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Wounded Body and Shattered Self: Corporal Trauma and the Journey to Self - Consciousness in Gillian Flynn's *Sharp Objects* (2006)

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Abstract:

The present study examines the embodiment of trauma as a physical experience, focusing on Gillian Flynn's *Sharp Objects* (2006). It explores how traumatic memories and their physical manifestations are inscribed and expressed through the protagonist, Camille, transforming her physical being into a canvas of psychological distress. The analysis draws upon Van der Kolk's *The Body Keeps the Score* (2014), which elucidates how trauma is simultaneously stored in the mind and manifested through the body. His theoretical framework underpins an exploration of corporal trauma as both a narrative strategy and a symbolic lens within literature, particularly in instances where emotional suffering defies verbal articulation and emerges through bodily symptoms such as panic attacks, self-harm, anorexia, and post-traumatic stress disorder (PTSD). The findings reveal that in *Sharp Objects* suggests that trauma is inseparable from bodily experience and environmental context, implying that although complete recovery may be out of reach, healing can still emerge through self-awareness, compassion, and a restored connection between body and mind.

Keywords: coping mechanism; corporal trauma; healing; mental illness; panic; self-harm.

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1. INTRODUCTION

Trauma has long been considered as a focal point of scholarly investigation across psychology, psychiatry, and literary studies, emerging as a key interpretive model for understanding how individuals process and represent overwhelming experiences and troubling events. Early theoretical approaches to trauma in psychology were informed by the ideas of Sigmund Freud who argued that traumatic experiences resist assimilation into normal consciousness and often return in the form of physical symptoms, intrusive memories, or compulsive behaviors. This underlying premise, which suggests that the body conveys what the mind cannot completely put into words, has retained its influence in modern trauma studies. In the late twentieth century, scholars such as Judith Herman and Van der Kolk further broadened the field by emphasizing the fragmented and nonlinear nature of traumatic memory.

Throughout this century, literature increasingly evolved into a space for articulating human suffering and psychological disturbance. In literary studies, trauma theory has become a major lens for examining characters whose narratives reflect psychological fragmentation, memory repression, and bodily pain. Many writers used fiction to portray the endurance of trauma and the lingering effects of memory, loss, and recovery. Fragmented narratives, interior monologues, and disjointed temporal structures mirrored the instability of the traumatized mind. These literary techniques invited readers to witness the psychological and bodily dimensions of distress, making trauma studies a central field across literature, psychology, history, and psychiatry.

Medical and psychological discourses have long explored the symptoms arising from traumatic experiences. Early physicians described these as “shell shock,” a term now recognized as post-traumatic stress disorder (PTSD). However, contemporary understandings often overlook the physical dimension of trauma what may be termed corporeal trauma. This concept refers to the visible bodily expressions of psychological suffering, such as self-harm, chronic illness, anorexia, panic attacks, and other psychosomatic responses (Van der Kolk, 2014). Corporeal trauma underscores how emotional pain is inscribed on the body and reveals the diversity of human responses to trauma. It unfolds in three aspects: the event itself, the individual’s subjective experience, and the long-term effects on mental and physical well-being (pp212-213).

The aim of this study is to examine how corporeal trauma manifests through the characters in *Sharp Objects* (2006) by Gillian Flynn, focusing particularly on the protagonist Camille Preaker. The objective is to explore how Camille’s body becomes a site of inscription for repressed psychological wounds, functioning as a medium through which inner pain is externalized. In light of the foregoing discussion, the following questions are proposed:

1. How does Flynn represent the body as a site of psychological trauma in *Sharp Objects*?

2. In what ways does the protagonist’s self-harm function as a symbolic externalization of repressed emotional and psychological trauma?

3. To what extent do the characters’ coping strategies contribute to genuine healing?

Based on the above questions, the following hypotheses are suggested:

1. Bodily symptoms such as self-harm, anorexia, and violence act as non-verbal narratives, expressing emotional repression and functioning as survival mechanisms.

2. Flynn's characters attempt to reconcile with their emotional scars and rediscover a fragile connection with their own bodies.

3. It is predicted that coping mechanisms provide temporary relief from trauma, but are insufficient for achieving long-term emotional recovery.

The significance of this study lies in its ability to bridge literary studies with trauma theory, emphasizing the ways in which trauma is experienced and represented in contemporary fiction. The study also prompts reflection on broader social issues such as the impact of familial abuse, the stigma surrounding mental health challenges, and the mechanisms through which individuals cope with psychological distress. It also demonstrates how Flynn employs corporeal imagery and self-harm as narrative devices to externalize internal suffering, providing insight into the ways modern fiction reveal the complexity of psychological trauma.

Despite valuable contributions, a critical gap remains. Contemporary literary analyses rarely employ Van der Kolk's *The Body Keeps the Score* (2014), a seminal work that integrates neuroscience and clinical experience to explain how trauma reshapes both body and mind. While most studies rely on Freudian or feminist readings, few explore corporeal trauma as an embodied narrative in modern fiction. More importantly, despite the number of insightful studies and interpretations of *Sharp Objects*, the specific theme of corporeal trauma remains under-examined both in literary criticism and society more broadly. Thus, this research bridges that gap by applying Van der Kolk's embodied trauma theory to Flynn's novel, illustrating how trauma is communicated, remembered, and relived through the body.

2. Trauma Studies (Freud. Caruth. La Capra)

The term trauma originates from the Greek word, meaning 'wound." Initially, it referred to bodily injuries. Thus, the modern definitions of trauma emphasize its psychological dimensions. Trauma is "a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury" (Merriam Webster Dictionary). Therefore, trauma symptoms often include flashbacks, guilt, numbness, depression, and hyper vigilance. Importantly, trauma does not always manifest directly, it may surface long after the traumatic event, remaining during the person's life (Van der Kolk, 2014, p61).

The application of the word trauma to the psychological and emotional distress emerged later in the nineteenth century. It began with Jean Martin Charcot (1825-1893), a French Neurologist and the founder of modern neurology, who treated patients diagnosed with hysteria. He posited that these disorders often had both psychological and biological origins, many tied to traumatic events such as violence or abuse. Freud, influenced by Charcot, he developed the psychoanalytic theory, and argued that trauma emerges from repressed memories and unconscious

conflict. He developed the method of "working through," a therapeutic process where trauma is slowly integrated into consciousness through speech, dreams, and memory "when the patient had described that event in the greatest possible detail and had put affect into words" (qtd.in. Van der Kolk, 2014, p217). Freud believed that through this symbolic process, trauma could be turned into meaningful narrative.

Cathy Caruth (1996) describes trauma as an unclaimed experience, a psychological wound not fully grasped at the moment of its occurrence, which later returns in disruptive ways. For Caruth, trauma resists coherent narrative and understanding, it reveals itself through flashbacks, repetition, and nightmares. She emphasizes how trauma distorts language, memory, and time. Both Freud and Caruth claim that trauma is a mental disorder that disrupts time, memory, and identity. Freud argued that trauma often occurs too suddenly to be processed in real time. Caruth expanded this idea, stating that trauma is always delayed, fragmented, and incomplete.

Historian Dominick La Capra (2002), in *Writing Trauma, Writing History*, introduces two critical modes of responding to trauma: acting out and working through. Acting out involves reliving the trauma as if it were still present, where past, present, and future blur. He writes: "In acting out, the past is performatively regenerated or relived as if it were fully present rather than represented in memory and inscription, and it hauntingly returns as the repressed" (p21). In contrast, working through requires conscious engagement with the trauma. It helps the individual acknowledge what happened and begin to separate past from present. La Capra (2002) explains that “working through is an articulatory practice: to the extent one works through trauma... one is able to distinguish between past and present and to recall in memory that something happened to one back then while realizing that one is living here and now with openings to the future (p22).

Thus, ‘working through’ does not promise closure but offers the possibility of re-engaging with life. These scholars' studies how cultural narratives address historical suffering, memory gaps, and unresolved social anxieties, showing how trauma shapes both individual identity and cultural memory.

3. Trauma Theory of Van der Kolk

The connection between the psyche and the body has long been shaped by historical, medical, and cultural understandings of Trauma. Van der Kolk (2014) posits that trauma is more than just an emotional response to overwhelming events it is a transformation that reshapes both the mind and body. Events such as physical violence, rape, or natural disasters can leave a lasting imprint on a person, altering their psychological and physical experience of the world. He emphasizes that “neuroscience gives us a better understanding of how trauma changes the brain development, self-regulation, and the capacity to stay focused and in tune with others” (p417). Thus, trauma does not only cause temporary distress but also fundamentally transforms how the brain functions, affects emotional regulation, and manifests physically. As he explains: “We now know that trauma compromises the brain area that communicates the physical, embodied feeling

of being alive" (p3). Survivors of trauma are often left with disrupted daily lives, hypervigilance, emotional numbness, and withdrawal from social interactions. Drawing on thirty years of research and clinical practice, Van der Kolk underscores the need to treat trauma holistically. According to him, both mind and body must be addressed for real healing to occur (p4).

3.1 Mind

A central issue in Van der Kolk's work is the role of helplessness in trauma. Many survivors adopt a mindset of resignation, feeling as though they have no control over their lives. One of his key ideas is that trauma does not remain isolated in the past. It manifests through the body, creating physical changes that persist long after the event. He asks, "How do horrific experiences cause people to become hopelessly stuck in the past? What happens in people's mind and brain, frozen, trapped in a place they desperately wish to escape?" (Van der Kolk, 2014, p10). When the brain experiences trauma, the amygdala, the brain's alarm system, becomes overactive. This results in the body being flooded with stress hormones, often trapping traumatic memories in the nervous system. Meanwhile, the prefrontal cortex, responsible for emotional regulation and rational thought, becomes less effective. As a result, trauma survivors become hypersensitive to reminders of trauma, feeling anxious or disconnected even in safe environments. For instance, a car accident survivor might experience intense fear while driving, despite being physically safe. This hypervigilance demonstrates how deeply trauma embeds itself in the body. Van der Kolk (2014) notes:

> When traumatized people are presented with images, sounds, or thoughts related to their particular experiences, the amygdala reacts with alarm even years after the events. Activation of this fear center triggers the cascade of stress hormones and nerve impulses that drive up blood pressure, heart rate, and oxygen intake, preparing the body for fight or flight. (p51)

This feeling is often triggered by flashbacks and sensory reminders of trauma such as a smell or sound which force the survivor to relive the traumatic event as if it were happening again in the present. Hence, Trauma deeply impacts relationships. Survivors often struggle to trust others or form meaningful connections, perceiving others as threats. This creates a significant barrier to forming and maintaining secure attachments. In many cases, trauma survivors misinterpret social cues, leading to further isolation. Their emotional withdrawal becomes both a coping mechanism and a reinforcement of their sense of vulnerability. Van der Kolk (2014) states:

> Our sensory world takes shape even before we are born. In the womb, we feel amniotic fluid against our skin... We pitch and roll with our mother's movements. After birth, physical sensation defines our relationship to ourselves and to our surroundings. We start off being our wetness, hunger, satiation, and sleepiness. (p110)

Van der Kolk highlights the foundational role of sensory experience in shaping how we

relate to the world and to others from the earliest moments of life. When these early experiences are marked by fear, neglect, or emotional deprivation, they disrupt the natural development of trust and attachment. As a result, trauma survivors may struggle to interpret others' intentions accurately or to feel secure in relationships leading to chronic vigilance, mistrust, and isolation. An unsafe or random sensory environment conditions the body to remain alert to danger, making emotional intimacy and connection feel threatening rather than comforting.

3.2 Body

Van der Kolk (2014) explains that trauma was not simply a psychological condition, it was something inscribed upon mind and expressed through the body as Somatic symptoms (PTSD). He notes that these symptoms often emerge when the body carries the burden of unresolved emotional distress. They may take the form of autoimmune disorders, sleep disturbances, muscular pain, asthma, numbness, migraines, chronic fatigue, irritable bowel syndrome, or persistent back and neck pain. Each condition reflects the body's attempt to communicate what the mind cannot yet articulate.

One case from *The Body Keeps the Score* illustrates this clearly. Van der Kolk (2014) describes a woman who suffered severe asthma attacks that repeatedly required hospitalization. Over time, she came to understand that these attacks were not caused by a medical problem alone but were instead physical expressions of overwhelming childhood emotions. Once she began addressing the emotional roots of her distress, the asthma attacks stopped. She no longer needed hospitalization (p. 25) It is an example of how trauma imprints itself on the body and continues to speak through physical symptoms long after the event has passed.

Although Van der Kolk argued that some patients gained clarity by naming their trauma, this process was not enough. They needed methods that allowed the body and the nervous system to calm, reorganize, and regain a sense of safety. His work shows that PTSD is not only a psychological condition; it is also a physical one. The body remembers what the conscious mind tries to forget, and it expresses that memory through patterns of pain, tension, and physiological disruption.

3.3 Coping Mechanism

Van der Kolk outlines several therapeutic approaches to healing trauma that reflects this mind-body connection focusing on the central importance of safety, trust, and bodily reintegration. The first is the "top down" method, which depends on verbal expression, emotional awareness, and social reconnection. This approach engages the thinking brain by encouraging survivors to speak about their experiences, develop insight into their internal world, and process traumatic memories. It is a method that, as Van der Kolk (2014) notes, demands immense psychological effort: "It takes enormous trust and courage to allow yourself to remember" (p14). Talking alone does not erase trauma, but it is a crucial step toward making sense of the past and rebuilding fractured self-narratives (p310).

The second approach involves pharmacological intervention. While medication can suppress

overwhelming alarm reactions and provide symptomatic relief, Van der Kolk (2014) makes clear that drugs cannot substitute for processing trauma. He acknowledges that tranquilizers like Klonopin, Valium, Xanax, and Ativan are commonly used because "they work like alcohol, in that they make people feel calm and keep them from worrying" (pp267-268). However, this chemical numbing, though seductive, risks detaching individuals further from their embodied experiences. Emerging methods such as methylene dioxy meth amphetamine (MDMA) assisted therapy aim to bridge this gap by enabling patients to access trauma in a safe and controlled state, opening new possibilities for healing through expanded consciousness and emotional processing.

The third and the most innovative method is the "bottom up" approach. This form of treatment focuses on the body as the primary site of healing by engaging in practices such as Yoga, mindfulness, eye movement desensitization and reprocessing (EMDR) (Van der Kolk, 2014, p300). In psychomotor therapy, survivors reestablish the mind body connection that trauma has disrupted. These modalities operate not by reasoning through trauma but by physically restoring sensations of safety, strength, and autonomy. Van der Kolk's work demonstrates that trauma is multidimensional, it distorts both neurological function and bodily awareness. PTSD, for example, reorganizes the brain's architecture, leading to hypervigilance, chronic pain, and a fragmented sense of reality. The result is a survivor who exists in a perpetual state of threat, often unable to distinguish the past from the present. As he puts it: "That's what trauma does, it interrupts the plot, it just happens, and then life goes on. No one prepares you for it" (Van der Kolk, 2014, p7). Recognizing and reconstructing this "interrupted plot" is a central aim of trauma therapy.

Healing requires not only remembering what happened but integrating those memories into a coherent and survivable self -narrative. As Van der Kolk (2014) states, "The greatest source of our suffering is the lies we tell ourselves" (p30). And "as long as you keep secrets and suppress information, you fundamentally are at war with yourself" (p 278) highlights how repression and denial compound psychological distress. The body, in contrast, refuses to lie. It stores traumatic imprints, even when the conscious mind dissociates or forgets. Thus, the body centered therapies become essential. They work by releasing suppressed physical tension and emotional impression, allowing survivors to gradually regain control. As van der Kolk (2014) explains, "Feeling out of control, survivors of trauma often begin to fear that they are damaged to the core and beyond redemption" (p2). These embodied treatments are not secondary or supplementary they are central to trauma resolution.

Van der Kolk also emphasizes the necessity of individualized treatment. He argues that no single method fits all. Survivors bring different histories, and neurobiological responses to therapy. Whether through talk therapy, neurofeedback, Eye movement, or medication, recovery must be adapting the person need. This individualized approach is shaped by broader historical and institutional failures. Van der Kolk critiques the psychiatric establishment for its reluctance to

validate complex developmental trauma. The marginalization of diagnoses such as complex PTSD in major manuals like the DSM has left countless survivors, particularly those with histories of childhood abuse, without appropriate clinical recognition or support. This absence is not accidental. It reflects a systemic refusal to confront the social and political cause of chronic trauma.

He extends this critique to the societal level, where neglect, underfunding, and stigma deepen the consequences of trauma. Public health and mental health systems must be restructured to prioritize early intervention, bodily healing, and sustained relational support. As Van der Kolk (2014) writes, "The only way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going on inside ourselves" (p247). Trauma, then, is not a fixed sentence. With the right tools especially those that restore connection to the self and others, survivors can rebuild. Thus, Van der Kolk's contribution is profound: healing is not just about symptom control. It is about restoring narrative coherence, bodily autonomy, and emotional safety. Through action, relational engagement, and sensory reawakening, trauma survivors can move from fragmentation to integration. His work marks a critical shift in trauma studies one that refuses to reduce trauma to pathology and insists on the body's central role in recovery.

4. Corporeal Trauma in *Sharp Objects*

Flynn's debut novel, *Sharp Objects* (2006), was received as a "haunting hypnotic" psychological thriller that offers a disturbing yet captivating portrayal of corporeal trauma, repressed memory, maternal violence, and character suffering. Through a shifting narrative that cycles between present and past memory, Flynn portrays the fragmented subjectivity of a character whose body holds the deep scars of familial and cultural violence. Under the town's carefully preserved traditions and genteel appearances, Wind Gap functions as a site of systemic repression and embodied madness.

Sharp Objects follows Camille Preaker, a Chicago based journalist, as she returns to her hometown of Wind Gap to report on a series of child murders. She is forced to come back to the space haunted by personal and collective trauma. Camille reconnects with her detached mother Adora, her mysterious half-sister, Amma, and the town's suffocating social atmosphere. As the investigation deepens and tensions intensify, Camille uncovers horrifying truths about her family, and she returns to the bodily self-harm that once defined her adolescence, an obsessive behavior of inscription that transforms the skin into a haunted text of psychological pain.

4.1 The Body as a Gateway to the Mind

Camille becomes the living text of her family's unspoken history. She inscribes her suffering directly onto her skin. Her acts of self -harm are not simply personal responses to trauma but it is a symbolic gesture embedded in inherited patterns. For Camille, the body becomes the only credible narrator of what was never verbalized across generations.

From the opening chapters, Camille's psychological disorder is evident. Sent back to Wind

Gap as a journalist, she is not simply reporting, she is reliving. Her profession as a reporter typically requires objectivity and clarity. She is ironically in conflict with her inner fragmentation. Camille admits to drinking heavily, often to the point of blackouts, and her writing shifts into confessional mood, revealing personal thoughts and emotional truths. As she explains, "We got horror stories here" (Flynn, 2006, p5). Her alcoholism functions as both a coping mechanism and a narrative smokescreen. ''When I was disoriented and afraid, I took a gulp from my flash of vodka to ease the panic'' (p192). According to Van der Kolk (2014), substance abuse among trauma survivors often reflects an attempt to shut down the overactive amygdala, the brain's fear center, which continuously misfires in traumatized individuals (p66). In this light, the neurobiological struggle of a mind trapped in a state of perpetual threat mirrors Camille's need to numb herself before confronting her mother or entering her childhood bedroom.

Van der Kolk's neurobiological framework provides a vocabulary for Camille's dissociation and memory gaps. The prefrontal cortex, responsible for rational decision making and language, is frequently depicted in trauma survivors by an overactive amygdala, leading to impaired verbal processing and temporal disorientation (Van der Kolk, 2014, p43). Camille's memories of Marian's death, her mother's abuse, and her own acts of self-harm emerge in disjointed images and sensations rather than coherent narratives, as a "A jangle memory'' (Flynn, 2006, p211). This reflects how trauma returns as sudden, disturbing feelings and fragmented memories. This is not a literary device alone but a faithful rendering of trauma's neurological imprint. As Flynn (2006) notes, "when I'd been sad, I hurt my self" (p194). The distinction between cause and effect is neurologically disrupted in Camille's cognition, illustrating Van der Kolk's (2014) claim that "trauma is not the story of something that happened back then, but the current imprint of that pain on mind and body" (p21).

4.2 Camille's PTSD

Camille psychological breakdown manifests not only in her mind but also vividly through her body. In *Sharp Objects*, Flynn presents Camille's PTSD as more than a mental disorder, it is a sensory and somatic disturbance that visibly imprints on her physical self. Trauma, in this depiction, is embodied. This portrayal closely corresponds to Van der Kolk's neuropsychological insights in *The Body Keeps the Score*. Camille's symptoms such as insomnia, claustrophobia, panic attacks, flashbacks, and eating disorders do not exist as simple side effects. Instead, they serve as the primary expressions of her trauma.

One of the clearest markers of Camille's trauma is her disrupted sleep, particularly her nightmares and insomnia. Flynn (2006) writes, "My face felt numb from lack of sleep" (p34). The inability to sleep is not merely fatigue, it is symptomatic of the hypervigilance trauma imprints on the nervous system. Van der Kolk (2014) explains that trauma survivors remain in a constant state of alertness, unable to fully disengage the body's fear circuitry even during rest. He writes, "Many traumatized people find themselves chronically out of sync with the people around them. Some of

them are always on alert" (p92). Camille's body is locked in a biological symptom of unresolved trauma, as her brain cannot access a sense of safety necessary for rest.

Camille's nightmares are equally intrusive. Flynn depicts them not as symbolic, but as bodily relived sensations. Camille wakes up sweating and shaking, as she states, "I had dark sticky dreams" (Flynn, 2006, p192). These disoriented experiences align with Van der Kolk's (2014) assertion that "trauma survivors are subjected to nightmares, not because they are remembering the past, but because their brain is continuing to react as if the trauma is happening in the present" (p63). Sleep offers no relief for Camille, instead, it becomes another domain where trauma reactivates. Her nightmares are not a return of memory in the traditional sense but a physical reliving of traumatic experience.

Claustrophobia also haunts Camille as a bodily manifestation of trauma. She posits that she hated being in wind gap but home held no comfort else; "she remembers getting very claustrophobic growing up in a small town and her need to move to somewhere else" (Flynn, 2006, p162). Moreover, when she reenters familiar childhood spaces, particularly Marian's room, her reaction is intensely physical: "It smelled like sickness...and childhood and death" (p143). Here, the physical environment becomes a trigger. The smell of sickness and the enclosed space reactivate Camille's trauma circuitry. According to Van der Kolk (2014), sensory input smell, sound, and touch can act as a neural pathway back to traumatic experiences: "The imprint of trauma doesn't 'sit' in the verbal, linear part of the brain, but rather in the limbic system: the emotional brain" (p49). The emotional intensity of Marian's death and Adora's abuse is reactivated by sensory details, demonstrating how PTSD lives not in conscious memory but as physical sensation tied to emotional terror stored in the body.

Camille's panic attacks similarly represent trauma as a corporeal event. These symptoms are not metaphorical, they are physiological breakdowns, often triggered by environmental stimuli. For example, when she is confronted by her mother's manipulations or the town's hostility, Camille often finds herself overwhelmed by dizziness, nausea, and a sense of impending collapse. She states, "I'm here, I said...When I'm panicked" (Flynn, 2006, p121) and "to ease panic" (p192). Such descriptions reflect genuine physiological dysregulation. Flynn (2006), through Camille, does not overly dramatize these moments; rather, she grounds them in bodily discomfort when writing "I couldn't breathe, and my skin felt tight, like I was going to split open. I needed to get out" (p158). This collapse of bodily control parallels Van der Kolk's observations that panic attacks in trauma survivors are not irrational but rooted in a dysregulated nervous system. "Traumatized people chronically feel unsafe inside their bodies: the past is alive in the form of visceral reactions" (Van der Kolk, 2014, p97). Camille's panic attacks serve as clear evidence of a body in resistance, and as failures of internal control mechanisms.

Camille's flashbacks are among the clearest examples of sensory trauma invading consciousness. These are not distant memories recalled at will, they are unconscious re-experiences that blur time and space. When she sees a young girl injured in the town, Camille is

instantly thrown into a series of unresolved grief and bodily distress. Flynn (2006) captures this with chilling clarity: "It was like a shot to the gut, and I saw Marian's face instead of the girl's" (p174). The sensory immediacy of trauma sight, smell, and bodily tension displace the present. Van der Kolk (2014) explains that "Flashbacks are the clearest expression of trauma's imprint on the brain: they are fragments of sensory memory that bypass verbal processing and resurface as intrusive, affect laden experiences" (p161). Camille's flashbacks, therefore, are not imaginative or narrative devices, they are trauma induced neurological events.

This disconnection between past and present also underlies Camille's anorexia, which is not simply an eating disorder but a somatic expression of trauma. Flynn (2006) writes, "Sometimes, the only thing I could control was what I did or didn't put in my body" (p201). Camille's control over food is not about aesthetics or even self-image, it is about bodily autonomy in the aftermath of maternal abuse and helplessness. Van der Kolk (2014) notes that eating disorders often arise from early experiences of bodily violation or emotional neglect: "Starving oneself, binging, and purging can all represent attempts to gain control over the body and cope with unbearable emotions" (p262). Camille's anorexia is thus an effort to assert mastery over a body that has been the site of trauma. A body that has been punished, neglected, and covered with others' desires.

Moreover, trauma is not localized to individual events but accumulates across space and time. Returning to Wind Gap becomes a full-bodied confrontation with her painful past. Each street, scent, and overheard phrase serves as a channel for re-experiencing old wounds. Flynn (2006) writes, "Every street seemed to whisper a memory I'd tried to forget" (p113). These memories are not narrative there is no structured recollection but sensory intrusions that force Camille to re-experience the helplessness and horror of her past. Van der Kolk (2014) describes this process as "re-living is in some ways worse than living trauma itself" (p77). Camille's entire homecoming acts as a prolonged sensory re-traumatization. Her body holds the influence of remembering, more than her conscious mind.

Camille's PTSD is not an invisible mental illness but a bodily narrative of suffering. Flynn avoids abstract psychological diagnoses, choosing instead to expose how trauma inhabits and commands the body. Each symptom, insomnia, nightmares, claustrophobia, panic attacks, flashbacks, and eating disorders tells a chapter of Camille's embodied biography of trauma. Van der Kolk's research corroborates Flynn's portrayal, trauma is not merely recalled, it is physically re-experienced, neurologically embedded, and somatically unavoidable. Camille's body becomes both the site and evidence of trauma's enduring power.

4.3 Camille as an Unreliable Narrator

Camille, the protagonist of Flynn's *Sharp Objects*, is introduced as a fractured narrator whose unreliability is not dishonesty but determined to the narrative structure of the novel. By stating that it is "Time to drop the illusion" (Flynn, 2006, p270), Camille conveys a moment of disorientation rather than clarity. This unreliability is rooted in her trauma history, which

profoundly alters her memory, perception, and capacity for self-narration. As Van der Kolk (2014) explains, ‘‘traumatic memories are not stored and retrieved like ordinary memories, they are fragmented, sensory driven, and often divorced from linguistic processing’’ (pp229-230). Thus, Camille's fragmented memories, her dependence on alcohol, and her embeddedness in the act of storytelling all reflect this neurobiological reality. Her subjectivity, shaped by years of psychological and physical trauma, is not stable, it is filtered through a consciousness that cannot fully differentiate between memory and narrative intrusion.

Even Camille’s role as a storyteller serves a double function. She is a narrator but also a subject. Trauma has taught her to survive by reshaping reality. This aligns with van der Kolk’s (2014) argument that traumatized individuals often construct fictional versions of their past in an unconscious effort to restore agency or coherence (p223). In Camille’s case, writing becomes both a survival mechanism and a symptom. Her articles are less about journalism than exorcism. She does not report the truth of Wind Gap, she reenacts it. The narrative is filtered through a consciousness that is defensive, unstable, and somatically burdened.

Furthermore, Camille’s narrative strategy, her tendency to fictionalize events, to romanticize pain, and to frame suffering as symbolic is not just artistic. It reflects the deeply embodied experience of trauma. Victims who struggle to integrate their experience into a coherent self-narrative often carry this rupture into their story telling. Camille says: “my body was heading into a flare...I tried to calm my skin ...sometimes my scares have a mind of their own” (Flynn, 2006, p75). The language here, oppressed with metaphor and emotional displacement, is sensorial and evocative of Van der Kolk’s discussion on how trauma affects the insula and thalamus regions responsible for sensory awareness. The corporeality of Camille’s narration, the fact that memory speaks through the body, is central to both Flynn’s representation and van der Kolk’s clinical insights.

Her relationship with language itself becomes a site of trauma. Camille literally carves words into her body, transforming language from a communicative tool into a wound. The very medium through which she seeks to express and contain her trauma becomes another form of violence. Van der Kolk (2014) asserts that trauma victims often lose access to language, especially under stress, as Broca’s area the brain’s speech center shuts down (p50). Camille reverses this silence; she makes language literal. Her body becomes the manuscript. Thus, this corporeal text underscores the extent to which her narration is less an act of storytelling than of symptomatic revelation.

Moreover, her unreliability reflects a fractured temporality. Camille’s memories collapse the boundaries between past and present, as traumatic events refuse to remain in the past. She experiences these moments not as recollections but as intrusions. Her perception of time mirrors Van der Kolk’s (2014) assertion that for trauma victims, “the past is not the past” (p37). This is evident when she returns to her childhood bedroom and is instantly overwhelmed: “It was like being poured back into a mold I hadn’t realized I’d been chipped from” (Flynn, 2006, p109). The

metaphor of being poured back into a mold captures the embodied return of trauma, where the body remembers what the mind cannot control.

Camille's interactions with Amma further complicate the reliability of her narration. Her sudden flashbacks and shifting perceptions raise questions about whether her care for Amma arises from kindness or from a subconscious repetition of Adora's pathological patterns. The possibility that Camille fears inheriting Adora's compulsions, including behaviors linked to Munchausen syndrome by proxy, "Was I good caring for Amma because of kindness? or I like caring because I have Adora sickness" (p321), shapes her internal confusion and contributes to the instability of her perspective. These narrative fractures create a psychological landscape in which interpretation becomes uncertain, reinforcing the idea that Camille is not always a transparent guide to her own experience. Moreover, Camille's unreliability is not a flaw but a literary embodiment of the neurological and psychological consequences of trauma. Her gaps in memory, her descent into alcoholism, and her obsession with language reflect a brain that has been rewired by suffering. As Van der Kolk (2014) emphasizes, "being able to feel safe with other people is probably the single most important aspect of mental health" (p92). Camille has never known such safety, and thus her internal narrative remains fractured, her memories dissociated, and her sense of self both bodily and linguistically uncertain.

The opening section of Camille's trauma narrative must not be read as a story told by an unreliable narrator in the conventional literary sense, but as a document of neurological and psychological fragmentation. Her alcoholism is not only a character flaw but also a neurobiological strategy for emotional regulation. Her memory gaps and confessional writing are not literary stylistic details, but symptoms of deep-seated trauma. Therefore, the body, in Flynn's novel and Van der Kolk's theory alike, is the archive of suffering and Camille's unreliable narration is the textual manifestation of a brain struggling to reconcile memory with survival.

5. Coping Mechanism, Cutting, Alcoholism, and the Language of Pain

The most visible and tangible expression of Camille's internalized trauma lies in her acts of self-harm specifically, cutting her skin to the point where her body becomes a living record of pain, as exemplified in ''When I'd been sad, I hurt my self'' (Flynn, 2006, p194). Her physical mutilation is not just symbolic, but it is a neurobiological necessity to reclaim control over an overstimulated and misfiring nervous system. Within this context, Camille's cutting is not theatrical or exaggerated. It is a biologically rooted attempt to regain emotional and sensory balance.

Camille's scars, carved with obsession into her skin, serve as both symptom and expression. She describes her need to carve words as irresistible: "I had to do it, or I'd explode" (p116.) This need mirrors Van der Kolk's (2014) claim that traumatized individuals often seek self-injury not out of suicidal thoughts, but to relieve overwhelming emotional states; "many patients cut

themselves not to die, but to relieve emotional pain" (p258). Camille's need to see pain to understand it makes her body a battlefield of her psychological warfare. Moreover, this behavior intensifies following her return to Wind Gap, where emotional repression and familial dysfunction reactivate old wounds, and reawaken destructive coping strategies.

Camille increasingly turns to alcohol and cutting as a way to manage her psychological instability. Her alcohol use, like her self-harm, functions as a coping mechanism rather than recreational purpose. She admits that she ''needed...liquor as lubrication, a layer of protection from all sharp thoughts'' (Flynn, 2006, p124). Alcohol becomes a form of anesthesia, for reducing the sensory and emotional turmoil, of the trauma that has embedded in her body and mind. Van der Kolk's (2014) observes that many trauma survivors instinctively gravitate toward substances that reduce hyperarousal in the brain. He notes that "Medications or drugs are often used to modulate the sense of dread and to silence the emotional brain" (p68). Camille reinforces this idea when she reveals that, ''the vodka gives me that first necessary layer to deal with this particular place'' (Flynn, 2006, p51). She later confirms the same anaesthetize effects, ''Thanks to the Oxycontin, I was feeling quite game'' (p225). Her body, thus, becomes her treatment plan that offers temporary relief.

Camille's repeated injuries stem from her inability to verbalize or contextualize her pain. Her trauma predates language. Her body must speak for her. The words she carves are not random but loaded with emotional charge "dirty," "bad," "wicked" a lexicon of self-loathing inflicted by maternal neglect and psychological abandonment. Van der Kolk (2014) insists that trauma "compromises the brain area that communicates the physical, embodied feeling of being alive" (p96). In Camille's case, cutting re-establishes embodiment in a world that has denied her emotional visibility.

However, this coping strategy, although catastrophic, also offers a paradoxical form of temporary comfort. Camille's cutting is not entirely a death wish, it grants her a brief sense of quiet and control. She admits "My skin felt like that satisfying heat of a cut," (Flynn, 2006, p248). This response mirrors Van der Kolk's exploration of sensory regulation, where individuals experiencing PTSD often report that intense physical sensations, whether pain, cold, or heat can temporarily reset their internal systems. Yet, the cost of this temporary relief is immense. Camille's body becomes not only a site of memory, but also a prison. Her trauma is not hidden; it is written across her skin for anyone to see.

The connection between Camille's body and her psychological breakdown is clear when she fails to maintain these practices. When her blade is taken away, her fragile equilibrium collapses. This dependence on self-harm as a behavioral strategy reflects Van der Kolk's assertion that until trauma is acknowledged and processed in safe conditions, the body will continue to reenact the event in repeated self-destructive behaviors. Camille scars respond accordingly as, the words flickered to life again," (Flynn, 2006, p69). She has not simply remembered her trauma; she embodies it. Her body functions as both an archive and active participant in the ongoing struggle.

Camille dependence on alcohol functions as a coping mechanism. Drinking, for her, is not about escape but about suppression. She drinks not to forget, but to suppress the unresolved and irresistible past trauma. Furthermore, her alcoholism underscores the neurochemical desperation of the traumatized brain. Alcohol slows down the limbic system the emotional command center where trauma resides. As Camille explores, ''I drank more vodka...I wanted to be unconscious again, wrapped in black, gone away'' (p51). In this sense, each drink becomes a pharmacological plea for silence, an attempt to hold intrusive memories.

Camille's heavy drinking is consistent with Van der Kolk's (2014) findings: "traumatized people have always used drugs to deal with traumatic stress each culture and each generation has its preferences-vodka, beer, hashish...oxycontin, tranquilizers, ...to feel calmer and more in control" (p268). For Camille, each drink is a sedation of memory, each bottle a shield from flashback. Thus, Camille's self-harm is not a senseless violence. It is structured, compulsive, and methodologically tied to her trauma. The marks she carves are neither metaphorical nor incidental, they are evidence corporeal footnotes to unspeakable experience. When read through Van der Kolk's framework, her body becomes a site of somatic rebellion.

6. Kolkian Self-Consciousness: Key to Recovery

Camille's psychological trajectory in *Sharp Objects* enters a critical phase when she begins to confront the source of her suffering, not only through her own body, but through a deeper understanding of her familial history. Her confusion, ''Sick, and sicker and sickest, what was real and what was fake?'' (Flynn, 2006, p263), reveals how trauma distorts perception. She recognizes that ''everyone has their version of a memory'' (p68), a realization that marks the emergence of a fragile but crucial form of self-awareness. When she reflects, ''Another chance to redeem myself'' (p49), she signals the early stages of confronting her trauma rather than just enduring it.

This moment aligns with what Van der Kolk (2014) identifies as a foundational step toward trauma recovery. He asserts that "being able to feel safe with other people is probably the single most important aspect of mental health" (p92). Such safety does not begin with physical escape, but with the internal work of naming and acknowledging the trauma. Camille's realization deepens when she admits, "For a second, I had a pitiful dash of hope. That this was why my mother, was the way she was, her emotional distance may be explained by her own lack of maternal modeling" (Flynn, 2006, p106). This moment indicates a shift; she stops interpreting Adora's cruelty as a personal failure. Instead, she begins to situate it within a generational pattern of maternal dysfunction, most notably embodied by her grandmother Joya.

Camille's realization initiates the long and uncertain process of healing, grounded in a tentative acknowledgment of her mother's own damaged emotional lineage. This shift becomes visible in her quiet declaration "I'm learning to be cared for" (p321). Over time, Camille develops more complex perception of her mother. She no longer sees Adora solely as a villain, instead she

begins to see her as a woman shaped and broken by her own suffering. Moreover, Camille explained her lifelong need for maternal care when she says, “I needed you all along, Momma. I needed you in a real way” (p305). This heartbreaking admission captures her deep yearning for maternal connection, even while she recognizes that such intimacy is impossible. Yet, these painful realizations form a necessary part of the healing process. They involve accepting the emotional void and acknowledging its consequences, and illustrate a deeper internal shift. For the first time, Camille opens herself to the possibility of trust. The movement from silent endurance to reflective insight suggests that recovery begins with a transformation in internal narrative one that recognizes not only what occurred, but why it continues to matter.

This shift in perception is far from insignificant. It represents a movement from victimization to insight, from mute suffering to meaning making. Van der Kolk argues that trauma distorts the survivor’s ability to understand and manage relationships, because past relational harm is often misinterpreted as present anxiety. Camille’s awareness that Adora's emotional detachment and abusive mothering are not isolated acts of sadism; but manifestations of her own unresolved trauma inherited from Joya. Adora’s admission “you remind me of my mother Joya, cold and distant, and so, so smug. My mother never loved me” (Flynn, 2006, p131) reveals how trauma replicates itself across generations, not as an abstract concept but as a psychological reality lived through both body and mind.

Van der Kolk’s framework supports this reading. He argues that trauma “compromises the brain area that communicates the physical, embodied feeling of being alive” (p1), leading survivors to either numbness or hyper reactivity. Camille’s history of self-harm and alcoholism function not only as expressions of pain but also as urgent attempts to regain bodily control to feel something, to interrupt intrusive memories, or to reduce their intensity. However, as Van der Kolk emphasizes, recovery becomes possible only when individuals begin to name their trauma and reclaim agency over their narratives. Awareness does not forget about trauma, but it initiates the process of re-organizing one’s relationship to it.

The novel’s final chapters suggest that Camille begins this process, even if in fractured forms. Her decision to leave Wind Gap and live with Curry and Eileen marks her first significant step toward physical and psychological separation from her toxic environment. "They kept a careful eye on me. I appreciated it. Sometimes you just need a safe place to fall apart" (Flynn, 2006, p321). In this moment, Camille experiences what Van der Kolk describes as a necessary relational container, a stable and nonjudgmental environment that allows emotional deconstruction without fear of further harm.

Even more significant is Camille’s slow recognition of her coping mechanisms. Her assertion, “I’m beginning to measure myself in strengths, not scars” (p250), directly contrasts with earlier depictions of her self-mutilation. This movement from mapping identity through wounds to valuing resilience reflects Van der Kolk’s claim that the brain is not fixed in its trauma but it remains flexible, capable of reshaping itself through intentional and embodied practices healing.

As he explains, "Trauma robs you of the feeling that you are in charge of yourself" (Van der Kolk, 2014, p65). Recovery, becomes the process of restoring that control, often through therapeutic methods that integrate both the mind and the body.

Camille's journey in this stage of the narrative demonstrates Van der Kolk's model of recovery: healing is not a return to a pre-traumatized state, but the construction of a new, more integrated self. Her growing understanding of the roots of Adora's abuse, her movement toward safer relational spaces, and her tentative efforts to reshape her self-image represent the first steps of this complex process. *Sharp Objects* demonstrates how trauma becomes inscribed on the body and disrupts memory, leaving the self-fragmented and haunted. Through this framework, Camille's scars cease to be mere symbols, they emerge as the physical expression of unresolved suffering. Her flashbacks, dissociation, and self-injury reflect the neurological instability that trauma inflicts, where the body expresses what language cannot. The novel's fragmented narrative mirrors her internal detachment, reinforcing the notion that traumatic experience resists coherent storytelling.

7. Trauma, Denial, and the Illusion of Recovery

Sharp Objects avoids sentimental resolution. Camille's awareness is marked by ambiguity and fragility. She admits, "Over the years I've made my own private joke you can really read me…I have certainly given myself a life sentence, Funny, right?" (Flynn, 2006, p79). This statement captures her belief that trauma is unchangeable. Rather than expressing hope, it underscores the way she interprets her identity as fixed within the boundaries of past harm. Camille's belief in a "life sentence" destabilizes her later claims of improvement and highlights the contradictions within her narrative. Her voice, shaped by pain, and longing, remains both compelling and unstable. Her body continues to record what her language attempts to revise. In this sense, the novel presents trauma recovery not as a final destination but as a complex, incomplete, and deeply human process.

The novel resists a clear conclusion, Camille tells the reader one story but lives another, suggesting that her proclaimed healing contains elements of self-deception. Through this contradiction, Flynn demonstrates that Camille's recovery narrative is not only fragile but deliberately unreliable. Her voice wavers between insight and denial, clarity and distortion. This instability confirms Van der Kolk's argument that trauma survivors often construct stories that help them function rather than stories that fully reflect their internal reality. Camille's narration offers the comfort of an ending, yet it presents trauma as a condition that can be survived by safety, healthy relationships, and conscious self-understanding, which offer the possibility of transformation and survival.

Camille herself, in this regard, indicates that she cannot access this internal safety, confessing at one point that she believes "it is safer to be feared than loved" (Flynn, 2006, p235)

and sees that "A child wined on poison considers harm a comfort" (p320). Such a belief illustrates the defensive attitude that trauma constructs protection through emotional distance rather than intimacy. Camille may be able to perceive the trauma for what it is, but the emotional consequences remain unresolved. Her struggle is not over; it is simply named.

8. CONCLUSION

Sharp Objects challenges simplistic models of trauma and recovery. It shifts the focus from what trauma means to how it feels, how it resides in the skin, and how it remains. Furthermore, this study has highlighted the body as a narrative medium, a living archive through which trauma is endured, remembered, and communicated. The novel's fractured structure and Camille's unreliable narration reflect the distortions of memory and perception that trauma inflicts. Her body carved with words becomes a central mode of storytelling. Flynn resists offering a singular moment of healing or cure. Instead, she presents trauma as ongoing, cyclical, and resistant to resolution. Camille's decision to leave Wind Gap, live with Curry and Eileen, and attempt to rebuild human connection signals that care, safety, and emotional presence are essential. Still, her scars persist as does the silence beneath them. This reflect Van der Kolk's belief that recovery is not about forgetting the past, but about re-negotiating the relationship with one's mind and one's body can begin to break the cycle.

Moreover, the novel raises difficult but urgent questions: Can the past be healed through the body? Can memory be reprocessed when it is stored in flesh? This research has explored the profound ways in which corporeal trauma is not only inscribed upon the body but also experienced and expressed through it, and it disrupts the unity of the self and fractures the relationship between body, psyche, and external world. By employing Van der Kolk's neurobiological framework, this study has emphasized that trauma is not just a psychological construct. Rather, it is a physiological reality embedded in the nervous system. Thus, storing trauma as implicit memory that influences perception, emotional regulation, and one's fundamental sense of safety.

Camille's obsessive self-harm, psychosomatic symptoms, and dissociative memories exemplify trauma's dual visibility and invisibility. Her injury articulate what words cannot, her bodily rituals both expose and conceal her inner distress. From this perspective, healing does not mean erasing trauma, but integrating it re-connecting with the body to reclaim agency and reduce trauma's grip on the present, even while its imprint remains. The analysis of *Sharp Objects* through van der Kolk's framework reveals that Camille's self-harming behavior and physical deterioration are expressions of deeply embodied pain. Her body functions both as a site of pain and as a medium through which trauma is communicated, remembered, and relived.

While this research acknowledges its limitations, particularly the lack of studies connecting medical-military trauma models such as shell shock to contemporary fiction, it opens the path for broader interdisciplinary work. Future research could benefit from incorporating cross-cultural

trauma theories to develop a more global understanding of embodied suffering.

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