

## **Reviewing Trauma Theory through Health Humanities: A Reading of Select Narratives on Miscarriage**

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**Abstract:** Miscarriage as a form of reproductive loss and trauma constitutes a pervasive yet culturally marginalized phenomenon. Traditional trauma theory has been instrumental in elucidating the psychic impact of catastrophic events, yet its primary focus on extraordinary events such as war and assault excludes reproductive trauma, including miscarriage. This exclusion results in miscarriage trauma being largely unacknowledged in public and clinical domains, thereby exacerbating psychological suffering and complicating recovery. The health humanities paradigm introduces a novel framework that repositions trauma as a lived, embodied, and socially mediated phenomenon. This shift expands trauma discourse beyond the realm of psychic fragmentation and foregrounds embodied experience, meaning-making, and ethical care.

This study integrates trauma theory and health humanities to investigate miscarriage trauma through literary representations in selected narratives on miscarriage. The texts examined provide rich narrative spaces that convey miscarriage as embodied suffering embedded in socially fraught and culturally silenced contexts. This integrated framework elucidates the limits of trauma theory when used in isolation and highlights the scope of health humanities in expanding understandings of reproductive trauma by incorporating questions of embodiment and relationality.

This study examines how these novels portray miscarriage as trauma, assessing the explanatory power and limitations of trauma theory regarding narrative disruption and delayed grief, and demonstrating how health humanities expand trauma discourse by validating embodied grief. This study explores the role of literary narratives as testimonial forums that resist disenfranchisement and offer a platform for social recognition and healing. This approach has significant implications for reconfiguring clinical practices and

literary criticism, fostering more holistic representations and responses to miscarriage trauma.

**Keywords:** Trauma, Health Humanities, Miscarriage, Societal Silence, Reproductive Loss

## **Introduction**

Miscarriage as a culturally obscure phenomenon is characterised by societal stigma and discomfort, thus marginalising it within the sphere of private experience and inhibiting discourses within the public and private spaces. Trauma theory, the discourse of the unrepresentable has been pivotal in exploring how catastrophic or life-disrupting events rupture the continuity of experience and narrative. Yet, miscarriage which is characterised by a profound psychic and bodily rupture, is often excluded from the ‘high threshold’ events like war, genocide, assault etc that trauma theory historically prioritizes. This exclusion mirrors broader cultural minimization of reproductive loss. Miscarriage trauma often unfolds in silence, compounded by stigma and the lack of shared mourning rituals, becoming a subject of taboo.

Health humanities offers a shift in this regard. It reframes trauma not solely as a psychological wound but as a lived, embodied, socially mediated, and narratively constructed experience. It draws on literature, philosophy, and arts to rehumanize healthcare encounters and to make visible what medical and even trauma discourse can overlook.

## **Hypothesis**

The intersection of health humanities and trauma theory offers a multidimensional paradigm for understanding the nuances of miscarriage as a traumatizing experience that is somatically and socio-culturally mediated. Diverging from trauma theory, which primarily focuses on the fragmentation of the psyche and the disruption of narrative coherence, this approach places emphasis on the lived body, cultural silence, and the ethical provision of care, as well as the reclamation of narrative significance. Contemporary narratives on miscarriage offers a meaningful space for the witnessing, reinterpretation, and legitimation of reproductive trauma.

## **Research Objectives**

The primary objective of this study is to synthesize the insights of health humanities to enhance the scope of trauma discourse by incorporating physical embodiment, empathetic engagement, caregiver ethics, and cultural critique. Secondly, it attempts to develop an integrated theoretical framework that reconfigures trauma theory through the incorporation of health humanities' perspectives to offer a more comprehensive approach to reproductive trauma. This research aims to explore the representation of miscarriage as a traumatic experience in selected literary narratives. It seeks to evaluate the efficacy of this integrated approach in interpreting narrative interruptions, delayed bereavement, and the unarticulated aspects of miscarriage trauma within literary contexts.

Moreover, this study endeavours to investigate the function of literary narratives as platforms for testimonial expression and cultural critique regarding reproductive loss. The study raises the following research questions: In what manner do “The End of Miracles”, “Motherhood”, and “What Alice Forgot” depict miscarriage as a traumatic experience? How does trauma theory illuminate the narrative and psychological dimensions of miscarriage trauma in these texts? To what extent does health humanities modify or expand trauma theory's conceptualization of reproductive trauma? How do these novels utilize physical representation, narrative voice, and ethical framing to counter the cultural suppression of miscarriage? What are the implications of an integrated trauma theory and health humanities framework for understanding, representing, and responding to miscarriage trauma in both literary and healthcare contexts?

### **Significance of the Study**

This study's significance lies in its groundbreaking integration of trauma theory and health humanities frameworks to examine the understudied phenomenon of miscarriage trauma, thereby addressing a notable gap in both literary scholarship and trauma discourse. The research challenges the cultural marginalization of miscarriage by foregrounding its specific psychic, embodied, and social dimensions. In doing so, it expands trauma theory's focus beyond narrative rupture, incorporating the physical, hormonal, and sensory realities emphasized by health humanities. The study selects contemporary novels as narrative sites to offer a nuanced exploration of miscarriage trauma, revealing how cultural taboos are navigated and narrative voice reconstructs meaning.

The study's interdisciplinary framework synthesizes psychic, embodied, ethical, and cultural dimensions, pushing toward more inclusive and multidimensional frameworks. It

underscores the implications for clinical practice and social recognition, suggesting how healthcare providers might cultivate narrative competence and ethical sensitivity toward miscarriage grief.

By integrating trauma theory and health humanities, the study reconceptualizes miscarriage trauma as a relational, embodied, and culturally situated phenomenon rather than solely a psychic rupture. This multidisciplinary approach fosters empathetic, ethical responses to miscarriage trauma, demonstrating the value of literary narratives as testimonial and transformative sites that challenge cultural taboos.

### **Literature Review**

Miscarriage, an intense reproductive experience, has historically been underrepresented in cultural, medical, and literary scholarship. Medical literature has predominantly focused on the biological causes, gestational timelines, and statistical prevalence of miscarriage, framing it as a common clinical event rather than a profound life disruption. This biomedical approach has been criticised by feminist scholarship, which highlights the emotional, psychological, and relational dimensions of reproductive loss. Feminist theorists have also drawn attention to the concept of ‘disenfranchised grief’ in miscarriage, denoting the lack of public rituals and social acknowledgment. In contrast, literary studies have often indirectly addressed miscarriage through backstories or as a catalyst for character development, but recent works such as *The End of Miracles* and *What Alice Forgot* feature miscarriage as a central theme and a pivotal force in narrative structure and character psychology.

Health humanities field has expanded upon trauma discourse by focusing on lived experience, meaning-making, and the ethics of care. Theorists have underscored the importance of understanding how individuals create meaning from their experiences, seek social recognition, and reestablish agency. A more nuanced understanding of reproductive loss, including miscarriage, is necessary to move beyond a reductionist approach to pathology, and towards a more embodied and relational understanding of the impact of reproductive loss on individuals and their social worlds.

### **Research gap**

By using an integrated framework to analyze a few literary texts, this research fills a vacuum in the literature on miscarriages. Although the number of memoirs and qualitative

research on pregnancy loss is increasing there is still a dearth of critical literary analysis that employs both frameworks. In addition to extending trauma theory to include intimate, embodied, and socially silenced losses, this study shows how health humanities reorient trauma analysis toward narrative meaning-making, cultural critique, and ethical healthcare practice by reading “Motherhood”, *The End of Miracles*, and *What Alice Forgot*, through this intersection.

The primary focus has been on cataclysmic events while neglecting the embodied and relational impacts of reproductive losses, such as miscarriage. There is a notable absence of comprehensive integration between trauma theory’s literary and psychological models and health humanities’ lived, phenomenological, and embodied paradigms. This dichotomy results in partial narratives that either solely address the psychological aftermath or solely examine cultural and relational contexts, without an exhaustive synthesis of both. Moreover, sociocultural taboos continue to stifle public discourse surrounding miscarriage, necessitating research that not only explores these silencing mechanisms but also examines the capacity of literature and narrative medicine to foster a transition from private suffering to collective acknowledgment. A substantial aspect of these gaps resides in the tendency to prioritize individual psychological suffering over the multifaceted relational tensions that arise from reproductive loss, including the complex ethical questions that surface within family, partner and community contexts. Consequently, there is a pressing need to explore the depiction of these dynamics within contemporary fiction and their influence in clinical and narrative encounters.

Current scholarship predominantly stems from Western, middle-class perspectives, neglecting the profound mediation of experiences and representations in relation to miscarriage that arises from factors of racial, class, gender, sexual, and cultural identity. As a result, there exists an imperative for empirical studies that coalesce literary and critical insights with patient and clinical experiences, alongside a necessity for robust interdisciplinary research synthesizing literature, clinical practice, narrative medicine, and cultural critique to produce more holistic understandings and interventions.

### **Research Methodology**

This study employs a qualitative, interpretive literary analysis to examine the representation of miscarriage trauma in selected narratives. Drawing on interdisciplinary theoretical frameworks from trauma studies and health humanities, this research employs

close reading, thematic analysis, and comparative interpretation to provide an in-depth understanding of the phenomenon. The narratives that explicitly or thematically address miscarriage and its aftermath are selected which include “Motherhood” by Donna Barrow-Green, *The End of Miracles* by Monica Starkman, and *What Alice Forgot* by Liane Moriarty. These works represent diverse narrative styles, cultural settings, and approaches to reproductive loss, enabling a comparative and nuanced analysis.

To analyze the representation of miscarriage trauma, this study draws on two primary theoretical frameworks: Trauma theory and health humanities. Trauma theory is employed to examine narrative disruption, belatedness, repetition, and the challenges of testimony, informed by the work of Cathy Caruth, Dominick LaCapra, and Judith Herman. In contrast, the health humanities is used to examine embodiment, empathy, narrative ethics, and cultural context, drawing on the contributions of Rita Charon, Pam Crawford, Arthur Frank, and Havi Carel. The data analysis methods employed in this study include close reading to identify trauma-related motifs, metaphors, and narrative structures; comparative thematic analysis to map recurring themes of embodiment, cultural silence, and ethical care across the novels.

### **Conceptual Base**

The concept of trauma theory originated from the study of the holocaust and psychoanalysis. It is widely applied to literature about war, violence, and large-scale disaster. Trauma is described as a delayed and intrusive event that impacts individuals deeply and cannot be easily assimilated. On the other hand, health humanities, emphasizes narrative, embodiment, and ethical care in healthcare and illnesses. This field recognizes that suffering extends beyond medical facts and requires narrative acknowledgment. Trauma theory and health humanities overlap when acknowledging that suffering cannot be reduced to medical facts alone. However, each emphasizes different aspects - trauma theory the psychic aspect and health humanities the embodied and ethically mediated nature of suffering.

Integrating these perspectives creates a richer understanding of miscarriage narratives that consider both psychological and embodied aspects of loss. Recent research supports combining these perspectives to analyse reproductive trauma as a multifaceted issue. Trauma theory, a concept developed by experts such as Cathy Caruth and Judith Herman, offers a foundational framework to comprehend how traumatic events disrupt

narratives, memories, and self-perception. Traumatic experiences are initially unfathomable and do not become fully understood until later, reappearing in the form of intrusive memories or emotional disturbances. Trauma interrupts linear time understanding and narratives as it unexpectedly reemerges, even in seemingly contained events. Scholars identify two methods of dealing with trauma - acting it out and recovering from it, where the latter involves the gradual processing of traumatic experiences. Witnessing, validation of the survivor's account, and rebuilding trust are critical in recovery from trauma. Limitations of trauma theory in the context of miscarriage include its focus on catastrophic events, lack of emphasis on embodied experiences, and failure to consider social dynamics that affect miscarriage experiences. The theory's application to miscarriage narratives reveals fragmentation, emotional recurrence, and the need for acknowledgment, but its limitations indicate the need for additional theoretical frameworks to address embodied, relational, and social aspects of miscarriage.

Health humanities broadens the understanding of miscarriage by incorporating personal experiences, narrative meaning, and ethical responses to grief, surpassing solely clinical and psychological perspectives. Rita Charon emphasizes narrative competence in healthcare by listening attentively to women's stories, acknowledging the emotional and relational disruption of miscarriage. Paul Crawford broadens the field by incorporating patient voices, arts and cultural critique, and understanding miscarriage as a social and cultural event that affects individuals and communities. Arthur W. Frank views miscarriage as a chaos narrative that sufferers struggle to impose meaning on, and through storytelling they can gradually move to reconstruction. Havi Carel places the embodied, emotional and existential experiences of miscarriage at the centre of the illness experience, emphasizing the necessity of acknowledging the full impact of loss.

Health humanities emphasize narrative witnessing, the importance of embodiment, and the ethical imperative of compassionate and culturally sensitive responses to miscarriage. In the transition from trauma theory to health humanities, four conceptual shifts in the interpretation of miscarriage narratives are evident. Firstly, health humanities centre the body as an active medium for the experiencing and making meaningful of trauma, as opposed to trauma theory's portrayal of the body as a passive site for psychological trauma to manifest somatically. Health humanities expand the possibilities of narrative by highlighting the therapeutic value of fragmented, metaphorical or creative storytelling, which serves as a mode of healing in the grieving process. This shift contrasts

with trauma theory's focus on the unspeakability of trauma and its narrative rupture.

Furthermore, embedding trauma within its cultural context is pivotal to health humanities. By considering the broader social, cultural and healthcare environments, this approach underscores the traumatic impact of societal silence, the lack of public ritual, cultural acknowledgment and institutional empathy associated with miscarriage. Health humanities foreground not only what is lost in traumatic events but also what is withheld like recognition, support, collective mourning and congruent care. As such, trauma is placed within lived social worlds and cultural systems that influence suffering, healing, and the experience of trauma itself.

The health humanities discipline extends the scope of narrative recognition by translating it into a clinically applicable and ethically informed practice. Key proponents, such as Rita Charon and Paul Crawford, advocate for the integration of empathetic listening and culturally attuned responses in clinical settings, thereby underscoring the importance of moral and social awareness in the face of loss. This approach situates narrative acknowledgement as an ethical imperative, necessitating revisions to healthcare relationships, communication protocols, and organisational policies with the aim of validating and dignifying women's embodied experiences of suffering and narrative agency. This reframing of testimonial acts posits their transformative potential in modifying clinical, familial, and communal responses to reproductive trauma.

The health humanities paradigm, in emphasizing the significance of embodiment, narrative expression, cultural context, and ethical accountability, provides a multidimensional and restorative supplementation to trauma theory. This conceptual framework is particularly pertinent in addressing the experience of miscarriage, where the convergence of personal anguish and societal silence underscores the need for a more nuanced understanding and sensitive intervention.

### **Discussion of the Narratives**

This analysis of Donna Barrow-Green's "Motherhood" contextualizes the work within the frameworks of trauma theory and health humanities. The story follows Juliet, a forty-two-year-old single mother, spending a summer afternoon at a Waldorf school playground with her young daughter, Stella. She is watching Stella play with other children, but internally she is full of the news she received that morning about the miscarriage of her second pregnancy. As she watches Stella play, her mind alternates between the present and

the devastating memories of her loss. Juliet recalls the weeks of anxious HCG level charting, fragile hopes, and the devastating stillness of the ultrasound screen. Memories of her previous miscarriage and feelings of fear, guilt, and inadequacy flood back. She engages in polite conversations with other mothers at the playground, which heightens her awareness of her grief and feelings of inadequacy. As the day ends, Juliet comes to accept that life continues despite her loss. She leaves the playground feeling small but determined to keep going for her daughter's sake, unable to retreat into solitude.

By employing a non-linear narrative structure, the narrative represents the fractured nature of miscarriage, which returns in fragmented forms due to the incomprehensible nature of the traumatic event. This representation parallels the concept of trauma as an event that is not fully comprehended as it occurs but returns in intrusive, disjointed sequences, underscoring its destabilizing effect on memory, identity, and temporal continuity. The story resists the medical tendency to pathologize miscarriage by foregrounding the embodied experience of loss, drawing on the bodily sensations of the protagonist such as bleeding, cramping, and emptiness. By doing so, the narrative authority of these bodily experiences emerges, transforming the understanding of miscarriage from a minor or routine reproductive event to an embodied trauma that resists medical erasure.

This intersection of trauma theory and health humanities in “Motherhood” enables the narrative to move beyond portraying miscarriage as an unprocessed psychological wound, instead situating it as an embodied trauma embedded within cultural silence and medical erasure. By reclaiming the body’s knowledge as a legitimate source of meaning-making, the story creates a space where the body becomes a witness in its own right, necessitating acknowledgment of the trauma from both readers and healthcare systems that have traditionally silenced such grief. The narrative structure of the novel exemplifies the commitments of health humanities to empathy, narrative, and ethics, while also expanding trauma theory’s understanding of reproductive loss. In doing so, “Motherhood” showcases literature’s capacity to represent the complex and multifaceted nature of loss and trauma, advocating for a more inclusive and embodied understanding of these experiences.

In her debut novel *The End of Miracles*, psychiatrist and author Monica Starkman explores the devastating emotional toll of infertility, miscarriage, and mental illness through the story of Margo Kerber, a woman whose deepest longing for motherhood erupts into psychological crisis. Margo is heartbroken when her first pregnancy ends in a miscarriage. She struggles to cope with her loss and her shattered dreams. In her grief, Margo

experiences symptoms that she believes are a new pregnancy but they are found to be a psychological manifestation of her longing for a child. This revelation sends her into a mental health crisis. After a hospital stay, Margo acts impulsively in response to her emotional vulnerability and gets involved with another woman's infant. Her actions lead to unforeseen consequences that force her to confront the extent of her grief, her need for healing, and the fragility of her mental state. Throughout her journey, the author showcases a compassionate portrayal of a woman navigating loss, mental illness, and finding meaning after a tragedy.

It illustrates the concept of acting out, as posited by Dominick LaCapra. This phenomenon describes the compulsive reliving of a traumatic event that has yet to be integrated into an individual's life narrative. Margo's downward spiral, comprising withdrawal, obsessive thinking, and a subsequent psychotic break, exemplifies the cyclical and inescapable nature of unresolved trauma, highlighting the temporal quality denoted by trauma theory. The narrative portrays miscarriage as a rupture inducing fundamental instability in mental health, identity, and interaction with the external environment.

Starkman's narrative reveals the limitations of traditional trauma discourse when applied to pregnancy loss, as LaCapra's concept of acting out fails to fully capture the embodied, gendered, and socially silenced aspects of Margo's suffering. The intersection of health humanities and trauma theory is illustrated through Starkman's integration of clinical expertise and narrative empathy, as exemplified by Rita Charon's notion of narrative empathy.

This blending of psychiatric knowledge and subjective experience serves to enrich trauma theory, foregrounding the relational and ethical dimensions of responding to trauma. Through a nuanced exploration of miscarriage trauma, Starkman's novel reframes reproductive loss as a lived reality necessitating empathetic engagement from mental health professionals and broader cultural acknowledgment. By combining expertise in trauma psychology with narrative ethics, Starkman's work exemplifies the value of interdisciplinary approaches in understanding and addressing the complexities of reproductive loss.

Liane Moriarty's novel, *What Alice Forgot* is set in 2008 in Sydney, Australia. The protagonist, Alice Love, narrates the majority of the story in the third person. The first-person perspectives of Alice's sister Elisabeth and her honorary grandma Frannie are used in some passages. 39-year-old Alice loses her memory after fainting at the gym but thinks

she is 29 and expecting her first child. Unaware that a decade has passed, she is shocked to discover she's now a mother of three with a marriage on the verge of divorce. As she regains her memories, Alice realises she's become an unhappy and isolated person due to stresses and relationship issues. She reevaluates her life, reconnects with her husband and starts to rediscover the love and joy she lost. The novel employs retrograde amnesia to illustrate the delayed return of unprocessed grief, aligning with Cathy Caruth's conceptualization of trauma as an event that resurfaces after the fact, necessitating re-living and re-narration. The narrative rupture precipitated by Alice's head injury compels a confrontation between her recollected self and her grief-stricken self, which she cannot consciously recall. The amnesia serves as a metaphor for the psyche's attempt to dissociate from painful experiences, while the gradual retrieval of memory parallels the delayed, intrusive emergence of trauma in Caruth's model.

Trauma theory elucidates how Alice's memory loss brings unprocessed grief to the forefront of her consciousness. On the contrary health humanities provides a novel perspective by reframing her journey as a process of narrative recovery, where the reconstitution of memory is an act of re-storying her life with a fresh perspective. This process reflects Arthur Frank's quest narrative, wherein the trauma or illness journey yields new meaning. In doing so, Alice's gradual reconnection with her past is not only about reclaiming lost memory but also about reconfiguring the meaning of her grief and its place within her life narrative.

*What Alice Forgot* also foregrounds the embodied and relational imprint of trauma, as exemplified by Havi Carel's phenomenology of illness and loss. Even prior to conscious recollection of her miscarriages, Alice's body and relationships manifest their impact like subtle hesitations, emotional fissures, and altered intimacy with loved ones. This emphasis on embodiment and relationality resonates with health humanities, highlighting that trauma is not confined to the mind but rather resides in bodily habits, social interactions, and relational dynamics. The novel effectively illustrates that forgotten trauma continues to shape lived experience, influencing one's emotional orientation toward the world. By combining trauma theory's insights into belatedness with health humanities' attention to embodiment and relationality, the novel reframes miscarriage grief as an ongoing, evolving presence rather than a closed chapter of the past.

## **Conclusion**

This study indicates that health humanities paradigm reconfigures trauma theory by expanding its purview from exceptional and ostentatious trauma to pervasive yet socially marginalized trauma. Furthermore, it transcends exclusively psychological models to integrate body-mind-social frameworks, prioritizes partial, fragmented or symbolic testimony, and shifts the goal of testimony from merely conveying a story to catalyzing ethical and institutional reform. The analysis suggests that trauma-informed miscarriage care entails narrative listening and embodied empathy. Consequently, medical education ought to equip healthcare providers to recognize miscarriage as a legitimate traumatic loss rather than merely a failed pregnancy. Cultural interventions are imperative for creating public spaces and rituals for miscarriage testimony, promoting a shift from an individual and stigmatized experience to a culturally validated and collectively acknowledged one.

This perspective necessitates a transformation of the biomedical model to include narrative listening and embodied empathy. Drawing on Rita Charon's concept of narrative competence, healthcare providers must acquire the ability to attentively listen to patients' stories about their loss, recognizing that even fragmented narratives convey meaning. Equally important is the notion of embodied empathy, which entails an attunement to the sensory, bodily, and existential aspects of miscarriage. Beyond clinical contexts, there exist societal and cultural responsibilities that influence how miscarriage grief is experienced and processed. Arthur Frank's work on illness narratives underscores the necessity of public spaces and rituals that acknowledge loss, facilitating a transition from an individually experienced wound to a shared cultural reality.

Literary representation plays a pivotal role in this regard, as narrative documentation contributes to the dismantling of silence and stigma surrounding miscarriage. This integration of narrative approaches into both healthcare education and cultural discourse ensures that miscarriage is recognized as a profoundly human experience deserving of empathy, validation, and communal recognition. The interdisciplinary analysis of "Motherhood", *The End of Miracles*, and *What Alice Forgot* reveals that miscarriage is not solely a private suffering, but rather a public narrative capable of fostering cultural understanding and informing healthcare practice. The recalibration of trauma theory via health humanities highlights the significance of narrative as a means of healing and repair, particularly in addressing embodied and culturally constructed experiences of reproductive loss. The intersection of both illuminates the ruptures and complexities associated with miscarriage. Health humanities emphasizes the relational, lived nature of reproductive loss,

situated within the body's memory, healthcare encounters, and cultural expectations. This interdisciplinary approach repositions miscarriage as a speakable, shareable story, holding the potential to challenge cultural silence, promote empathetic engagement, and transform public understanding of grief and the narratives assume a pivotal role in bearing witness to trauma and catalysing social and clinical change.

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