Journal of English Language, Literature and Education
Vol. 8 Issue 3 (July - Sept 2026) PP. 21- 35
ISSN: 2710 - 4923 (Online)
ISSN: 2663 - 3485 (Print)

Representations of Trauma and the Illusion of Healing in *The Clinic* by Cate Quinn

Eman Fatima

Abstract

This research explores the representation of trauma and the illusion of recovery in Cate Quinn's *The Clinic* (2002). Through the experiences of psychologically fractured characters, the research demonstrates the failure of therapeutic institutions to live up to their claims. The research highlights the presentation of trauma through narrative, as discussed in the novel *The Clinic,* which later turns out to be a regulated, commodified, and damaging method of trauma recovery. The trauma theory of Cathy Caruth and Judith Herman is used to justify the claims. Foucauldian principles of disciplinary power have been used to show the psychological fragmentation of the characters. The research method used for this purpose is close textual analysis to extract qualitative results. This methodology has helped to identify patterns of characterization, narrative strategy, and the representation of the institutional space that gives unreliable and performative recovery, which does not have its basis in reality. The novel also represents feminist critique in the postmodern world and its overall impact on the postmodern wellness industry. This research concludes that modern wellness programs commodify the psychic pain of human beings.

Keywords: Healing, institutional critique, Surveillance, therapeutic culture, trauma theory

Director, Aeika's Pharmaceuticals, Lahore Baeeman2024@gmail.com

DOI: https://doi.org/10.54692/jelle.2026.0803114

Introduction

Background of the Study

In the twenty-first century, there have been significant changes in understandings of trauma, addiction, and mental instability. Trauma is a topic previously largely confined to clinical and psychiatric discussions but is slowly becoming an issue for studies of a social, cultural, and literary kind. While trauma in the contemporary understanding is no longer about a singular, shattering event, it is considered to be a persisting psychological state which affects memory,

identity, perception, and emotional stability, disrupting a person's sense of self and making it impossible to have a consistent worldview. Consequently, trauma has become a major paradigm in exploring the human condition of suffering and psychological pain in modern literature.

Trauma theory has offered new ways to understand representations of memory, silence, repression, and psychological suffering in literature. Cathy Caruth suggests that traumatic events cannot be readily assimilated in the moment and thus require "repeated representations which, because they lack clarity, create a disturbance in relation to themselves" and can be later recalled in confused and distressed ways. According to her analysis in Unclaimed Experience, trauma happens 'belatedly'; a person is doomed to re-experience what already happened. Similarly, Judith Herman relates the damage to the survivor's sense of safety and self, which can lead to mental hardship and isolation. It is for these reasons that a multitude of trauma narratives are characterized by fragmented narrations, unreliable narrators, and shifting perspectives in an attempt to portray the disoriented mental state of their characters; this is a central feature of the psychological thriller, with its focus on issues of trauma, grief, addiction, and emotional pain, aimed at generating tension in the reader.

For these reasons, many literary critics argue that therapeutic institutions are not purely caring spaces for healing; according to Michel Foucault's analysis in *Discipline and Punish* (1975), systems of observation, control, and discipline in institutions attempt to mould their patients according to societal norms instead of just treating them. This aspect is essential in a discussion about the medical gaze and psychiatric facilities and rehabilitation centres, where constant surveillance occurs, and treatment and healing are closely tied to control and regulation. As a result, individuals might appear outwardly 'healed' but may still bear the psychological scars of past experiences and continue to suppress their struggle with emotions. In this sense, therapeutic institutions create an oxymoron; they promise healing and stability, while potentially perpetuating dependency, silence, and a lack of authentic emotions.

Problem Statement

In the contemporary therapeutic culture, recovery and healing often emerge as phenomena that must be addressed in treatment centres and special recuperation programs. Recovery facilities-

mental health centres, rehabilitation centres, and luxury spa/wellness retreats, are usually advocated as spaces where sufferers can recover and reform. This claim, however, fails to recognize that such facilities are actually functioning through methods of surveillance, social control, and conventional notions of recuperation that are themselves responsible for perpetuating the very symptoms being treated. From a perspective that draws on trauma theory, this is because the experience of trauma is a uniquely individual phenomenon which is often resistant to programmatic institutional responses. To this end, there is an underdeveloped space of research regarding the contradiction that *The Clinic*, by Cate Quinn, offers regarding trauma and institutional recovery. Much analysis of *The Clinic* has revolved around a classification as a psychological thriller. In this scholarship, the novel has yet to be read as an astute critical reflection on trauma and the therapeutic recovery process at the institutional level, or its narrative conventions have been reduced to mechanisms of suspense and markers of fragmented traumatic memory rather than representations of delayed and disparate traumatic experiences. This essay aims to provide a reading of how *The Clinic* represents fragmented trauma in its delayed progression and how trauma theory and institutional critique work to provide insight into the suffering of its characters and contribute to the novel's assessment of contemporary therapeutic culture and its offered cures.

Research Objectives

1. To investigate the narrative construction of trauma through structure, characterization, and psychological conflict in *The Clinic*.
2. To examine the depiction of the rehabilitation centre as an institutional space that constructs and regulates the concept of healing through surveillance.
3. To critically evaluate the implications of representing healing as an illusion, questioning whether recovery within the novel signifies transformation or merely masks persistent psychological fragmentation.

Research Questions

1. How does *The Clinic* represent trauma through its specific narrative techniques and characterization?

2. What role does the rehabilitation centre play in shaping, controlling, and defining the process of healing within the novel?
3. How does the narrative problematize the concept of healing by presenting it as an illusion rather than a definitive resolution of trauma?

Significance of the Study

The significance of this research is both intellectual and societal. Intellectually, it contributes to both trauma studies and institutional critique as it applies Cathy Caruth's, Judith Herman's, and Michel Foucault's theoretical analyses to a relatively overlooked text in terms of academic scholarship- Cate Quinn's The Clinic-which has primarily been addressed as psychological thriller fiction. When reading the novel as an integration of trauma theory and Foucauldian institutional analysis, one is able to produce a more complex and nuanced interpretation of contemporary literature's representation of trauma, institutional power, and commercialized recovery in modern therapeutic culture. It will also illustrate how literature can critically negotiate and complicate systems of knowledge that establish the expectation of a particular notion of healing within institutional environments, further enriching dialogues within trauma studies and literary criticism. Societally, this research is significant as it addresses the rising trend and ubiquitous nature of the global wellness industry and the inclination to frame emotional suffering as something that can be contained, branded, and bought. In a moment in which discussions around mental health are highly prominent, and rehabilitation services are increasingly commercialized, it is imperative that the underlying assumptions guiding these paradigms be critically explored. By illustrating the distance between the proposed healing of institutional service and the sustained existence of psychological fragmentation, this study prompts more careful reflection on the nature of healing and the contrast between true recovery and a superficial simulacrum within institutional and commodified practices.

Delimitations of the Study

The research draws on various theories and concepts that connect with issues of trauma, identity and institutional power, but its core theoretical approach is only centred on trauma theory and the work of Michel Foucault on institutional critique. The novel is analysed in the light of the

work of Cathy Caruth and Judith Herman as they interpret the theme of psychological fragmentation, memory, repression and emotional instability. Likewise, Foucault's analysis of the concept of surveillance, discipline and medical institutions is drawn upon in an investigation of the rehabilitation centre as a controlled therapeutic space. Although other theories may be applicable (e.g. psychoanalysis, feminism or ecocriticism), they are not developed extensively in order to keep the research clear and coherent.

The method used in this study is limited to qualitative textual analysis. The research does not use empirical data, medical case studies, or psychological experiments concerning actual addiction, trauma, or rehabilitation practices. Rather, the analysis stays within the world of fiction created in the novel. The study's goal is not to make clinical diagnoses about characters or claims about trauma survivors or addiction patients in real life, but to interpret literature. A literary and theoretical approach is taken to any discussion of psychological conditions, not a scientific or psychiatric one. The research is carried out in the English version of the novel, so that the original language, tone, and narrative style that the author intended are maintained. Literary analysis is greatly dependent on the original English text, which is essential to understanding the characters, themes, and stylistic choices of the novel. Such boundaries are essential to maintain the academic, theoretical, and study boundaries of the research.

Literature Review

The Clinic by Cate Quinn has been described by critics and reviewers since its publication as a psychological suspense thriller, for its claustrophobic atmosphere, its intricate mystery, and its depiction of addiction and loss in the rigid setting of a high-end rehabilitation facility in the desert. Much of the criticism has focused on the novel's thriller elements, such as its fast-paced plot, its narrative misdirection, and its several unreliable narrators whose competing stories create a constant sense of uncertainty throughout the novel. The novel's psychological complexity and its unsettling atmosphere have been praised by reviewers, who have recognized that it raises serious questions about emotional vulnerability, addiction, and the unhealed wounds of the past. But most of these discussions have been confined to the confines of genre criticism and have been concerned with the novel's suspense mechanics and character psychology, rather than with the larger ideological issues that are contained within the text. This has left many aspects of the novel

underdeveloped in the current scholarship. Specifically, the portrayal of trauma as a continuous and disjointed psychological state, the institutionalization of the rehabilitation centre as a space of representation and regulation of recovery, and the novel's critique of the therapeutic culture of today as a system that trades in emotional suffering have received little critical attention. This literature reviews some of the seminal works in trauma theory, narrative form, institutional critique, and therapeutic culture that serve as the conceptual underpinnings for this study. The study examines these theories and the lack of existing interpretations of *The Clinic* to provide the analytical basis for the analysis of the novel.

The theoretical work of Cathy Caruth, which has had a profound impact on literary and cultural studies since the 1990s, marks the beginning of the foundational scholarship on trauma in that discipline. Caruth's book Unclaimed Experience: Trauma, Narrative, and History (1996) proposes that traumatic experience is not fully captured when it happens. Caruth suggests that trauma does not exist in the initial violent or traumatic event in a person's history but rather in the unassimilated nature of this event, the way it was not known in the first place, but returns to haunt the individual later (Caruth, 1996, p. 4). Trauma is not experienced in the usual way of conscious memory, but rather will re-emerge belatedly in the form of a fragmented memory (recollection), repetition, and intrusive experience. This lateness is not an individual weakness; it is a structural feature of trauma itself, Caruth argues, because trauma is a thing that one might never have been able to register in the first place, and trauma can't be simply narrated but can only emerge in gaps, in silences, in moments of narrative instability. This theoretical perspective is directly relevant to *The Clinic*, which, despite the characters' best efforts, never manages to recall a coherent history, and which appears as a disorienting weight on the present. Judith Herman's Trauma and Recovery: The Aftermath of Violence (1992) builds on Caruth's work and offers a detailed description of the impact of trauma on an individual's psychological and social functioning. Traumatic experience ruptures the basic assumptions by which people navigate the world, and Herman stresses that "the core experiences of psychological trauma are disempowerment and disconnection from others" (Herman, 1992, p. 133). She also states that the process of healing can only take place in the context of relationships; it cannot occur in isolation (Herman, 1992, p. 133). Her point that healing cannot be imposed from the outside via institutional power, but must be done with the survivor's agency, is particularly relevant to a novel set in an institution that is supposed to have authority and

expertise over the process of healing, which Herman calls fundamentally resistant to institutional control.

The literary-critical approach used to analyse the representation of trauma in narrative fiction is most well developed in Anne Whitehead's Trauma Fiction (2004), which focuses on the way contemporary novelists use the formal features of their texts to represent traumatic experience. Whitehead believes that novelists have discovered that the impact of trauma can only be represented satisfactorily by mimicking its forms and symptoms (Whitehead, 2004, p. 3) and that, in the most important trauma fiction, form and content are inseparable: the fragmentation, repetition, non-linear chronology, and narrative instability of trauma fiction are not simply stylistic devices but are structural enactments of the psychological state they are representing. She sees the "disruptive temporality," "unreliable narration," and "multiple competing perspectives" as the formal elements that allow trauma fiction to convey the "disorienting and belated quality of traumatic consciousness. This framework is a clear analytical tool for reading *The Clinic*, in which the formal characteristics of a novel are not just genre conventions but significant representations of a fractured psychological state that is present throughout the novel. In Trauma in Contemporary Literature: Narrative and Representation (2014), edited by Marita Nadal and Monica Calvo, the authors further Whitehead's analysis by stating that "trauma fiction mimics the structure of trauma: it portrays the undecidability and instability of experience through its formal choices" (Nadal & Calvo, 2014, p. 8), which reiterates the claim that Quinn's narrative techniques have ideological meaning as well as aesthetic meaning.

The Trauma Question: Literature and Trauma (2008) by Roger Luckhurst is an important historical and cultural background to the literary response to trauma. Luckhurst explores the shift in the understanding of trauma from a clinical category to a dominant one that informs contemporary Western societies' attitudes to identity, memory and suffering, and identifies the emergence of a ‘trauma industry of memory, testimony and trauma' (Luckhurst, 2008, p. 1) that has come to define the expectation of trauma representation and recovery in contemporary Western societies. His analysis is especially pertinent to The Clinic, where the institution's emphasis on quantifiable therapeutic gains mirrors precisely the premature closure that Luckhurst calls a "structural element of contemporary trauma culture." Laurie Vickroy's Trauma and Survival in Contemporary Fiction (2002) supports Luckhurst's cultural analysis, as she asserts that the writers

of trauma literature are "figuring" the traumatic experience to make it more accessible and real to readers, using "figurative language to represent trauma and its concerns with dissociation, shattered identities, and fragmented memories" (Vickroy, 2002, p. 25). *The Clinic* belongs to this wider body of contemporary fiction that questions institutional recovery narratives and engages ethically with mental health and therapeutic culture.

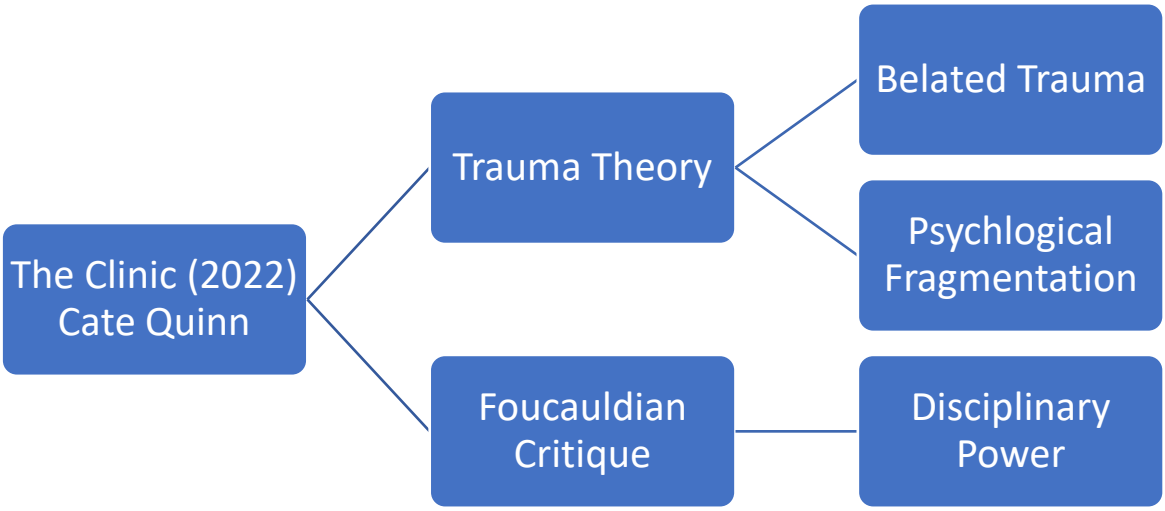
The field of unreliable narration as a formal tool has also produced significant scholarship that helps to make sense of the narrative strategies that are central to *The Clinic*. In this instance, the use of several unreliable narrators is not just a stylistic choice for the novel, but a formal one that makes it a significant contribution to the wider literary and theoretical debates about the connection between the structure of the story and the psychological experience.

The institutional aspects of the novel must be grasped through a reading of the theoretical writings of Michel Foucault. In Discipline and Punish: The Birth of the Prison (1977), Foucault states that the modern disciplinary institutions create what he calls "docile bodies": subjects whose actions are modified by constant surveillance and normalization, in such a way that "power relations have an immediate hold upon" the subject's body (Foucault, 1977, p. 24). The panoptic logic he talks about is very accurate to the structured therapeutic setting of the clinic, where patients are continually judged by a set of recovery criteria and where adherence to therapeutic procedures becomes a requirement for institutionalization and the criteria for recovery. This extends into Foucault's earlier work *The Birth of the Clinic: An Archaeology of Medical Perception* (1973), which argues that the gaze of medical authority is a "perceptual act sustained by a logic of operations" that renders the patient "an object of institutional knowledge" rather than a "subject with autonomous experience" (Foucault, 1973, p. xiv). These frameworks collectively demonstrate Quinn's novel rehabilitation centre not just as a place of care, but as a place of power.

Research Methodology

Through close textual analysis and interpretative reading, the study examines portrayals of trauma and 'false recovery' in Cate Quinn's novel *The Clinic*, by applying a qualitative research methodology to a text-based approach. Far from using statistical evidence or experimental data, this thesis uses a hermeneutical approach and treats the novel as an intensely culturally and

ideologically significant text that is packed with implications about trauma, power, and healing within the structure, characters, and institutional context. The central analytical devices used are the texts of trauma theory and the writings on institutional critique and the disciplinary power of the medical gaze, respectively, based on the work of Cathy Caruth and Judith Herman and that of Michel Foucault. Together, these analyses move back and forth between the psychological interior of the characters and the institutional structures in which their experience takes place.



Discussion

Michel Foucault's theorization of disciplinary power is key to understand the operation of the rehabilitation centre in *The Clinic*. Foucault examines how modern institutions work as systems of power that manage individual subjects through space, time, and visibility in Discipline and Punish (1977). An emphasis on subjects' whereabouts at every hour of the day, control over what the subjects are doing during each segment of time, and the constant possibility of surveillance results in an internalized sense of self-regulation which relies neither on punishment nor overt force; a "dispositive" or disciplinary mechanism, wherein subjects incorporate the dictates of the institution and constantly monitor themselves to ensure compliance. This is what's happening in *The Clinic*; Meg and the rest of the subjects at the rehabilitation centre learn to conform to the system of control of the institution, and Quinn demonstrates this mechanism through the visual

organization and temporal scheduling of the clinic and the treatment of the patients, beginning with the temporal control mechanism with which Meg is introduced on arrival at the institution:

"This will tell you where you're supposed to be at all times." She fits a sleek silver device to my wrist. "You have group therapy next." (Quinn, 2022, p. 191)

This one image summarizes Foucault's disciplinary mechanism with amazing economy. The device doesn't just tell time--it tells the patient where she should be at all times and places her body and movement under institutional control minute by minute. I use the term "should" advisedly, as the time of day it measures isn't just a point on a schedule but a standard of correct behavior against which the patient is always being judged. This is precisely the definition Foucault gives for the disciplinary mechanism--the internalizing of institutional standards, as it becomes a mechanism through which deviation is immediately made visible.

Foucault pushes this analysis further in The Birth of the Clinic: An Archaeology of Medical Perception (1973), where he details the ways in which medical power becomes institutionally constituted by what he calls the "clinical gaze." Through the gaze of the professional, the medical worker makes the patient into an object to be examined and subjected to institutionally prescribed treatments, thereby converting the patient from the subject of lived experience into the object of institutionally prescribed practices. Instead of the patient's conception of her pain, the subject of her illness becomes whether her experience aligns with institutionally constructed normalcy. This power becomes lethally clear in *The Clinic,* where it is revealed that all therapy sessions are recorded and read by other members of the institution:

"You read our therapy sessions, right?" He gestures to my computer where all the therapy sessions are held. "Stuff we talk about with Max and Dr. Lutz?" "I type up the notes." (Quinn, 2022, p. 187)

Here is where a deeply unethical betrayal of the therapeutic space comes to light. What are arguably the most vulnerable information to be expressed to a therapist – precisely the stuff which has the capacity for genuine healing – is documented, collected, and accessible to office staff. It is here, as Foucault himself explains, that the clinical gaze is functioning with perfect precision; the inner space of the subject is reduced to institutional object, the stuff of knowledge and classification rather than the lived experience of a free subject. Herman (1992) believes that, in

order to truly heal, the traumatized narrative must be reconstructed through the survivor's own subjective voice and understanding of the trauma; in this clinic, however, once spoken, the narrative is the property of the institution.

The performance of recovery constitutes one of the novel's most chilling contributions. In short order, the characters all become aware of the performances that are expected of them. Making therapy sessions, feeling and expressing emotion in appropriate ways, and feigning belief in recovery are all pieces of evidence of institutional compliance- and thus, of the possession of recovery. As a result, the characters believe that it is simply enough to reproduce these performances without enacting any real internal change – adopting the rhetoric of recovery, articulating their subjective experience in ways approved of by the institution, and controlling their expression of emotions to maintain favour with the staff while their inner selves are left untouched. The economic foundation for this disciplinary control further elucidates this contradictory state:

"'Groundbreaking treatment.' 'Highest success rates of any rehabilitation'… He looks up at me. 'They've been open less than a year,' he says. 'How could they claim that?'" (Quinn, 2022, p. 57)

This argument concisely sums up what Esposito & Perez (2014) have said on the neoliberal commodification of mental health; it is not a clinical assessment that determines the success rate of treatment within the clinic, but a business decision. Seeing that the clinic has been open for less than one year, one can easily see that these claims are factually impossible to measure; therefore, the demonstration of recovery that the clinic provides is only a commodity to be sold, not achieved. In Trauma and Recovery (1992), Judith Herman noted that to recover one has to feel that one has gained agency and control. However, instead of true recovery, one merely displays a show of recovery, while no solution has been made to eliminate the cause of harm.

Conclusion

Clearly, the characters in *The Clinic* conceive of trauma not as something that has been definitively encountered and contained by an institution, but as an ongoing condition with which they perpetually struggle. Their memories cannot be reliably recalled, their selves are fluid, and their psychic lives remain fragmented throughout the novel regardless of the rehabilitative services

they receive. The employment of multiple unreliable narrators and fragmented chronology in *The Clinic* formally embodies this ongoing condition, rendering it an affective experience for the reader, and situating it squarely within the conditions Caruth (1996) posits as characterizing traumatic consciousness: namely, its instability and disjunction from conventional temporality. All of these textual elements ultimately work to complicate the institutional promise of controlled, timed, and supervised rehabilitation, by showing the yawning gap between what *The Clinic* offers and the needs of authentic healing.

An equally consistent, disturbing connection existed throughout the novel between psychological injury and institutional control. The rehabilitation centre does not merely fail to heal its patients; rather, it actively re-enacts their condition of fragmentation by demanding behavioural conformity, defining healing as compliance with institutional norms and ideals, and ensuring they remain under constant surveillance, thus denying them access to honest engagement with their own suffering. Foucault's theories of disciplinary power and the clinical gaze seem particularly prescient for illustrating this connection. Far from simply failing to help, the patients at the clinic are not passive victims of institutional indifference: they have, instead, learned the behaviours that allow them to pass institutionally, and so have successfully engaged in a performance of recovery which masks their continued distress.

Finally, the desire for true healing through the clinic is ultimately an unfulfilled longing, not because authentic healing is impossible per se, but because the very institution in which the patients attempt to find it is not conducive to it. Herman (1992) insists that genuine healing involves safe environments and authentic connection and agency-neither of which are possible in the disciplinary setting of *The Clinic*. Small moments of human recognition and connection are present throughout the narrative, but these moments are routinely interrupted by the institutional pressure to perform rather than feel the process of healing. What Quinn illustrates is that the only healing available at the clinic is a commodified version of it that benefits the institution at the expense of the patients. The limited space of the clinic becomes a microcosmic view into modern therapeutic culture more broadly, and how it commercializes psychic pain.

References

Alexander, J. C. (2004). Toward a theory of cultural trauma. In J. C. Alexander, R. Eyerman, B. Giesen, N. J. Smelser, & P. Sztompka (Eds.), Cultural trauma and collective identity (pp. 1–30). University of California Press. https://doi.org/10.1525/9780520936768-003 Unreliable narrators in 21st- century fiction: Narrative techniques, memory, and identity. American Journal of Social and Humanitarian Research, 6(3), 462–470. https://www.globalresearchnetwork.us/index.php/ajshr/article/download/3354/2918

Balaev, M. (2008). Trends in literary trauma theory. Mosaic: An Interdisciplinary Critical Journal, 41(2), 149–166. https://www.jstor.org/stable/44029500

Bond, L., & Craps, S. (2020). Trauma and ethics in contemporary British fiction. Palgrave Macmillan. https://link.springer.com/book/10.1007/978-3-030-43140-2

Caruth, C. (1996). Unclaimed experience: Trauma, narrative, and history. Johns Hopkins University Press. https://muse.jhu.edu/book/20656

Cvetkovich, A. (2003). An archive of feelings: Trauma, sexuality, and lesbian public cultures. Duke University Press. https://doi.org/10.1515/9780822384434

Eriksson, E. (2023). A market of lived experience: User involvement and the commodification of personal experiences of mental illness. International Journal of Environmental Research and Public Health, 20(14), 6427. https://doi.org/10.3390/ijerph20146427

Esposito, L., & Perez, F. M. (2014). Neoliberalism and the commodification of mental health. The Humanistic Sociologist, 39(1). https://journals.sagepub.com/doi/10.1177/0160597614544958

Felman, S., & Laub, D. (1992). Testimony: Crises of witnessing in literature, psychoanalysis, and history. Routledge. https://www.routledge.com/Testimony-Crises-of-Witnessing- in-Literature-Psychoanalysis-and-History/Felman-Laub/p/book/9780415903929

Foucault, M. (1965). Madness and civilization: A history of insanity in the age of reason (R. Howard, Trans.). Pantheon Books. (Original work published 1961). https://archive.org/details/madnesscivilizat00fouc

Foucault, M. (1973). The birth of the clinic: An archaeology of medical perception (A. M. Sheridan Smith, Trans.). Vintage Books. https://archive.org/details/birthofclinic00fouc

Foucault, M. (1977). Discipline and punish: The birth of the prison (A. Sheridan, Trans.). Pantheon Books. (Original work published 1975). https://www.gvsu.edu/cms4/asset/D3B6F7EA-CE7D-2294-44BAF27C33C3337B/fourcault_-_normalizing_judgement_from_discipline_and_punish.pdf

Herman, J. L. (1992). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. Basic Books. https://www.beyondthetemple.com/wp-content/uploads/2018/04/herman_trauma-and-recovery-1.pdf

LaCapra, D. (2001). Writing history, writing trauma. Johns Hopkins University Press. https://muse.jhu.edu/book/4329

Luckhurst, R. (2008). The trauma question. Routledge. https://www.routledge.com/The- Trauma-Question/Luckhurst/p/book/9780415402712

Metzl, J. M., & Kirkland, A. (Eds.). (2010). Against health: How health became the new morality. NYU Press. https://nyupress.org/9780814795743/against-health/

Michaeli, I. (2017). Self-care: An act of political warfare or a neoliberal trap? Women's Studies International Forum, 65, 19–25. https://doi.org/10.1016/j.wsif.2017.10.004

Nadal, M., & Calvo, M. (Eds.). (2014). Trauma in contemporary literature: Narrative and representation. Routledge. https://www.routledge.com/Trauma-in-Contemporary-Literature-Narrative-and-Representation/Nadal-Calvo/p/book/9780415659826

Plath, S. (1963). The bell jar. Heinemann.

Quinn, C. (2022). The clinic. HarperCollins.

Radstone, S. (2008). Trauma theory: Contexts, politics, ethics. Paragraph, 30(1), 9–29. https://doi.org/10.3366/para.2007.30.1.9

Ribeiro, U. W. R. (2023). I am because they tell me I am: Mental health and performativity. Psychology and Behavioral Sciences, 12(2), 39–42. https://doi.org/10.11648/j.pbs.20231202.12

Rose, N. (1999). Governing the soul: The shaping of the private self (2nd ed.). Free Association Books. (Original work published 1990). https://books.google.com/books/about/Governing_the_Soul.html?id=bO2cAAAAMA AJ Van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking Press. https://www.besselvanderkolk.com/resources/the-body- keeps-the-score

Showalter, E. (1985). The female malady: Women, madness, and English culture, 1830–1980. Pantheon Books. https://books.google.com/books/about/The_Female_Malady.html?id=33AoAQAAIA AJ

Vickroy, L. (2002). Trauma and survival in contemporary fiction. University of Virginia Press. https://www.upress.virginia.edu/title/3023/

Whitehead, A. (2004). Trauma fiction. Edinburgh University Press. https://academic.oup.com/edinburgh-scholarship-online/book/13729

Woods, A., Hart, A., & Spandler, H. (2019). The recovery narrative: Politics and possibilities of a genre. Culture, Medicine and Psychiatry, 43(3), 471–497. https://doi.org/10.1007/s11013-019-09623-y

Young, A. (1995). The harmony of illusions: Inventing post-traumatic stress disorder. Princeton University Press.