for Katniss in terms of self-forgiveness, as the novels’ plot began with her choice to take her sister’s place (83). The epilogue has an uncertain tone, and the question of whether Katniss forgives herself is never directly answered. Whether she does or not, her ability to construct a life she seems satisfied with is something she should be proud of.

Rosenthal draws a parallel between what PTSD and healing look like, writing that both PTSD and healing become lifestyles. True to that, Katniss makes some big lifestyle changes between *Mockingjay* and the epilogue (xvii). The epilogue finds her and Peeta back in what was

District 12, a place she once left because it brought back too many troubling thoughts. The fact that she can live there again shows that she has grown into someone who can incorporate her past and present identities into a cohesive lifestyle. Still, some of Katniss's choices involve her losing large components of her life. Rosenthal suggests survivors ask themselves how each person in his or her life impacts their well-being (211). Late in *Mockingjay*, Katniss realizes what will help her most is not Gale's strength but Peeta's support, and chooses to associate with the latter. Katniss also copes by talking to a psychologist constructively for the first time. Panem's mental health resources are still imbalanced; her psychologist is from the Capitol and most of their interactions are over the phone. Still, Katniss accepts this therapy as a useful tool. Readers do not see any of those conversations, but in a way they already know what Katniss will discuss because they have read three books' worth of her thoughts. Finally, Katniss and Peeta continue to practice hobbies and interventions they pick up or rediscover. Despite the abundance of death she witnessed or caused throughout the novels, Katniss rediscovers the comfort of hunting alone in the woods. It would be interesting to find out how long it took for Katniss to hunt again and whether that delay was caused by a reluctance to touch a weapon after combat, but Collins leaves any of that out. Either way, this could be a sign that some of her symptoms are improving.

Finding Hopeful Moments Among Trauma

Perhaps the biggest sign of hope at the series' end, but also one that is easy to overlook, is that Katniss has children. Yes, the possibility of future children being chosen for the Hunger Games was a deterrent, but Katniss had also written off having kids because she did not see herself as the type to deserve or provide familial love. Katniss and Peeta's partnership is also a hopeful sign; according to Zayfert and DeViva, relationships in which one or more partners has PTSD are two to three times more likely to be in distress (232). Katniss and Peeta still deal with

their symptoms, but as a couple they seem to be doing fine. It is interesting that being married and having a family are how Katniss ultimately gains stability. Perhaps a different milestone would have had the same effect on a male protagonist. Either way, the fact that Katniss healthily broke one of her personal barriers helped her overcome her trauma.

Another hopeful moment occurs near the end of *Mockingjay*, when Katniss and Peeta find a constructive way to process their trauma. According to Raja and Ashrafi, "...resilience and posttraumatic growth involve finding a greater purpose or doing something meaningful with what you have experienced" (131). The word "with" is interesting here since it implies involvement with trauma after it ends. Of all places, this is arguably where Collins's depiction of recovery gets controversial; another author cited here argued that engaging with traumatic memories is not necessary for trauma recovery. The author has a good point; things like Katniss's scrapbook with pictures of the dead tributes are potential flashback triggers. On the flip side, some people benefit from exposure-based coping, so this involvement could help (Zayfert and DeViva 70). Katniss and Peeta choose to involve themselves with their memories as they create their book, and it is unclear how their recovery would have been different had they not. What matters is that for them, it worked.

Finally, Katniss spends a good portion of the epilogue thinking about the future. She may wonder what the future will bring and how her PTSD symptoms will fit into it, but she never questions whether there is a future for her and for her chosen family. She even plans to incorporate her past into her future when she wonders how (not if) she will explain her role in history to her children. By including this, Collins advocates for educating young people about both the purpose and the consequences of war and other trauma, no matter how dark (Laskari).

Sad but True: Diagnoses and Their Meanings

The *Hunger Games* series is a sad but ultimately encouraging portrait of adolescent trauma and mental illness. Several characters, including Katniss, Peeta, Haymitch and Finnick meet the diagnosis criteria for PTSD. Had the series been published two decades earlier, they may not have been so affected by their experiences. Perhaps Katniss would have jumped at the chance to fight like Alanna or Aerin, escaping psychologically unharmed and as a validated fighter. Readers also may not have been as aware of PTSD and may not have recognized its symptoms in characters if they were present. But these did not occur, and readers benefit as a result. By writing a young adult series with characters that meet the criteria for PTSD diagnoses, Collins was able to explore all sides of trauma, including less-than-happy endings that involve psychological damage (Laskari). Collins' readers are more than capable of handling these depictions of PTSD, even if the disorder is not officially labelled in the characters' world. Additionally, having characters live adjusted yet fulfilling lives after trauma is inspiring for readers who have experienced trauma or PTSD themselves. All of this combined with its publication time makes the *Hunger Games* series a landmark one in the world of young adult literature. Its significance is even more obvious when considering the evolution of young women in literature and in real-life combat; Sprague wonders how today's young girls will deal with things like PTSD as they return from their now-allowed combat duty and other trauma (33). Collins, Katniss and *The Hunger Games'* depiction of PTSD provide a realistic, but hopeful idea in a form today's young people will relate to and understand.

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All Was Not Well: Trauma in the *Harry Potter* Series

People bring their unique backgrounds into every story they read, and Alice Lesperance is no exception. She writes that “like many people who grew up in the ’90s and early aughts, [her] youth was indelibly shaped by J.K. Rowling’s *Harry Potter* series” (Lesperance). Rowling’s series and its characters did indeed strike a chord with people around the world; fans identified with Harry and his friends for everything from their brains to their loneliness. But the novels mean something different to people like Lesperance, whose town was hit by a tornado when she was in high school. Lesperance lost classmates, friends, and her sense of security to the natural disaster, and was later diagnosed with PTSD. In her article, “Living Through Death with Harry Potter,” Lesperance describes how Rowling’s series took on a new meaning after her diagnosis. Her story sheds light on a smaller community of fans: those who identify with Harry because of their own traumatic experiences or PTSD diagnoses. Harry is never explicitly diagnosed with PTSD, but he does face the aftermath of traumas that occur throughout his life. In this way, he gives readers like Lesperance “something to map my own experience onto. As a result, Harry Potter tends to mean something different to me, as it might to others who’ve endured trauma” (Lesperance).

With seven books, eight films, an award-winning play, a theme park, and tons of passionate fans, perhaps no recent series for young people has had the same cultural impact as *Harry Potter* — an impact readers must keep in mind when examining its depiction of trauma and potential PTSD. The novels follow a young wizard through seven years at Hogwarts School of Witchcraft and Wizardry. There, he deals with a significant amount of trauma for someone of his age. Harry has been marked from birth — literally, in the form of a magical scar — as the one who will defeat Lord Voldemort, a powerful dark wizard. The deaths of many who were

close to Harry and multiple attempts on Harry's own life plague his adolescence, but he survives and seems largely recovered in the seventh novel's epilogue. In this chapter, I will examine aspects of traumatic experiences that occur in several *Harry Potter* novels and how they are impacted by the magical world in which they occur. Then, I will see how or if these traumas are portrayed in *Harry Potter and the Cursed Child*, an eighth story released in play form. Finally, I will try to determine whether any characters warrant a PTSD diagnosis at any point within the novels I analyze.

Only Part of the Story? A Note on Audience and Organization

Rowling's series was intended for children, but the novels possess qualities that make them appropriate for young adult audiences as well. First, the series takes place over seven years, so the characters eventually deal with feelings and events that younger children who read the books may not understand. At the same time, these books take time to read, so young readers will mature and learn more about the world as they read them. As a result, they could be ready when the later books examine themes like trauma, ethics, and other intangible aspects of life. A series with these qualities and such a large cultural impact warrants inclusion in an analysis of trauma in series for young adults.

My analysis consists of a search for traumatic events in the final four *Harry Potter* novels and the script for *Harry Potter and the Cursed Child, Parts One and Two*. The death of a fellow classmate in the fourth novel is the first of many significant deaths in Harry's adolescence. In this analysis, a "significant" death is one Harry would be old enough to remember and process when it occurs. The fourth novel is also a turning point for fans, including Lesperance, who writes that "the later books...go further than most children's literature" in terms of the trauma and reactions they depict.

I examined the traumatic events and the characters' reactions to them to determine the type and effects of the trauma. Three kinds of trauma were discovered, and characters' reactions varied. Still, this analysis will focus mostly on Harry himself. Rowling wrote her series from a third-person limited point of view, so readers only see Harry's thoughts and feelings.

Additionally, Harry does not observe as much of his friends' trauma as Katniss does in Collins' series, so most of the trauma seen involves Harry in some capacity. Harry and his friends go through three distinct types of trauma throughout the last four books: witnessing traumatic events, combat and violence-related trauma, and psychological trauma. However, magic affects how each type of trauma is perpetrated and how characters respond to it.

Yes, You Are Seeing Things: Magic and Witnessing Traumatic Events

Witnessing traumatic events is a form of indirect trauma, and it is one that Harry and his friends experience often. From his godfather to fellow Hogwarts students, Harry witnesses the deaths of many important figures in his life. One might think that witnessing an event is relatively easy to cope with, as the witness does not bear the brunt of the trauma. In Harry's case, though, the opposite is often true. According to one psychologist, "witnesses face the difficulty of transforming their trauma into testimony, but in some cases, they must also deal with the repression imposed by listeners who do not want to accept their truths," (Debling). Harry is often forced to deal with others' less intense reactions and even denials of some deaths in addition to the expected amount of grief.

The death of fellow student Cedric Diggory kicks off a string of witnessed deaths that shape Harry's young adult life and his reaction to trauma forever. However, almost no one else perceives Cedric's death as being of that magnitude. The only person who reacts to this death with a comparable amount of intensity is Cho Chang, Harry's crush and Cedric's girlfriend at the

time of his death. Cho “goes from being the immaculate object of Harry’s affections to a needy, blubbering and even volatile girl, as grief consumes her” (Martine). However, the point of view limits what we see of Cho’s reaction, which ends up being mostly crying and then struggling in her eventual relationship with Harry.

Other students barely believe Cedric is dead at all; with the Wizarding newspaper and the Minister of Magic openly questioning Harry’s honesty, people all over the Wizarding World minimize Harry’s trauma. This backlash makes witnessing even more traumatic for Harry. As Debling writes, Harry must stick to his story even as the world tries to quiet him, but being forced to defend and thus relive witnessing Cedric’s death is mentally exhausting (Debling). Survivors of real-world mass shootings like those in Newtown, Connecticut and Parkland, Florida have faced similar doubt, but also receive support; according to the South Florida *Sun-Sentinel*, the accusation that the teenaged Parkland survivors were simply crisis actors was declared the “Lie of the Year” by fact-checking nonprofit PolitiFact (Clarkson). This support is not always enough. Two young Parkland survivors have committed suicide in the wake of the attack’s one-year anniversary. Harry did not meet the same fate; the difference between the two shows that in these similar trauma situations, anything can happen.

The death of Sirius Black, Harry’s godfather, occurs by magical means in the middle of a fight. Sirius dies after a curse sends him through a mysterious black veil in the Ministry of Magic. In a way, losing Sirius is like losing a third parent for Harry, and he reacts as such. Unfortunately, Sirius’s lingering reputation as a murderer prevents him from receiving what Harry would consider proper recognition. In fact, readers witness Sirius’s death and its aftermath largely from Harry’s perspective, since almost no one else knew Sirius’s whole story. Sirius and Harry are also quite similar, so Harry lost someone who could have truly understood what he

went through if they had more time together: each was “cooped up in a house he hated as a teenager, forced to relive his childhood trauma every single day” (Martine). To say Sirius’s death tears Harry apart is an understatement. Shortly afterward in Dumbledore’s office, Harry’s grief over Sirius, anger at Dumbledore, and stress as how his life has gone so far explodes: “‘I DON’T CARE!’ Harry yelled...snatching up a lunascope and throwing it into the fireplace. ‘I’VE HAD ENOUGH, I’VE SEEN ENOUGH, I WANT OUT, I WANT IT TO END, I DON’T CARE ANYMORE—’” (Rowling, *Order of the Phoenix*, 824). The fact that Harry is only fifteen when he says this makes this one of the most gut-wrenching scenes of the series, and one that shows how much Harry’s trauma affects him. When it comes to Sirius’s death specifically, he seems unable to decide whether to confront it head-on or avoid the topic. At times, Sirius is all he wants to talk about, but when Dumbledore mentions Sirius’s treatment of his house elf, Harry explodes again, yelling, “DON’T TALK ABOUT SIRIUS LIKE THAT!” (Rowling, *Order of the Phoenix*, 832). Sirius’s death affects Harry deeply, but as I will explain later, it is a death with which he eventually comes to terms.

There is also something to be said for the absence of magic in this series’ witnessed deaths. After witnessing the death of Dobby the house elf, Harry experiences different types of trauma and coping in quick succession without any magic involved. This lack of magic gives Harry the mental space he needs to process his situation. Dobby’s death is a sort of freak murder: a knife hits him in the chest just as he, Harry and others escape a group of Voldemort’s supporters. When Harry realizes what happened and no one answers his cries for help, Dobby dies in his arms (Rowling, *Deathly Hallows*, 475-476). Harry immediately experiences a brief flashback Dumbledore’s death just a year earlier (Rowling, *Deathly Hallows*, 477). While digging Dobby a grave by hand, Harry doesn’t see and hear everything going on around him, and

only realizes he has been digging all night when his friends join him as the sun rises (Rowling, *Deathly Hallows* 479). This digging almost seems like a self-prescribed mindfulness-based trauma intervention, as Harry spends an indeterminate amount of time “relishing in the manual work, in the non-magic of it” (Rowling, *Deathly Hallows*, 478). This gives Harry a sense of acceptance and closure, as the blisters and sweat he experiences while digging make him feel like he is giving something to Dobby in return (Rowling, *Deathly Hallows*, 478). The gravedigging is not entirely effective as a mindfulness intervention, though, since it only takes Harry into his head. However, it is still productive overall because in this mental space, Harry can process his past, present, and future in a moment when clarity is necessary.

Examining the deaths Harry witnesses and his reactions to them shows how much Harry’s trauma response process changes in just a couple years. After Sirius’s death, Harry is barely able to talk about anything else, and gets angry with Dumbledore when he tries to change the subject. After Cedric’s death, Harry’s symptoms appear most prominently later, when he is back with the Dursleys:

[Harry] had nothing to look forward to but another restless, disturbed night, because even when he escaped the nightmares about Cedric he had unsettling dreams about long dark corridors, all finishing in dead ends and locked doors, which he supposed had something to do with the trapped feeling he had when he was awake (Rowling, *Order of the Phoenix*, 9-10).

Nightmares like these are normal symptoms of grief and PTSD, and Harry’s plague him for long enough to warrant a diagnosis pertaining Cedric’s death alone. Interestingly, nightmares in this series are often magical omens, and many of Harry’s nightmares do pertain to elements of events in the near future. In a way, this makes the nightmares related to Cedric worse than the others

Harry has throughout the series, because while they show a magical event, the dreams and the survivor's guilt they make Harry feel are completely human. Harry's handling of Dobby's death, on the other hand, is a positive example of a non-magical reaction to trauma, and it would be interesting to see Harry's reactions to Cedric's and Sirius's deaths had there been less magic involved.

Wands Are Weapons, Too: Trauma in Wizarding Combat

With the later books becoming more battle-heavy as Voldemort gains strength, a good deal of trauma stems from combat and magical violence. This includes many of the killings, the victims of which are not limited to humans. Several of these deaths occur with many people around or happen so quickly in the middle of a battle that they do not receive as much attention as the deaths described above, and thus are included in a separate category of trauma.

Harry's beloved owl Hedwig is killed during a magical battle that ensues when a mission to transport Harry from one hiding place to another is discovered. While Hedwig was neither a human nor the first death in Harry's life, "Rowling...related this death to 'a loss of innocence and security'" for Harry, which makes sense (Laskari). Hedwig was always there for Harry in the background and, besides being his pet, did nothing to make herself a target. Still, she was not safe from the consequences of being associated with Harry.

In the later books, it becomes apparent that places are not safe from magical combat either. The series' climactic battle occurs at Hogwarts, which until this point was the only safe space Harry had. Like the rest of the books, the Battle of Hogwarts is seen from Harry's point of view. However, from this perspective there is not much to see. Laskari observes that several characters' actions before and during the battle occur away from the front lines, and much of their actual combat is omitted. In fact, Voldemort's death is "barely by [Harry's] own hand.

Instead, Rowling conveniently allows Voldemort to destroy himself thanks to a rebounding spell” (Laskari). The good side’s one notable killing during the Battle of Hogwarts is left to the adults. Harry wants to help, but instead watches “with terror and elation” along with the “hundreds of people” also watching as Molly Weasley kills Bellatrix Lestrange in what has become a triumphant moment for her character and the series (Rowling, *Deathly Hallows*, 736). This triumph largely overshadows the lack of direct magical combat for the students. As a result, “the Hogwarts battle is effectively a responsive fight, where the good side merely reacts to the violence...inflicted against them,” and this impacts how the young characters psychologically respond to the trauma of the battle (Laskari). Other than the typical grief over lives lost in the battle, Harry and his friends do not really experience symptoms pertaining to it; perhaps their distance from the main fight protected them.

Other than survivors’ guilt, there are not many symptoms that pertain strictly to combat trauma in the novels; most of what shows includes a psychological or magical element as well. Overall, Harry never hesitates to use a wand. Readers never hear whether killing Bellatrix affected Mrs. Weasley. The novels’ point of view is a culprit for this yet again, but it is not the only one. Almost no adults in the series deal with PTSD symptoms, or at least they do not tell Harry about any. This is inspiring but harmful. On the one hand, it presents an unrealistic view of responses to combat trauma. Still, not everyone who survives combat develops PTSD, and many who do recover enough to live fulfilling lives. In that light, people like Mrs. Weasley are an inspiration to combat veterans who read the series.

“Of Course it is Happening Inside Your Head”: Psychological Trauma in a Magical World

Combat affects people psychologically in addition to physically, but sometimes the mental effects are the trauma themselves. In her first year at Hogwarts, Ginny Weasley is

emotionally and psychologically manipulated by Voldemort through the pages of a cursed diary. Ginny's reaction to discovering the role she played in the events that plague the school and her guilt over actions she could not control are typical of psychological and emotional abuse survivors (Gailey). Adulthood finds Ginny still vividly remembering this experience, reminding her now-husband Harry that he is not the only one who knows what it's like to be possessed by Voldemort. Additionally, though, Ginny now writes about quidditch for the *Daily Prophet* newspaper. In her later years at Hogwarts, Ginny excelled at quidditch despite everything she dealt with, and the fact that she could still find joy in it years later is admirable.

Perhaps the most explicit example of psychological trauma is the occlumency lessons Harry takes with Professor Snape and the traumatic reason behind them. After Cedric's death, the magical connection between Harry and Voldemort grows stronger, and Harry is plagued with omen-like nightmares and pains in his scar. To protect him from such mental invasions, Dumbledore recruits Snape to teach Harry occlumency. Occlumency is essentially mental wizarding self-defense; the goal of Harry's lessons is to enable him to protect himself from Voldemort's invasions of his mind. This is done through exposing Harry to the threat directly: Snape invades his mind and Harry attempts to block him. Such early exposure has been shown to work as a protective factor against future psychological trauma and help those who have experienced it (Zayfert and DeViva 70). Unfortunately, due to the forceful nature of the lessons and the borderline abusive relationship Harry has with Snape, "the sessions leave Harry exhausted, emotionally vulnerable — and susceptible to the very mental intrusions the lessons should prevent," (Gailey). In fact, Harry is still vulnerable to his and Voldemort's connection in later books.

The Seventh Novel's End, or When All Was Well for a Moment

The main narrative of the seventh novel ends with Harry reflecting that he's had "enough trouble for a lifetime" at the age of seventeen (Rowling, *Deathly Hallows* 749). This almost ends the whole series on a sad note, "but then Rowling fast-forwarded us to the future...showing all her characters older, married off to their teen sweethearts, and ready for their offspring to attend Hogwarts, the place where so many of their parents' friends died, or almost died" (Seltzer). Like Mrs. Weasley's killing of Bellatrix, this epilogue is inspiring but troubling to different audiences. People like Lesperance may find hope in how normal the characters' lives seem. On the other hand, there is little to no indication that trauma ever occurred. In fact, "there are only two reminders of it, with Harry touching the scar that 'had not pained [him] for nineteen years' [and] the names of the various children — Albus Severus, James Sirius, Lily Luna" (Laskari). Perhaps naming his children after people who impacted him was a way for Harry to cope with the deaths that plagued his childhood. Whatever the reasoning, and however realistic the epilogue may be, the implication is that Harry has been symptom-free for nineteen years, and for a while readers received no indication otherwise.

And Then All Was Not Well: Revisiting Trauma in *Harry Potter and the Cursed Child*

In 2016, Rowling, Jack Thorne, and John Tiffany released the script for a play that would become the series' eighth story. *Harry Potter and the Cursed Child* introduced Harry and his friends to new traumas and to new responses to old traumas. According to Tiffany, the desire to explore how adult Harry handles trauma experienced in his youth was a main reason the play gained ground in the first place (Gailey). The play picks up where the novels left off, with Harry and his friends sending their children, including Harry's son Albus, off to Hogwarts. Prompted by Cedric's father Amos and cousin Delphi, Albus attempts to bring Cedric back from the dead. Time travel to worlds where Harry and/or Cedric lived or died ensues, with both Harry and

Albus coming to terms with Harry's past along the way. The play's climactic battle takes place between Harry and his friends and Delphi, who is actually Voldemort's daughter, on the night Harry's parents died.

The script struck an odd chord with readers for several reasons. For one, it is sometimes awkward reading a script without being able to see and hear actors performing it. The actual production, meanwhile, won six Tony Awards, including Best Play (Tony Awards). Still, there were issues raised with the content. For example, for a while I believed there were inconsistencies between what traumas affected Harry the most in the original novels and which affected him in the play: while Cedric's death wracks adult Harry with survivor's guilt in the play, Sirius is not mentioned once. The play's publication date could have influenced which and how many memories remained traumatic for Harry. *Cursed Child* is the only work in the *Harry Potter* series published after the 2008 release of *The Hunger Games*, and as such it is the only one that could have been influenced by more raw depictions of trauma and PTSD for young readers. Either way, *Cursed Child* examines trauma from a mature angle, with more layers and respect toward the characters' mental health and the older audience. These layers are created through the writers' focus on a select few traumas and recovery tactics. These are lingering psychological effects that could constitute mild PTSD and a final battle that brings all of Harry's most painful traumas and symptoms together.

Reopening Mental Wounds: Psychological Traumas and Responses Years Later

There are a few instances of psychological trauma and symptoms present in *Cursed Child*. Harry is psychologically manipulated again in his adult life, this time by Cedric's father, who approaches Harry with an idea to bring Cedric back. This triggers Harry's survivor's guilt, one of his most prominent lingering symptoms of earlier traumas:

“HARRY: The anger I can cope with, the fact he’s right is harder. Amos lost his son because of me-

GINNY: That doesn’t seem particularly fair on yourself...” (Rowling et al., *Cursed Child* 47)

According to Zayfert and DeViva, guilt over not doing something is about as common as guilt over having done something in people with PTSD (202). Because of the abundance of witnessed trauma throughout the series, this is where much of Harry’s guilt would fall, including the guilt over not saving Cedric’s life. For all readers know, however, Harry was not symptomatically affected by Cedric’s death until this moment, which means the psychological trauma of talking to Cedric’s father may have triggered a relapse of one of Harry’s symptoms.

Harry also experiences avoidance. The avoidance comes into play every Halloween, when Harry, instead of celebrating with his family, marks the anniversary of his parents’ deaths by spending time alone. Readers never learn how this specific act affects Harry’s relationship with his family, but whether it does or not, he is still missing the opportunity to create fun memories to associate with Halloween.

Harry is not the only one still dealing with past psychological traumas, though. Readers never learn how Ginny coped with being possessed by Voldemort, but as I will explain, she shows avoidance symptoms related to that event during the play’s climax. Readers also do not see how she and Harry dealt with each other’s traumas and symptoms in the two decades since *Deathly Hallows*, but the fact that they are still together is hopeful, since couples dealing with trauma are three to six times more likely to divorce than those who are not (Zayfert and DeViva 231).

Putting it All Together: The Real Final Battle

The play's climactic magical battle against Delphi features all three types of trauma previously seen in the series: witnessing traumatic events, combat, and psychological trauma. Together, the elements seem to bring Harry some of the closure he needs in processing his parents' murders. It is an emotional few scenes to read and probably even more emotional to watch onstage, but the climax brings together the three types trauma in a way that benefits Harry and audiences.

Both Ginny and Harry face an extra psychological aspect of the battle. Ginny is the only person who does not volunteer to be transfigured into Voldemort to trap Delphi. In fact, she actively refuses to do so, saying, "I think you're all mad. I know what that voice is like inside your head — I won't have it in mine again" (Rowling et al., *Cursed Child* 282). She is against the idea itself but is especially opposed to reliving her first year at Hogwarts even decades later. This is an example of avoidance, but it is one that Ginny knows will help her, so while refusing to risk one's life to save the world may look rude, Ginny's self-knowledge as a trauma survivor is admirable. Harry seems to exhibit a brief avoidance behavior as well. Having someone transfigure into Voldemort is Harry's idea, but once the others start discussing it, Harry "steps away, introspective" and does not speak up until everyone else either volunteers or refuses (Rowling et al., *Cursed Child* 281-282). On the one hand, he could be working out the logistical reasons why he needs to be the one to transform. On the other hand, he might use stepping back as an avoidance tactic if participating in the discussion triggered a symptom pertaining to his previous connections to Voldemort. Fortunately, Harry can process his choice without showing any more symptoms and he emerges with several sensible reasons why it must be him.

Overall, the combat component of the battle is like the previous battles in the series, but it takes on a different meaning for Harry and readers. The seven-on-one battle ends in Delphi's

defeat, but more importantly, it ends with Harry's realization that he has "never fought alone... And I never will," (Rowling et al., *Cursed Child* 291). Harry's previous "final battles" were always set up as stereotypical hero's battles: one-on-one with the enemy, perhaps as others watched, with tense banter before anyone cast any spells. This one does start out that way, but Harry's friends and family emerge and help him before all is lost, and Harry accepts their help. This sends a message to adult Harry and to readers who have survived trauma that while they may have been the main character of their past, they always have a support network.

After the group's battle with Delphi, Harry is unable to stop Voldemort from murdering his parents and he witnesses the event as an adult with increased capacities for processing trauma and grief. It is difficult to read, but it is more difficult for Harry, who finds himself literally being held up by Ginny and Albus before collapsing in "a pure mess of grief," (Rowling et al., *Cursed Child* 297). Knowing Harry's previous responses to his parents' deaths, this second witnessing of it may have just elongated his recovery process even more. At the same time, perhaps this event gives Harry some closure: he has been told all his life how his parents died, and now having seen it for himself, knows they really are gone forever. It is a sad realization, of course, but recognizing that a trauma is over is a crucial part of the recovery process.

Is This a Problematic Portrayal?

In some cases, there still seems to be a mismatch between Harry's past and his lifestyle and symptoms. Laskari writes that "readers know that the Ministry of Magic... has continually spread nasty lies about Harry throughout much of his adolescent life," but that is where Harry and Hermione end up working. Perhaps the Ministry changed its ways in the nineteen years since *Deathly Hallows*, but Hermione's lie about whether the Ministry destroyed all the Time-Turners suggests otherwise. Either way, working at the Ministry could be triggering, so on the one hand

the group's ability to work there is hopeful. On the other hand, the Ministry is so closely tied to Harry's past that working there could be another way for him to be stuck in said past.

There also seemed to be some disconnect in terms of which deaths impacted Harry the most. Sirius's death tore Harry apart when it occurred, but Sirius is not mentioned once in the play, and he is one of few characters from the series who does not make an appearance. Instead, most of Harry's symptoms pertain to the deaths of his parents and Cedric. This did not make sense when I began this analysis, partly because Harry was an infant at the time of his parents' murder. However, there could have been protective factors preventing Harry from being as affected by certain events. Protective factors are essentially the opposite of risk factors of PTSD: they could potentially decrease someone's risk of developing PTSD symptoms after an event. These factors can be anything from a high self-esteem to good problem-solving skills ("Risk"). So perhaps this lack of symptoms was purposeful and accurate: Harry heard about his parents' murder all his life, but he was protected from processing it or grieving until after the age of seventeen. Another factor could have helped him eventually cope with Sirius's death. One key protective factor is social support. In one study, researchers found that support from friends was a protective factor against PTSD symptoms in children living in violent urban areas (Affrunti et al.). If there is one thing Rowling's series is known for, it is the bond between Harry, Hermione, and Ron. While readers do not know exactly what prevented Harry from being impacted by certain deaths and events in the nineteen years between the novels and the play, it is fair to assume that support from friends helped.

Harry Potter and the Criteria for Diagnosis

Overall, *Cursed Child* is not a bad depiction of PTSD – it is just not an overly explicit one. Harry may be considerably better off than characters in Collins's series, but his past still

prevents him from living fully in the present. He and Ginny are affected by their respective traumas, but whether they meet the criteria for a full PTSD diagnosis is a bit ambiguous. When triggered, Harry arguably has PTSD symptoms pertaining to specific deaths well into his adult life. The same can be said for Ginny when things get too close to Lord Voldemort. The magical symptoms present in the initial series do return in *Cursed Child* — Harry has omen-like nightmares and his scar hurts — and those symptoms are presented in tandem with non-magical ones. Looking at Harry and Ginny from a real-world perspective, though, it is difficult to diagnose them based on the non-magical symptoms alone. This is not a bad thing; overall, 80 to 90 percent of people recover enough from their trauma that they can resume a relatively normal life (Zayfert & DeViva 49). Sitting alone on Halloween, openly acknowledging the past, and struggling with but not losing relationships are the best symptoms Harry could have asked for given all he experienced.

Casting a Spell on the Real World: What This Means for Readers

From the series' fourth novel on, two factors influence the types of trauma Harry and his friends go through, their reactions to it, and how those reactions could be perceived. First, almost all the traumatic events are caused or impacted by magic. To young readers, things like battles and magical mishaps may seem like normal things that would happen when you give someone a wand. However, these incidents take on more meaning when those magical events trigger real-world symptoms. Second, in *Cursed Child*, it can be argued that there is an occasional mismatch between a traumatic situation and Harry's response to it. Even so, the play examines trauma and PTSD from a more mature perspective than the novels, which is beneficial to the now-older audience. The series is an interesting portrayal of PTSD that will be interpreted differently by individual readers and audiences in general.

The children the series was written for may not pick up on the nuances of Harry's and Ginny's trauma-to-response processes. By Laskari's logic, this may be a deliberate but detrimental attempt to keep children ignorant. She argues that "by presenting the characters...as unaffected by their battles, [Rowling] also shields children from the realistic trauma of war" (Laskari). However, ask any fan of Rowling's books and they are likely to tell you how many times they've read them. Each time someone reads the series, everything they've experienced in between readings helps them interpret it in a new way, whether they realize it or not. Still, it is hard to read a series of this magnitude through any one lens.

The fact that trauma is only one of the series' many layers makes it difficult to pick up on the trauma-to-recovery narrative alone, but after analyzing the series, I think that is a good thing. Certain readers may still succeed in isolating the trauma story arc. People like Lesperance, who bring their trauma-filled backgrounds into their readings of the series, will get something different out of the series than would a ten-year-old whose life has been without trauma. Perhaps that is why I began this process thinking that there was no PTSD in the *Harry Potter* series at all; my background had never led me to read this series through a trauma-focused lens, so I saw it as absent when it is not. The trauma and its impact are there; they are just a small part of Rowling's ever-expanding world. Different amounts of trauma reactions fit different series, and in this one, the ultimately small impact of Harry's past on his present is a good thing for all readers, because it allows them to take what they need from the series. Still, Lesperance writes that when it comes down to it, the series affects trauma survivors in particular because "the emotional scars are still there, but they haven't destroyed [Harry and his friends] ... This, more than anything else, is what makes the series so important: It shows a young man who locates strength in the terrible things that have happened to him. It's what all survivors strive for."

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One Person's Trauma is Another Person's Treatment: Trauma in the *Divergent* Series

When Ian David Long allegedly killed 12 people after opening fire in a California bar in November 2018, President Donald Trump's reaction received a larger than expected portion of media attention. According to *The Washington Post*, Trump described Long as a "very sick puppy" before speculating that he may have perpetuated the shooting because of PTSD symptoms acquired from his time in the Marines. These remarks startled experts and others, who worried that Trump was giving a voice to the stereotype that everyone who experiences military combat becomes damaged. This was especially worrisome because "it is not clear whether Long had been formally diagnosed with PTSD before his death or whether the president assumed he suffered from the condition based on his military service and comments in the news media" (Sonne). It is not uncommon for government officials to make statements after tragedies like the California shooting. However, sometimes those statements carry dangerous meanings and implications like Trump's did. This occurs in the fictional world when leaders of the Dauntless faction in Veronica Roth's *Divergent* series put a positive spin on a teenager's suicide. It is unclear what Trump's intentions were in making his remarks, but the leaders of Dauntless seem to think their intentions in discussing things like suicide and the aftermath of their training process are good. Unfortunately, this lack of clear intentions leads to blurred lines between trauma and treatment.

Beatrice "Tris" Prior, the protagonist of the *Divergent* series, lives in a futuristic Chicago where people are divided into "factions" based on their dominant personality trait. When Tris's aptitude test shows she could fit in multiple factions, (an uncommon result that labels her "Divergent,") she rejects her selflessness-focused birth faction of Abnegation and chooses to join the bravery-centered faction of Dauntless. But with Dauntless's bravery comes an initiation

process designed to eliminate fear and trauma responses. As readers see, these proactive interventions are only somewhat successful. Tris, her fellow initiates, and even her trainer continue to battle what they experience before and long after their initiation ends.

Roth's first book was published in 2011 and seemed to have the potential to be as popular as Collins's *Hunger Games* novels, the last of which was published just a year earlier in 2010. Roth's series did become popular among young adult audiences, who by that point were hopping onto the dystopian trilogy bandwagon like it was the train those in *Dauntless* jump onto. Critics, on the other hand, argued that Roth's series was not as well written as Collins's. Roth's haste in writing the series has been cited as a reason for this; she wrote the first draft of *Divergent* during her undergraduate years, and the two 400-plus-page sequels, *Insurgent* and *Allegiant*, were published in 2012 and 2013, respectively. This led some to accuse Roth of simply "trying to prove that she could churn out a dystopian novel like the popular ones" (Litton 183).

While Litton and others accused Roth of writing an unoriginal story, there is one way in which her series is definitely original, and as a result a spoiler alert is necessary from this point forward. While Katniss Everdeen and Harry Potter eventually live fulfilling lives despite their trauma, Tris does not; she is shot to death a few chapters before the end of the final novel.

This chapter will explore examples of trauma and recovery in the *Divergent* series. I will mostly focus on trauma, though, because Tris's death prevents her from having too much recovery time. After providing some background information on how *Dauntless* and the rest of Tris's world see trauma, I explore three main types of traumatic events. First, despite well-meaning intentions, *Dauntless*'s initiation process becomes a source of fear and trauma in and of itself. Second, Tris and her cohort are initiated just in time for a civil war and find that not even facing their fears on a daily basis could prepare them for the real-life combat trauma they face.

Finally, the “fear landscape” portion of Dauntless training toes the line between trauma and treatment more than the others, and this experience affects each character differently despite the Dauntless leaders’ intentions.

Trauma in a Tris’s World: Dauntless’s Training and Philosophy

In earlier young adult books with female warriors like Tris, violent acts “validate [protagonists’] long years of training and their commitment to their role as warrior,” and on the surface Dauntless’s initiation process seems designed to send Tris down a similar path (Sprague 29). The two main components of the process are combat training and fear landscapes, both of which will be discussed in greater detail later. However, it is worth mentioning the other aspects of the process, which raise the stakes and thus the potential for initiation to be perceived as trauma. First, Dauntless accepts a limited number of initiates per year; initiates who score too low on an evaluation or fail a spontaneous task are left factionless. This adds extra weight, and therefore stress, to everything initiates do, especially for faction transfers like Tris, who often have people watching their every move anyway. There are also instances of physical and verbal bullying, examples of which will also be discussed in more detail. While many teens are victims, bystanders, or perpetrators of bullying at some point in their lives, the nature of Dauntless initiation — and the personalities of the teens going through it — make the instances more extreme.

While it is not often mentioned in the book, Roth includes Dauntless’s faction manifesto in an appendix, offering insight into the faction’s original goals. Written in simple “We Believe” and “We Do Not Believe” statements, the points of the manifesto explain Tris’s new society’s beliefs on fear and trauma. For example, people in Dauntless “believe in acknowledging fear and the extent to which it rules us” (Roth, *Divergent* appendix 47). Acknowledging the fact that fear

exists or that traumatic experiences happened is a key step in trauma recovery (Raja 75). On the other hand, Dauntless citizens do not believe that “learning to master violence encourages unnecessary violence” (Roth, *Divergent* appendix 48). This means that Dauntless does not believe learning how to be violent causes people to be violent all the time. The optimism here is admirable, but it is easy to wonder if some of the unnecessary violence in the series would have happened had Tris and her peers not been trained to be so violent. Unfortunately, as Tris and her friends discover, Dauntless has strayed from some of its manifesto’s points over time, and this may have contributed to the faction’s growing violence (Roth, *Divergent* 206).

Nothing to Fear but Training, Combat and Fear Itself

If High School had a Fight Club: Trauma in Dauntless Training

One main component of Dauntless initiation is combat training; initiates are forced to fight each other and taught how to use weapons. Specifically, Tobias, the initiation instructor, teaches Tris hand-to-hand combat. Tris also learns to handle guns, and, in training at least, becomes good at shooting them (Litton 185). However, this constant combat is tiring and stressful, as personal grievances between initiates often play out in the boxing ring. Litton writes that at times, “[there is] so much fighting during the Dauntless initiation...that it becomes tedious...Adults may want teens to learn lessons about war and the importance of what makes a good or bad society, but...they will most likely be caught up in the action” (Litton 194).

Outside the training center, incidents of adolescent bullying are taken up a notch. One night, an initiate named Peter stabs an initiate named Edward in the eye, ultimately forcing Edward to drop out of training because of his inability to see while fighting. Edward later becomes a violent soldier with the Factionless. Tris and everyone else in the dormitory witness the event, hearing “a wail that curdles [Tris’s] blood and makes [her] hair stand on end” (Roth,

Divergent 201). She ends up caring for Edward until a doctor arrives, holding him steady with her “knees pressing in the pool of blood,” which she later cleans up (Roth, *Divergent* 202-203). The next day, she initiates cope by using different means to distract themselves, be it taking naps or going for walks. In theory, these interventions could have a similar mindfulness effect to the one that digging Dobby’s grave had on Harry, but it does not work for everyone. Tris, for one, cannot shake the feeling that she still has Edward’s blood under her nails and tries to get it out while on a walk with her friend Will (Roth, *Divergent* 205). It is not long before Peter targets Tris as well. He and two other initiates blindfold Tris and forcefully drag her from the dormitory to the chasm, where Peter molests her before dangling her over the railing. Tris fights back, biting and kicking her attackers, but is eventually rescued by Tobias (Roth, *Divergent* 277-281). This incident likely contributes to the fear of sexual assault Tris must deal with in her fear landscape later in training, a fear Tris deals with for most of the remainder of the series.

Tris’s friend Will becomes a source of trauma later in training, which comes to an abrupt halt when most members of Dauntless are mind-controlled into waging a civil war on other factions. Will is one of those mindless killers, unable to determine who he is shooting and/or programmed not to care. Tris’s Divergence makes her immune to the mind control, and in a moment of self-defense, she shoots Will in the head, killing him (Roth, *Divergent* 446). Tris spends the next few paragraphs trying to understand that she meant to kill Will, suddenly finding herself crying, and being flooded with flashback-like memories of him, ultimately realizing “it was him or me. I chose me. But I feel dead too” (Roth, *Divergent* 446). No one knows about Tris killing Will until the second novel, when a truth serum to which she is not immune forces her to admit — while unable to breathe and in front of her friends — to doing it. This admission is a trauma in itself. It “hurts every part of [Tris]” to remember the event and she feels so much pain

in her stomach that she almost groans (Roth, *Insurgent* 151). Will's death may have occurred in combat, but it is included here because it occurs before Tris and the new Dauntless initiates finish training — before, according to the theory behind the training process, they are prepared for it.

Fear landscapes are a central part of Dauntless training, as they often highlight fears that are very real to those who have them. They will be discussed at length later, but one of Tris's fears shown in her landscape has particular potential to reach readers who struggle with similar trauma. At one point in her landscape, Tris is confronted with a simulated version of Tobias, with whom she develops a romantic relationship in real life. The simulated Tobias, however, attempts to assault Tris like Peter did. This sheds light on Tris's fear of both sexual assault and intimacy she is not ready for in the first place: "I have been attacked by crows and men with grotesque faces; I have been set on fire by the boy who almost threw me off a ledge; I have almost drowned — and *this* is what I can't cope with?" Tris wonders in the moment (Roth, *Divergent* 393). After a few moments of confusion, Tris firmly refuses simulation-Tobias, pushing him away. This scene and the subsequent praise Tris received for fighting off an assault caused one writer and sexual assault survivor to burst into happy tears; perhaps Tris's confident refusal in the novel similarly inspired sexual assault survivors (Thomas).

Out of the Boxing Ring and Into the Gunfire: Combat Trauma

Both of Tris's parents die in the first novel's main battle. Tris's mother allows herself to be shot to death so that Tris can escape. As with Will's death, this triggers a series of short, multi-sensory flashbacks for Tris as she runs away, and she is momentarily brought to her knees by mental images of her mother cutting her hair and the sound of people telling her to be brave (Roth, *Divergent* 443-444). This is an intense moment, but Tris does not experience such intense

visions again until much later. Between when Tris is shot and when she dies, an image of her mother comforts her in her final moments (Roth, *Allegiant* 474-476). On the other hand, when Tris watches her father die, she forces herself to move on, but not before noticing every detail of her father's death even though she knows doing so will be harmful, saying, "I want to rest my head on the ground and let that be the end of it...I want to sleep now and never wake" (Roth, *Divergent* 471). Still, she has now realized just how ruthless the Dauntless soldiers are and forces herself to move on in the hope that she can save some innocent people like her parents tried to. Her parents' deaths affect Tris in small ways throughout the series, but for the most part she keeps up with the action. This aligns with the older portrayals of female warriors described earlier but stands out among modern ones because of how relatively easily Tris moves on.

In addition to her parents' deaths, several of Tris's Dauntless experiences and traumas revolve around guns: she learns to shoot one in training, conjures one to shoot down crows in her fear landscape, and is forced to shoot her family or be shot in another simulation. After Will and Tris's parents are shot to death, Tris starts to exhibit avoidance symptoms around guns. This avoidance begins in the first novel and lasts: "in *Allegiant*, the last book of the set, she concludes that she could not be a soldier because 'I could not hold a gun without panicking' (12)" (Litton 185). Additionally, "Tris is so haunted by [her gun trauma-related memories] that she often goes into various dangerous places without a weapon" (Litton 185). In this way, Tris is the opposite of people like Haymitch and Harry, who keep weapons on them in periods of vulnerability long after their trauma. Guns are also involved in Tris's final trauma; after barely surviving a death serum that leaves her weak but alive, she is shot to death as she completes her mission. Perhaps this is symbolic of Tris never really reconciling her trauma symptoms around guns, or perhaps a shooting was just a convenient means to Tris's end.

Real and Not Real: Fear Landscapes, Stress Inoculation and Stress Kindling

In the final stage of Dauntless training, every initiate must go through their “fear landscape.” These virtual-reality simulations are tailored to each initiate’s deepest fears, some of which they may not know they have. While it is still relatively new, virtual reality seems like it will be a beneficial treatment for PTSD. As a type of exposure therapy, virtual reality is designed to lessen people’s anxiety in simulations of situations they find traumatic; an Afghanistan veteran may benefit from walking around a virtual desert and coming out unharmed (Botella et al.). As with actual virtual-reality therapy, the idea is that the Dauntless initiates will learn to manage their fears and/or be rid of them by training’s end. However, fear landscapes mean something different to each person who goes through one, so the faction’s goal is not always met.

Tobias has a complex relationship with his fear landscape. It was Tobias’s fear landscape that got him his nickname, “Four”; four is an absurdly low number of fears to have, even for a member of Dauntless. But Tobias’s fears — heights, confinement, killing innocent people, and his abusive father — still affect him years later, especially after his father comes into the series in later novels. In a moment of intimacy both can handle, Tobias takes Tris through his fear landscape and reveals he still experiences anxiety in these situations. He struggles to breathe, clenches his teeth and even freezes on the spot (Roth, *Divergent* 326-330). Still, he can make it through. His fears and his past continue to affect him, though. Tobias has issues with interpersonal relationships, sometimes being rough with Tris. According to Litton, this may be because tough love is the only kind of love he has experienced; he still has a core, but often incorrect, belief that people who have been hurt can heal each other (Litton 195). Additionally, it is ambiguous whether Tobias goes through his fear landscape because he wants to escape the

past or because he is stuck in it. Either way, Tobias went into his own Dauntless initiation with trauma under his belt. As a result, by Dauntless principles fear landscapes should have been more of a treatment for him than they were.

Tris, unlike Tobias, begins Dauntless initiation how the leaders want her to finish it: relatively trauma-free. But sometimes, training can only protect people so much, and may expose them to unnecessary trauma. This seems to be what happens with Tris, because her fear landscape is traumatic itself. Even though she apparently has fears of the situations depicted, she has not experienced them prior to entering her fear landscape. Additionally, some of the scenarios are more likely to occur than the others, so knowledge of some of them is unnecessary. Together, these facts imply that Tris's fear landscape could have developed rather than cured some of her fears, possibly leading to more trauma if or when she experiences them in real life.

In psychological terms, fear landscapes toe the line between being evidence for stress inoculation theory and for the idea of stress kindling. Stress inoculation theory proposes that small amounts of exposure to stress early on can increase a person's ability to deal with later stress. In other words, over time it will take a larger stressor or trauma to elicit a (likely positive) response. The stress kindling idea argues the opposite: repeated exposure to stressors over time lowers one's response threshold, making it easier to trigger negative responses or episodes of mental illnesses with a minor stressor (Dalton). Fear landscapes were most likely intended as stress inoculation with the goal introducing initiates to their fears early so they would know how to react to them later. For Tris, however, fear landscapes become stress kindling, partly because she did not know of her fears until she saw them in the simulation. She now knows that those things are traumatic for her specifically. She does get better at handling her fear landscape itself, but outside of it, she is still vulnerable to the trauma she experiences. For Tobias, fear landscapes

seem to still work as stress inoculation, even though he still uses his on a regular basis. The fact that fear landscapes do not produce the same result for everyone is a flaw in Dauntless's initiation structure. Instead of creating a group of people capable of facing fear and trauma without blinking an eye, fear landscapes are divergent in and of themselves by producing multiple responses, some of which have unfortunate consequences.

Forwards and Backwards: Trauma's Effects on Tris and Tobias

Tris and Tobias arguably go through the trauma-to-response-to-recovery process in opposite directions, and while this makes it logistically difficult to diagnose either with PTSD, neither escapes their process unharmed. Tris does not escape her process at all. Some argue that Tris even grew weaker throughout the series. This supports the idea that her Dauntless training served as stress kindling, but some say her transformation is even more extreme. Litton went so far as to argue that the *Allegiant's* dual narration (half from Tris's point of view and half from Tobias's) is evidence of this weakness (Litton 195).

Tobias's trauma began long before his transfer to Dauntless. By that logic, perhaps part of him thought becoming Dauntless would cure his fear of his father, or at least help him cope with the abuse by escaping in the most extreme way possible. However, Tobias still deals with his abuse throughout the series. It shows internally, when he enters his fear landscape, and it shows externally, in his behavior toward Tris. Still, he seems to have a fulfilling life, and if going through his fear landscape is truly a method of coping, he shows readers that interacting with trauma can be beneficial if the outcome is positive.

Because of Tris's death, readers of the series do not escape what they may consider literary trauma either. It is unlikely that a series of this popularity killed off its main character before Roth's series; Katniss survives many physical and mental maladies and Harry Potter

essentially comes back to life. Roth has defended her decision, framing Tris's arc as a journey to discover the meaning of self-sacrifice. Tris has a close brush with death in each of the first two novels. Litton contends that in the third novel, after trying to sacrifice herself for what Roth considers the wrong reasons, Tris finally comprehends "what her parents were trying to teach her in *Abnegation*" and her journey is complete (Litton 192-193). What could this mean for readers who are trauma survivors? Perhaps, like Thomas, they will make the most of the characters' little victories over trauma as the novels go along. With the different ways these characters experience and process trauma, that may be the only way, though still a good one, to read this series.

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No Turning Back Now: The Focal Series and the Future of Trauma Literature

The three series I examined have their own unique places in the young adult literature world at large. *The Hunger Games* put a modern twist on battle-centered novels for young people, *Harry Potter* helped reshape the classic bildungsroman, and *Divergent* expanded the trend of dystopian trilogies. The series also fill different roles in the narrower world of psychological trauma-centered literature. For example, while all three protagonists have physical marks or scars of their trauma like past young heroes, these are only the tip of the iceberg; much more significant is the explicit or potential invisible illness they also carry after the trauma ends. In this chapter, I summarize the findings of each series analysis and examine what these findings could imply for different readers. Finally, I use these findings to speculate where depictions of trauma and PTSD in young adult literature could go, as well as some things people should consider when engaging with such stories.

Of the three examined series, the *Hunger Games* novels are the most explicit in their portrayal of the aftermath of trauma. Rowling and Roth do not match the candor with which Collins depicts the traumatic events or the time Collins spends focusing on characters' symptoms. Katniss, Peeta, Finnick, and Haymitch have the most severe cases of PTSD in the three series; they all experience debilitating symptoms long after the traumatic events end. They also all keep living despite their pasts' impacts on their presents. On the downside, the abundant PTSD symptoms are mentioned so casually that readers may not pick up on them all and perceive trauma as a smaller component of the series than it is. These readers could benefit from portrayals of milder cases of PTSD.

Finding trauma and PTSD symptoms in Rowling's Wizarding World can be difficult given the world's depth, but they are there and ready for readers to notice. In the later *Harry*

Potter novels, Rowling sticks to traditional traumas but gives them a magical twist. Some of the symptoms, like Harry's scar-related nightmares, are impacted by magic. Others appear organically and simply pertain to magical events. By the time *Harry Potter and the Cursed Child* takes place, Harry is only affected by specific events. Given the many layers of this series and the play, it is easy to miss the long-term impact traumatic events have on characters like Harry and Ginny. This could lead to what I initially perceived as a mismatch of events and effects between *Cursed Child* and the initial books. However, any series with so many layers will mean something different to each reader, and some pick out the trauma and potential PTSD right away. For people like Lesperance, the novels and the play are an encouraging and valuable portrayal of milder or event-specific PTSD, no matter what events it is attached to.

Several aspects of Dauntless life in Roth's series toe the line between trauma and treatment. The violence of the initiation program and the personalities of those going through it may negate the positive effect the training is supposed to have on the initiates. Additionally, Dauntless approaches trauma in a way that is simultaneously futuristic and current. For example, some treatment techniques mirror the exposure and virtual reality therapies used in modern PTSD treatment regimens. Dauntless's fear landscapes are designed to act as stress-inoculating protective factors that prevent people from experiencing fear, but in the real world exposure therapy occurs after a traumatic event. Similarly, fear landscapes supposedly prepare people for a variety of potential traumas, and exposure therapy is specific to the actual event someone experienced. The *Divergent* series shows the real truth that even in fictional worlds, there is no one-size-fits-all treatment or protective factor for PTSD.

No characters in this analysis are officially diagnosed with PTSD, and some argue that such diagnoses cannot be made. Those who argue against "diagnosing" characters with mental

illnesses raise valid points, but the benefits of reading through such a lens outweigh the drawbacks. Dent, for example, argues against reading from a mental illness perspective at all, saying, “there is little point in reading literature backwards through our contemporary concerns in an attempt to consolidate and console our current lives” (Dent). This is not always true. In fact, knowledge of trauma and recovery can offer new insights into works for multiple audiences. People with mental illnesses like Lesperance may even find this type of reading valuable, since they may be more likely to pick up on the trauma-centered narrative. On the other hand, Dent’s article was published in 2007, a year before the first *Hunger Games* novel hit shelves. Taken in that historical context, Dent’s argument makes more sense: there were not yet as many raw depictions of trauma and PTSD in young adult literature. A decade later, critics like Dent may still argue against assuming the presence of an illness when no illness is named. At the same time, depictions of mental illness are becoming more open and taking up more space on the page, and this is a good thing; about 20 percent of teenagers deal with a mental illness at some point in their lives, whether not they seek diagnosis and treatment, so there are many young readers who can benefit from such portrayals (“Mental Health By The Numbers”).

It has been over five years since Roth’s *Allegiant* was published, and more mental illness-related novels for young adults have been published in that interval. Laurie Halse Anderson’s *The Impossible Knife of Memory* features a father who is a veteran with PTSD and his teenaged daughter, who deals with everything that diagnosis entails. This novel was published in 2014, just months after *Allegiant*. It is also a work of realistic fiction, since protagonist Hayley and her father live in today’s world and Hayley’s father fought in a real war. In 2016, Amber Smith published *The Way I Used to Be*, which examines how a girl named Eden changes after her brother’s friend rapes her. Readers see how Eden responds to the trauma initially and how her

relationship with it evolves throughout high school. Both novels are works of realistic fiction and thus the characters deal with trauma as teens would in the real world, without magic or fear landscapes. This is beneficial because readers may find it easier to relate to these stories; young people are much more likely to know an Iraq war veteran than to be a wizard. On the other hand, these stories may not always reach as big an audience as the fantasy and dystopian series examined here, and if they do reach an audience, their trauma depictions could be too raw and direct for some to process. Even so, the fact that there are depictions of trauma and PTSD in multiple kinds of young adult literature means that the overall audience for such trauma-centered literature is expanding.

The audiences that these series can impact is not limited to the young readers themselves. Teachers who attempt to use these texts in the classroom must find ways to discuss traumatic scenes and to deal with students' reactions to them and possibly fight pushback from concerned administrators or parents. There are a few ways to combat both potential problems. First, a teacher could provide students and parents with a list of scheduled reading material early in the school year. On a similar note, allowing parents or students to opt out of reading certain novels ahead of time (and having alternative work prepared just in case) could prevent adverse effects students would feel reading those novels. Finally, teaching strategies could acknowledge trauma and PTSD without putting them center stage. For example, McAvoy-Levy argues for using series like *The Hunger Games* for what she calls "peace education." In this specific case, teachers could incorporate discussions of the trauma characters endure as components of broad topics in the series, like the Capitol's tyranny (McEvoy-Levy).

Those who oppose teaching or even wide readership of these novels may argue that teens should be protected from portrayals of trauma and mental illness, but the benefits of reading

outweigh the risks. Despite Dent's argument, teens can also benefit from more ambiguous portrayals where PTSD is inferred rather than diagnosed. Seeing a character deal with trauma symptoms without seeking help may show readers how common it is for people experience mental illness and not seek treatment. The benefits could be different depending on whether the young reader has experienced trauma. Readers who have not experienced trauma or PTSD can look to any of these three series for an idea of what the condition and its treatment can look like. Yes, the worlds are fictional, but for the most part, the characters' thoughts and feelings are completely human. These readers can also use these books to become more informed about trauma and apply this knowledge to help people they know. For readers who have experienced trauma or PTSD, recognizing that Harry or Katniss need treatment or that Tris's treatment does not work could show them they are not alone and inspire them to seek help themselves.

Whatever the young reader's situation, access to depictions of trauma, PTSD and mental illness is important for their understanding of themselves and others. It all starts with an author who is willing to damage their main characters. Martine commends Rowling in particular, describing how Harry's state in *Order of the Phoenix* mirrored mental illnesses like and PTSD and Martine's own experiences in adolescence. She writes that she finished the novel feeling closer to Harry and thankful to Rowling because "when an author strips the layers off of your favorite character, and lays bare their glaring shortcomings, it makes them more human" (Martine). Collins and Roth did the same thing with their characters, thereby holding the door open for other young adult literature authors who want to show readers dark but inspiring sides of life and the adolescent mind. Martine called reading about characters who struggle to understand themselves and their worlds "the most powerful thing in the world" for young readers (Martine). When depicted openly and intelligently, trauma and PTSD shape the literary journey

for characters and readers, making its inclusion one of the most powerful things in worlds real and fictional.

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