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### Surviving Hamlet: Female Trauma through the Lens of Judith Lewis Herman's Theory

# ABSTRACT

This article employs Judith Lewis Herman's Trauma and Recovery Theory as a framework to explore the theme of female trauma in Shakespeare's Hamlet, a play renowned for its intricate psychological depth. It analyzes the traumatic events experienced by the pivotal female characters, Queen Gertrude and Ophelia, examining their traumas, with specific focus on Gertrude's inner struggles regarding remarriage and Ophelia's trauma stemming from political manipulation and her lover's betrayal. Symptoms such as hyperarousal, intrusion, and constriction observed in the female characters are scrutinized, as are the recovery efforts of both characters, in particular, Gertrude's quest for stability and efforts at reconnection with Hamlet, as well as Ophelia's remembrance and mourning process. Through close textual analysis and engagement with contemporary trauma scholarship, this article demonstrates that Shakespeare's portrayal of female suffering offers nuanced insights into the interplay between personal trauma and social structures, while highlighting the limitations imposed on female recovery in a patriarchal context.

**Keywords:** Shakespeare, *Hamlet*, literary trauma studies, Judith Lewis Herman, character analysis, Gertrude, Ophelia.



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## LITERATURE REVIEW ON SHAKESPEARE'S TRAUMATIZED FEMALE FIGURES

In Trauma and Recovery, Judith Lewis Herman outlines a clinical model of psychological trauma structured around three symptoms—hyperarousal, intrusion, and constriction—and three stages of recovery: establishing safety, remembrance and mourning, and reconnection with the outside world. While developed in the context of survivors of domestic violence, political terror, and sexual abuse, Herman's framework has since been applied across disciplines, offering a nuanced understanding of how trauma affects memory, identity, and speech. This article adopts Herman's model to reinterpret the emotional and psychological experiences of the characters of Gertrude and Ophelia in Shakespeare's *Hamlet*. Rather than casting these characters solely as embodiments of victimhood or madness, the article highlights their coping strategies and chances of recovery, thereby illuminating dimensions of gendered suffering and resilience. This approach, in line with Herman's feminist emphasis on bearing witness to survivors of violence, bridges literary and psychological perspectives and contributes to an ongoing dialogue between literary criticism and trauma studies. This approach builds on and departs from previous critical traditions. Earlier critical interpretations of Hamlet, notably those by William Hazlitt and Samuel Taylor Coleridge, tended to frame the emotional suffering of Gertrude and Ophelia in terms of personal morality or poetic sensibility. These readings often emphasized character traits and individual choices, reflecting a broader tendency to understand female experience through moral or aesthetic lenses. However, in recent decades, with the developments in feminist theory and clinical psychology, scholarship has shifted toward examining how Shakespeare's female characters register the effects of structural oppression and psychological trauma. Shakespeare's depiction of madness in Hamlet has been widely interpreted through the lens of trauma, particularly in the case of Ophelia. Her descent into madness, characterized by fragmented speech, erratic behavior, and eventual death, has become representative of female psychological breakdown in early modern drama. Gertrude, though less visibly afflicted, has also prompted interpretations that explore the gendered dimensions of trauma, silence, and survival. Both characters have thus become central to critical conversations about how early modern drama encodes the psychological consequences of patriarchal power structures.

Literary critics have increasingly recognized that female trauma in Shakespeare's works is not only an individual affliction but also a manifestation of patriarchal oppression. Džaja and Dugandžić, for instance, argue that Ophelia's hysteria is consistently contrasted with

Hamlet's melancholy, illustrating a gendered hierarchy in representations of psychological distress. While male suffering is framed as introspective and meaningful, female distress is medicalized, aestheticized, or dismissed. This disparity reflects broader cultural mechanisms that devalue women's emotional experiences. Montironi emphasizes that the limited and regulated speech of Ophelia and Gertrude underscores the suppression of female subjectivity in early modern drama. Similarly, Hamamra observes that the tension between speech and silence in Shakespeare's female characters often serves as a subtle indicator of trauma, revealing itself through fragmentation, hesitation, and omission.

The feminist turn in Shakespearean criticism has emphasized how structural violence, manifested through gender roles, familial expectations, and societal norms, produces psychological trauma in women. Kramer focuses on the strained relationships between fathers and daughters, arguing that patriarchal authority disrupts the formation of stable female identity. In Ophelia's case, obedience to both her father Polonius and her lover Hamlet creates an untenable conflict between loyalty and autonomy, leading to emotional fragmentation. Gertrude, similarly, is caught in overlapping networks of familial and political loyalty that require the suppression of her subjectivity. Her remarriage to Claudius, often interpreted as moral weakness by traditional critics, has been recontextualized by feminist scholars such as Wyman and Heilbrun as an act of survival in a system that offers women little space for agency. Wyman interprets Gertrude's choices as coping strategies shaped by trauma rather than as evidence of complicity. Heilbrun extends this view by arguing that Gertrude's choices, including her silence and strategic ambiguity, are complex psychological responses to persistent structural violence.

In this context, Ophelia's madness emerges not simply as a result of personal grief or romantic despair, but as a cumulative reaction to emotional betrayal and social dispossession. Goodson applies contemporary clinical models to interpret her symptoms as indicative of post-traumatic stress disorder (PTSD), emphasizing how emotional rupture, loss of familial support, and public humiliation converge to destabilize her sense of self. Her songs, disconnected thoughts, and symbolic gestures are read as forms of dissociation, a defense mechanism common in trauma survivors. Stevanović's comparative study of Gertrude and Dido illustrates how narrative conventions in Renaissance drama tend to limit the psychological development and moral complexity of female characters, positioning them within plot structures primarily shaped by male perspectives.

The theme of sexual vulnerability also plays a crucial role in traumafocused readings of *Hamlet*. Kahn's exploration of classical influences on Shakespeare's portrayal of violated female bodies reveals how sexualized female suffering becomes both a site of cultural anxiety and narrative control. While *Hamlet* does not depict explicit sexual violence, Ophelia's objectification and humiliation, particularly in her interactions with Hamlet, reinforce a social order in which female bodies are rendered symbolic battlegrounds for male honor and power.

Although previous scholars have acknowledged the trauma-like symptoms exhibited by these characters, their suffering has not been systematically examined and their recovery endeavors not explored within a contemporary clinical trauma framework, particularly one as comprehensive as Judith Lewis Herman's theory of trauma and recovery. This article seeks to bridge this gap by integrating Herman's trauma and recovery model into the analysis of Gertrude and Ophelia, as an attempt to deepen the interdisciplinary conversation between literary studies and clinical trauma theory. Another significant contribution of this study is its challenge to the prevailing view that *Hamlet*, as a tragedy, offers no space for recovery. On the contrary, this article contends that Shakespeare subtly incorporates moments that align with Herman's notion of recovery, and that allow even the most constrained female characters a fleeting moment of reconnection and self-assertion before their demise. It underscores how the intricate interplay between memory, identity, and dissociation not only deepens our reading of the two female characters but also expands the scope of literary trauma studies and character analysis.

## TRAUMA AND JUDITH LEWIS HERMAN'S FRAMEWORK OF TRAUMA AND RECOVERY THEORY

The term "trauma" originally derives from the Greek word "traûma" which refers to a physical wound caused by direct external forces. With the development of the field of psychology in the 19th century, early psychoanalysts such as Jean Martin Charcot and Sigmund Freud began to use "trauma" to describe "the wounding of the mind brought by sudden, unexpected, emotional shock" (Leys 4). Since then, the definition of trauma has evolved with developments in the global political, economic, and social spheres, extending its relevance to various fields, including literary studies. Among the notable figures in trauma theory and practice, Judith Lewis Herman, a distinguished American psychiatrist and psychologist, has dedicated over two decades to clinical research and the teaching of trauma theories. Her classic work *Trauma and Recovery* approaches the subject from a feminist angle, based on a wealth of empirical data. Herman argues that "the story of the traumatic event surfaces not as a verbal narrative but as a symptom" (1), with her research covering a wide range of trauma victims,

e.g., those of rape, incest, and domestic violence, as well as combat veterans and political prisoners. Through an in-depth analysis of the source and nature of different types of trauma experienced by survivors, Herman examines their trauma symptoms and explores methods of therapeutic intervention.

Herman's Trauma and Recovery has been pioneering in shifting conventional opinions towards traumatic events and trauma victims, by advocating a nuanced understanding and therapeutic approach that takes into account the victims' specific social contexts. Finding that "the ordinary human response to danger is a complex, integrated system of reactions, encompassing both body and mind" (34), Herman classifies the symptoms of post-traumatic stress disorder (PTSD) into three primary categories of hyperarousal, intrusion, and constriction. Hyperarousal is characterized by a state of continuous vigilance or "permanent alert" (35), serving as a selfprotective mechanism. Individuals experiencing hyperarousal maintain a heightened readiness to react with exaggerated startle reflexes to any stimuli reminiscent of their trauma, perpetually bracing for potential danger as though it could occur at any moment. This condition often manifests in various sleep disturbances, including insomnia, an increased sensitivity to sounds, and a propensity to awaken abruptly in a state of panic. Intrusion refers to the persistent and involuntary re-experiencing of traumatic events. Victims find themselves incessantly haunted by vivid, distressing memories of their past trauma, despite the passage of years. Unlike conventional memories, traumatic memories are typically "encoded in the form of vivid sensations and images" (38), leaving the individuals sometimes unaware of their mental reenactment of the traumatic events, further complicating the healing process. Constriction happens in a state of "emotional detachment" (43) when individuals facing trauma reach a point where their self-defense mechanisms cease operation entirely, leading to a cessation of all effort and resistance. In this state, victims may become emotionally numb and dissociated from their desperate experiences, perceiving the events as if they are mere observers rather than participants. This detachment is often accompanied by a distorted perception of time and experiences of depersonalization, compelling victims to avoid anything that might evoke memories of their trauma. Apart from the three major types of trauma symptoms, Herman delineates further consequences of traumatic exposure, namely "disconnection" and "the damaged self." Disconnection describes the phenomenon where traumatic incidents "shatter the construction of the self that is formed and sustained in relation to others" (51). This fragmentation hinders the ability of individuals to maintain or establish connections with the external world, posing significant challenges to their recovery process. "The damaged self" encompasses the erosion of positive self-perceptions, including one's basic beliefs, self-worth, and human

dignity. Following traumatic events, victims may struggle with feelings of inferiority and guilt, often accompanied by a profound crisis of faith.

At the heart of traumatic experiences lie deprivation of autonomy and a pervasive sense of disconnection from others. Consequently, the pathway to recovery is founded on empowering survivors and fostering reconnections with the community. In the latter portion of Trauma and Recovery, Herman outlines a triphasic process of trauma recovery. The initial phase is dedicated to the restoration of a sense of security, achieved through therapeutic alliances, pharmacological interventions, and relaxation techniques, or a combination of these approaches. The establishment of safety is crucial and can be facilitated by support from family, partners, close friends, or finding a secure refuge. In such environments, survivors are more inclined to open up, share their feelings, and plan for future safeguarding measures. This secure setting acts as a catalyst for emotional stabilization, enabling individuals to revisit and process their traumatic experiences. It is during this reflective period that survivors begin to recognize and reclaim aspects of the self that were lost or obscured by trauma. The second phase of recovery, as outlined by Herman, involves the processes of remembrance and mourning. During this phase, individuals who have experienced trauma recount their traumatic experiences in a comprehensive and detailed manner. The act of reconstructing their trauma stories helps the victims to directly confront their innermost fears, pains, and struggles, along with other associated negative emotions. This meticulous retelling of traumatic events allows these memories to become integrated into the survivors' life stories as part of their common life experiences. Through the repeated narration of their traumatic experiences, the influence exerted by the perpetrators gradually diminishes, and the intense sorrow connected to these traumatic memories begins to wane. Consequently, traumatized survivors can rekindle their hope and desire for a fulfilling and joyful life. This newfound emotional resilience and readiness mark the transition to the third phase of recovery, where survivors prepare to reintegrate with the external world. This stage may involve learning to fight the fear when exposed to danger, fostering self-reconciliation, celebrating the emergence of a new self that has been forged through personal efforts, reconnecting with people to regain the capability to trust others, and discovering a sense of purpose as a survivor through participation in social activities and outreach to fellow trauma victims. Herman believes that by navigating these phases, survivors will liberate themselves from feelings of helplessness and isolation and ultimately consolidate their newly formed identities.

The application of psychological trauma and recovery theory to literary texts allows for a structured analysis of how characters embody,

respond to, and potentially overcome psychological distress. A central issue this study explores is the gendered nature of suffering in *Hamlet*, particularly how female trauma, expressed through silence, madness, and passivity, contrasts with male melancholia and existential turmoil. Moreover, this article challenges the conventional tragic reading of *Hamlet* by examining whether Shakespeare allows for any moments of agency or recovery for Ophelia and Gertrude, even within the constraints of their traumatic experiences. By incorporating Herman's recovery model, this study investigates whether the play offers fleeting instances of psychological resolution or empowerment for its female characters. Finally, this research seeks to bridge the fields of psychology and literary studies, demonstrating how contemporary trauma theory can enrich our understanding of Shakespeare's female figures and recontextualize their historical reception.

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#### TRAUMA IN THE FEMALE CHARACTERS

Analyzing the origins of trauma experienced by the two female characters, Gertrude and Ophelia, allows a deeper insight into their inner worlds, which helps to identify the difficulties they face and their relationships with other characters in the play. Given that the traumatic experiences of these two characters may affect the progression of the entire storyline and the development of other characters, a thorough analysis of the sources of their trauma can provide a more comprehensive perspective for the textual interpretation of *Hamlet*.

#### GERTRUDE'S REMARRIAGE AS A PORTRAIT OF HELPLESSNESS AMIDST THE GRIEF OF LOSING A BELOVED HUSBAND

At the beginning of the play, Denmark is mourning for the recently deceased King Hamlet, and Gertrude is left to navigate her new role as widow amidst considerable political and emotional instability. Subtle textual cues suggest that King Hamlet's affection for Gertrude was profound and binding, as indicated by his expressed love "of that dignity" and marital vows (1.5.48–50). Even after his death, his ghost's admonition to Hamlet—warning against his "most seeming-virtuous" wife (1.5.46)—complicates the narrative, implying that Gertrude's emotional and psychological state is intricately tied to a lost ideal of marital fidelity. In the closet scene, when Hamlet condemns her for living "in the rank sweat of an enseamed bed, stewed in corruption. . ." (3.4.93–94), the sudden reappearance of the Ghost, urging Hamlet to "step between her and her

fighting soul" (3.4.114), signifies a critical moment in which Gertrude's internal conflict is foregrounded. It becomes evident that Gertrude and King Hamlet shared a profound and genuine love throughout their many decades of happy marriage. Gertrude's acceptance of Claudius's proposal reflects a forced adaptation—a mechanism of psychological constriction in response to overwhelming grief and an environment of relentless political instability, aligning with Herman's notion of constriction as a trauma response. Her vulnerability is compounded by her dual burden: the loss of a beloved husband and the ensuing courtly turmoil that demands immediate political realignment. This dual burden invites a reconsideration of her character as one whose actions—though seemingly complicit—can be understood as a tragic attempt to manage unbearable internal pressures rather than a simple moral failing. The plight of the "mobled queen" in the play-within-a-play metaphorically points to Gertrude's profound grief over the loss of her husband:

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"Run barefoot up and down, threat'ning the flames
With bisson rheum; a clout upon that head
Where late the diadem stood, and for a robe,
About her lank and all o'erteemed loins,
A blanket in the alarm of fear caught up—
Who this had seen, with tongue in venom steeped
'Gainst Fortune's state would treason have pronounced." (2.2.516–22)

Excessive sorrow and peril confront Gertrude with "the extremities of helplessness and terror, and evoke the responses of catastrophe" (Herman 33). Amidst her vulnerability, Gertrude accepts Claudius's proposal.

When Claudius, Gertrude, and Polonius are discussing the possible reasons for Hamlet's madness, Gertrude proposes that her son's feigned condition is due to "his father's death, and our o'erhasty marriage" (2.2.57). However, her response not only deflects scrutiny away from herself but also reveals her unwillingness or inability to fully confront the depths of Hamlet's grief and anger. Rather than portraying her as merely oblivious or complicit, Shakespeare presents Gertrude as a character struggling to reconcile her own trauma with her son's suffering, which is different from the traditional perception of her as an unrepentant figure. The moment she witnesses Hamlet stab Polonius to death marks a critical turning point in her psychological state. This act of violence shatters her fragile perception of control, forcing her to recognize both Hamlet's instability and the devastating consequences of the environment she has helped sustain. However, it is the revelation that she has married her husband's murderer that ultimately fractures her sense of self. Gertrude does not immediately

challenge Claudius, but her subsequent choices suggest an internal struggle between allegiance and awakening, a struggle that reflects the constraining conditions of female trauma in the play.

### OPHELIA'S TRAUMA RESULTING FROM POLITICAL MANIPULATION, EXPLOITATION, AND A LOVER'S BETRAYAL

Living in a male-dominated environment and haunted by a familial trauma rooted in her mother's absence, Ophelia is subjected to relentless manipulation by the men around her. Deprived of the power to freely express her true thoughts and emotions, she exhibits absolute obedience to the dictates of her male guardians. Her relationship with Hamlet is systematically undermined by both her brother Laertes and her father Polonius. Laertes warns her against the ephemeral nature of passion, urging her to suppress her emotions and maintain her chastity, while Polonius reduces her to a possession by declaring: "I have a daughter: have, while she is mine" (2.2.106).

Polonius's intervention extends to orchestrating Ophelia's romantic relationship. For political expediency, he admonishes her against Hamlet's "implorators of unholy suits" (1.3.129) and compels her to divulge intimate details about Hamlet's advances, treating her as a mere instrument in his investigation of Hamlet's sanity. Under the weight of her father's authority, Ophelia is forced into a state of isolation—both physically, within the confines of her household, and mentally, as her internal world is dominated by the overwhelming dictates of male control. In this state of captivity, both physically and mentally, the perpetrator becomes "the most powerful person in the life of the victim" (Herman 75). "The destruction of attachment requires not only the isolation of the victim from others but also the destruction of her internal images of connection to others," as Polonius demands that Ophelia hand over Hamlet's love letter as the "object of symbolic importance" (80). This imposition not only strips her of personal autonomy but also catalyzes a process of internal fragmentation, wherein her personal memories are overwritten by the external demands imposed upon her.

The second and perhaps more devastating layer of trauma for Ophelia arises from her "sexual victimization" (Hunt 646) at the hands of Hamlet. While previous readings have emphasized this as a straightforward case of betrayal, this analysis situates it within a broader process of psychological intrusion, wherein Ophelia's bodily autonomy is violated and her identity is forcibly redefined. Hinted at in the text is the possibility that Ophelia may have been sexually involved with Hamlet, influenced by his promises of marriage, and there is evidence suggesting that she might be carrying

his child during her descent into madness, as observed by the Priest during her funeral: "Her obsequies have been as far enlarged" (5.1.228). Her loss of chastity which is interpreted as a transgression against Christian norms further exacerbates her vulnerability, even as she is paradoxically afforded a maiden's funeral due to her noble status.

Hamlet's seduction and subsequent abandonment inflict profound emotional trauma on Ophelia. More than merely a personal betrayal, his actions function as a catalyst that activates her underlying trauma, aligning with Herman's notion of intrusion, where traumatic content repeatedly invades her conscious experience. He cruelly demeans her as "a breeder of sinners" (3.1.122) and accuses her of promiscuity. This public degradation leaves Ophelia bereft of any emotional or spiritual refuge, intensifying her internal disintegration. Therefore, the convergence of political manipulation, sexual exploitation, and familial control creates an environment in which Ophelia's inner world is inundated with conflicting memories and emotions, effectively erasing her capacity for coherent self-narration.

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# TRAUMATIC SYMPTOMS IN THE FEMALE CHARACTERS

Further exploring the psychological dimensions of Shakespeare's *Hamlet*, we find that Gertrude and Ophelia are burdened by the weight of familial misfortunes, political conspiracies, and emotional frustration. In anatomizing their traumatic symptoms, we discover an intricate manifestation of hyperarousal, intrusion, and constriction.

#### HYPERAROUSAL

The cumulative impact of loss, deceit, betrayal, and violent death in *Hamlet* is central to understanding Gertrude's and Ophelia's states of hyperarousal, a key concept in Herman's trauma theory. In Herman's analysis, the traumatized have "an elevated baseline of arousal" (36), leaving their bodies in a constant state of alertness, and vulnerable to even minor provocations. Gertrude's hyperarousal functions as a defense mechanism that both reflects and perpetuates her internal crisis, underscoring her struggle to maintain control in a reality of profound loss and betrayal. In the closet scene, for example, when Gertrude seeks to inquire about the play "The Mousetrap," Hamlet's aggressive command for her to sit down, coupled with his use of a mirror to force her to confront her inner self, triggers a potent startle response. Gertrude's exclamation, "What wilt thou

is not simply a momentary expression of fear; it encapsulates the enduring effects of her traumatic experiences which force her into a perpetual state of hyperarousal. Gertrude's desperate pleas for Hamlet to cease his relentless accusations further illustrate the characteristic features of hyperarousal. Rather than engaging in a reasoned dialogue, her responses become increasingly frantic, suggesting that every verbal assault from Hamlet resonates as a personal, almost physical, wound. This reaction aligns with Herman's concept of hyperarousal, where trauma results in an exaggerated and unmodulated response to perceived threats, thereby compromising the individual's capacity for rational interaction. Gertrude's hyperarousal not only underscores her emotional vulnerability but also reflects the broader social and political pressures that exacerbate her trauma.

do? Thou wilt not murder me? Help, ho!" (3.4.22-23), reveals that her body is primed to react defensively to any perceived threat. This reaction

Ophelia, too, exhibits pronounced symptoms of hyperarousal. Following Hamlet's rejection, she oscillates between outbursts of anger and profound sorrow, an abrupt departure from her usual gentle and virtuous image. In the description of the witnessing Gentleman, she "hems, and beats her heart, spurns enviously at straws, speaks things in doubt" (4.5.5–6) as "her winks and nods and gestures yield them" (4.5.11). Ophelia's emotional fluctuations can be interpreted as manifestations of hyperarousal, a state in which the cumulative stress of familial manipulation and sexual exploitation leads to intrusive recollections and erratic expressions of distress. She then unexpectedly sings an indecent ballad about pre-marital sex in the presence of the king. This song functions as an involuntary, disjointed reenactment of her trauma from the interplay of personal betrayal and systemic oppression. Her subsequent return to deep distress, particularly upon recalling her father's murder, further confirms that her mental health has been fundamentally undermined by these traumatic events.

#### **INTRUSION**

Ophelia is rendered "a sacrificial victim" (Wicher 173), subjected to the relentless imposition of others' agendas. Her experience of intrusion should be understood as the systematic violation of her agency, where her personal desires and identity are repeatedly overwritten by the controlling demands of her father and brother, as well as the erratic affections of Hamlet. Her feeble confession that "I do not know, my lord, what I should think" (1.3.104) exemplifies her psychological intrusion, where the overwhelming presence of patriarchal control has disrupted her ability to form an autonomous internal narrative. In Hamlet's affectionate letter,

where he refers to her as his "soul's idol" (2.2.109) and promises, "Thine evermore, most dear lady, whilst this machine is to him" (2.2.123–24), we witness the remnants of a relationship once imbued with mutual care. Later, at her grave, Hamlet's fervent confession that "I loved Ophelia. Forty thousand brothers could not with their quantity of love make up my sum" (5.1.271–73) further underscores that their past connection was deeply significant. However, the sharp contrast between past affection and her current desolation intensifies the sense of intrusion; the persistent echo of former intimacy invades her present, triggering painful memories that she is forced to relive.

Ophelia's struggle to reconcile the loving Hamlet of her past with his present, frenzied demeanor plunges her into traumatic recollections, disrupting her sense of continuity and contributing to a fragmented identity. As Ophelia's mental state deteriorates, her ballads serve as a medium through which her traumatic experiences are reenacted. Her ballads are characterized by a "disjointed speech pattern" (Pang, Thrichelvam, and Wider 4), seemingly meaningful yet meaningless. In line with Herman's observations, traumatic memories are typically "encoded in the form of vivid sensations and images" (38). The imagery found in Ophelia's ballads, such as "shroud," "grave," "cold ground," "bier," "deathbed," all contribute to the atmosphere of despair, while the "dove" image indicates Ophelia's remaining love for Hamlet. These recurring themes of death, betrayal, and the loss of love in the ballads mirror her romantic attachment to Hamlet and foreshadow the tragic events that unfold later in the play. By narrating her experiences of deception and abandonment, Ophelia involuntarily relives her traumatic past. Unsuitable for a refined young lady, the use of vulgar language in these ballads further suggests her descent into a state of mental breakdown. At this moment, the boundaries between reality and memory have become increasingly blurred, underlining the immense impact of her traumatic experiences on her psyche. Ophelia's experience of intrusion is a multifaceted process wherein the constant reactivation of traumatic memories, whether through enforced public disclosures, the residual echoes of lost intimacy, or the involuntary recitation of ballads, systematically undermines her psychological integrity.

#### CONSTRICTION

For both Gertrude and Ophelia, constriction emerges as a coping mechanism, which refers to altering one's state of consciousness to shield oneself from overwhelming trauma. As Herman explains, "the helpless person escapes from her situation not by action in the real world but

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rather by altering her state of consciousness" (42), and this change of consciousness may be accompanied by "a feeling of indifference, emotional detachment, and profound passivity in which the person relinquishes all initiative and struggle" (43). Constrictive symptoms are not easy to detect, but are likely to be "mistaken for enduring characteristics of the victim's personality" (49). In Hamlet, both female characters exhibit a deliberate narrowing of emotional expression as a response to sustained psychological assault. When Gertrude copes with Hamlet's violent accusations with repeated pleas—"speak no more" (3.4.89), "speak to me no more" (3.4.95), "no more" (3.4.97)—these phrases also reflect a defensive constriction, wherein Gertrude suppresses her emotional expression in an attempt to avoid further psychological injury. In her constrained state, every verbal interaction becomes laden with the weight of unprocessed grief and guilt, effectively neutralizing her capacity for active resistance or self-assertion. The articulation of her inner life is severely compromised by the oppressive forces of a male-dominated environment. Another example is that she attempts to mitigate the overwhelming grief caused by Ophelia's death by preserving emotional distance and resorting to a description replete with euphemism and botanical imagery.

In contrast, Ophelia's symptoms of constriction are more overt, and symptomatic of a deeper dissociative process. Following Hamlet's rejection and the traumatic loss of her father, Ophelia's consciousness appears to be slipping into what Herman terms "hypnotic trance states" (43). Appearing as erratic and distracted, Ophelia adopts a singing manner of communication when meeting the Queen. The King notices that she has been "divided from herself and her fair judgement" (4.5.85). One of the ballads sung by Ophelia narrates the tragic tale of a girl who sacrifices herself for love, only to be abandoned and humiliated by her lover, which is obviously a metaphor for Ophelia's romantic entanglement with Hamlet. By narrating from a third-person perspective, Ophelia creates a sense of self-detachment, as if she is recounting a story which happened to someone else. She manages to remain emotionally unaffected, disassociating herself from the painful experiences depicted in the ballad. The ballads provide a channel through which Ophelia can indirectly process her emotions. This psychological defense mechanism helps shield her from the direct impact of the loss of her father and her ex-lover's betrayal. In Gertrude, constriction manifests as an inhibited but persistent attempt to maintain some semblance of order amidst chaos, whereas in Ophelia, it leads to a total dissociation from reality, revealing not only the gendered dimensions of trauma but also the profound impact of external oppression on the capacity for psychological healing.

### TRAUMA RECOVERY EFFORTS OF THE FEMALE CHARACTERS

Herman perceives that the three stages of recovery are "an attempt to impose simplicity and order upon a process that is inherently turbulent and complex" (155); as such, the sequence of recovery steps may differ among trauma victims, and personalized treatment procedures specific to each patient are required. Gertrude and Ophelia have gone through different stages of trauma recovery, and the extent of their individual recovery from these traumatic experiences varies.

### GERTRUDE'S PURSUIT OF SAFETY AND STABILITY AMID FAMILIAL LOSS AND DECEPTION

For trauma survivors, establishing safety is a critical prerequisite for any subsequent healing. According to Herman, recovery begins with regaining bodily control and gradually extends to asserting control over one's environment. The reestablishment of this control requires "the establishment of a safe living situation, financial security, mobility, and a plan for self-protection that encompasses the full range of the patient's daily life" (Herman 160). In Gertrude's case, the abrupt loss of King Hamlet not only devastates her emotionally but also destabilizes the political and economic security she once enjoyed as Queen. The marriage to Claudius undoubtedly constitutes a secure refuge for Gertrude, one through which she maintains the status of Queen. Apart from protective resources, the union may also provide emotional support, as it is evident in the text that Claudius genuinely loves Gertrude; indeed, he may have harbored a secret affection for her for some time. Seizing the throne fulfills both his ambitions and the opportunity to have a legitimate marriage with the woman he desires. As Claudius states in the play, Gertrude is "my virtue or my plague" (4.7.13). Despite the profound guilt due to his "foul murder" (3.3.52), Claudius is unwilling to relinquish "those effects for which I did the murder: my crown, mine own ambition, and my queen" (3.3.54-55). Therefore, Gertrude's marriage to Claudius could be understood as a desperate, adaptive strategy to restore a semblance of stability and safety in a chaotic court environment.

As a deeply caring mother, Gertrude feels compelled to plan for the future of her son. She realizes that only by marrying the new king can she preserve Hamlet's position as the successor to the throne. From a political standpoint, Gertrude assumes the responsibility of ensuring that the kingship does not fall into the hands of others, and she knows that if she loses her position as Queen, Hamlet will also lose his status as an heir. Therefore, to safeguard Hamlet's position,

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she perceives no alternative but to marry Claudius. As a political move, Gertrude's marriage to Claudius secures her position as Queen as well as Hamlet's position as the most immediate successor to the throne. Gertrude also encourages Hamlet to quickly move on from the shadow of his father's death with words of consolation such as "thou know'st 'tis common; all that lives must die, passing through nature to eternity" (1.2.72–73). These consoling phrases function as a subtle call to accept the inevitability of loss while maintaining resilience. Directed at both Hamlet and herself, the words reflect an internalized struggle with grief and an implicit determination to reassert order in her life. Gertrude's actions, including her insistence that Hamlet remain in Denmark and her plea, "let not thy mother lose her prayers" (1.2.118), are indicative of her effort to reforge bonds and protect her son's future. Through these politically charged and emotionally nuanced gestures, Gertrude attempts to rebuild trust and reestablish a secure environment in a way that mirrors Herman's notion of recovery wherein the individual seeks to connect with trusted others in order to prevent the recurrence of trauma (206). Thus, Gertrude's effort at recovery is characterized by her struggle to balance personal grief with the demands of survival in an oppressive, patriarchal milieu, which provides critical insights into the gendered nature of trauma recovery in Hamlet.

#### OPHELIA'S REMEMBRANCE AND MOURNING PROCESS

Within Herman's theoretical framework, remembrance and mourning constitute a transformative process whereby trauma survivors reassemble fragmented memories and confront inner conflicts. In *Hamlet*, Shakespeare employs ballads as a deliberate narrative device for Ophelia, enabling her to articulate the traumatic memories of captivity, suppression, and betrayal that have fractured her sense of self. Ophelia's use of ballads is a complex, symbolic attempt to reconstruct and reinterpret her traumatic past, both revealing and temporarily mitigating the internal chaos wrought by her experiences.

Ophelia's distribution of flowers operates as a "nonverbal method of communication" (Herman 177) that encapsulates her stage of remembrance and mourning. When she declares: "There's rosemary, that's for remembrance. Pray you, love, remember" (4.5.174–75), the seemingly disjointed nature of her expression underscores the inherent difficulty of coherently reassembling traumatic memories. Moreover, the sequence of flowers she distributes is a carefully constructed narrative strategy that maps her internal emotional landscape and reflects the disintegration of her self, as well as the longing for a return to wholeness.

In melancholy love ballads, flowers often symbolize "love's fragility and its inextricability from human mortality" (Bialo 302). Each kind of flower that Ophelia hands out carries symbolic meanings. For instance, rosemary represents "remembrance," expressing Ophelia's nostalgia for the beautiful memories she shared with Hamlet. Pansies, symbolizing "thoughts," signify Ophelia and Hamlet's mutual thoughts and recollections, as echoed in Laertes's statement that Ophelia's "thoughts and remembrance fitted" (4.5.177-78). Fennel, which symbolizes "flattery," alludes to her father's flattery towards Claudius. Ironically, it also points to Hamlet's sweet words, used to deceive her into love. Columbines represent "marital infidelity," with an insinuation that Hamlet has betrayed his love vows and accused her of being the sexual aggressor. Ophelia presents rue, symbolizing "repentance," to Queen Gertrude, as an allusion to the Oueen's regrets about marrying her husband's murderer and failing to sooner recognize her son's inner pain. Ophelia also keeps some rue for herself, indicating her own remorse for believing in Hamlet's promises, surrendering herself to him, only to be humiliated and rejected. Daisies carry a connotation of "unhappy love," signifying the tragic conclusion of Ophelia's romantic relationship. Violets, with their symbolic meaning of "faithfulness to love," imply her enduring affection for Hamlet. However, "they withered all when my father died" (4.5.183-84), indicating that her love for Hamlet died the moment he killed her father. This sentiment is also conveyed in the closing line of the ballad she sings before presenting the flowers: "Fare you well, my dove!" (4.5.167). The dove, a symbol imbued with mythological significance as a token of love in ancient Greek tradition, serves as a final, decisive break with the past. Far from being a mere nostalgic lament, this farewell signals a determined act of self-liberation and a refusal to remain tethered to the pain of lost intimacy. Ophelia's subsequent ballad that begins with "And will he not come again" (4.5.188) serves as an elegy for her father Polonius. In this song, Ophelia deeply mourns her father's tragic death: "He is gone, he is gone, and we cast away moan, God'a'mercy on his soul! And of all Christian souls, I pray God. God be with you." (4.5.195-98). Each kind of flower represents a facet of her emotional state and reflections on her life experiences, especially on the traumatic events.

Through the act of singing these ballads and distributing symbolic flowers, Ophelia engages in a ritualized process of remembrance and mourning. It also represents her desperate and tragic attempt to reclaim agency in a life overrun by external control. Ultimately, her self-destructive immersion in the water, accompanied by the continuous echo of these ballads, marks both an escape from unbearable agony and a symbolic, if ephemeral, self-liberation.

### GERTRUDE'S RECONNECTION WITH HAMLET TROUGH REBUILDING TRUST AND SELF-SACRIFICE

Once a semblance of safety is achieved, trauma recovery involves reasserting control and preventing further harm, a process that Gertrude engages in, though in a deeply conflicted manner. When the truth about King Hamlet's murder emerges, Gertrude is overwhelmed by mixed emotions of shock and shame. Instead of succumbing to despair, she consciously opts to integrate these traumatic experiences into her life, aiming to "deepen her alliances with those whom she has learned to trust" (Herman 197). At this stage, Herman's theory suggests that survivors may begin to regain a capacity for appropriate trust (205), a pivotal step toward recovery. In Gertrude's case, this nascent trust is evident in her gradual realignment with Hamlet which is deeply rooted in her maternal love and protective instinct. Despite the barrage of accusations from Hamlet, which pierce her already fragile emotional state, she remains determined to protect him. Her defensive responses, including the oath to help conceal his feigned madness—"if words be made of breath, and breath of life, I have no life to breathe what thou hast said to me" (3.4.198-200)—illustrate a critical shift from passive victimhood toward an active but constrained form of agency. This transformation is not merely a return to maternal duty; it is an effort to rebuild a relational foundation that can withstand the recurring threats of further trauma. Herman notes that survivors in the process of recovery are "always linked with the question of prevention" (206), underscoring the deep-seated fear of re-traumatization. For Gertrude, this fear compels her to take decisive measures to shield her son from additional harm. Her commitment to prevention is vividly demonstrated when, upon learning of Laertes's challenge to Hamlet following the deaths of Polonius and Ophelia, she intercedes by pleading, "for love of god forbear him" (5.1,275). This intervention is not a mere maternal outburst but a calculated, trauma-informed response aimed at averting further violence, suggesting that Gertrude is actively reconstructing her sense of control even as she remains entangled in the cycle of tragedy. It is plausible that she has already overheard conspiracies between Claudius and Laertes to poison Hamlet, a possibility that heightens her determination to protect him.

Unfortunately, Gertrude's attempts at mediation are ultimately futile, and the duel proceeds as planned. During the fencing match between Hamlet and Laertes, Gertrude raises a toast to Hamlet's success, saying: "The queen carouses to thy fortune, Hamlet" (5.2.290). This act of public support can be interpreted as a maternal gesture of reconciliation, indicating her desire to mend their strained relationship. While this moment is fleeting and occurs in the play's final act, it signifies Gertrude's endeavor to bridge

the emotional gap with her son before her untimely death. In a final act of self-sacrifice, she consumes the poisoned wine intended for Hamlet, and in her dying moments, she desperately warns him: "O my dear Hamlet! The drink, the drink! I am poisoned" (5.2.310–11). This voluntary sacrifice, far from being a passive resignation to fate, is reinterpreted here as a deliberate, albeit tragic, reclamation of agency, and a final effort to repair the broken bond with her son and to prevent further harm. Her sacrifice is pivotal; without it, Hamlet's quest for revenge would have lacked the necessary emotional and narrative catalyst for its resolution.

In summary, Gertrude's trajectory—from initial shock and constrained withdrawal to a tentative reconnection with her son through acts of protective intervention and ultimate self-sacrifice—exemplifies the complex interplay of trauma, recovery, and agency. Gertrude's efforts to rebuild trust, to ensure safety, and to prevent the recurrence of trauma are not only reflective of a personal struggle but also a critical commentary on the constraints imposed by a patriarchal system that leaves women with few options for genuine healing. To some extent, Gertrude has become an indispensable agent in the unfolding of *Hamlet*'s tragic resolution, underscoring the nuanced dynamics of trauma recovery in a hostile world.

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#### **CONCLUSION**

Judith Lewis Herman's Trauma and Recovery Theory offers an interdisciplinary approach for reexamining Gertrude's and Ophelia's experiences in *Hamlet*, shifting them from objects of aesthetic or moral judgment to subjects of recognizably traumatic processes. This article has demonstrated that both women exhibit responses of hyperarousal, intrusion, and constriction, yet their subsequent trajectories diverge sharply, revealing how early modern patriarchal constraints shape, and often thwart, their paths toward healing.

Gertrude's journey unfolds as an effort to reestablish a sense of safety after King Hamlet's death. Her hasty remarriage secures political stability and financial security, aligning with Herman's first recovery stage of restoring control over one's environment. As the play progresses, Gertrude's maternal interventions of pleading with Hamlet to moderate his accusations and defending him against Claudius's schemes reflect Herman's emphasis on forging alliances with trusted others as part of integrating traumatic memories. In her final self-sacrificial act of drinking the poison intended for her son, Gertrude both protects Hamlet and reclaims agency over her own narrative: a poignant, if tragic, moment of reconnection and self-assertion.

Ophelia's experience, by contrast, exemplifies a constricted response that is marked by profound internal fragmentation and dissociative withdrawal. Her distribution of flowers and disjointed ballads offers a form of symbolic mourning but fails to generate the interpersonal support needed for genuine recovery. Instead, her grief becomes an intrusive cycle of fragmented memory, and her self-destruction marks a premature end to any possibility of reintegration. Rather than achieving a meaningful recovery, Ophelia's attempts at remembrance become inextricably linked to her descent into madness and self-destruction. This divergence in recovery processes not only highlights the gendered dimensions of trauma in *Hamlet* but also reinforces the limitations imposed by a patriarchal system that denies women the resources needed for genuine healing.

By integrating Herman's model with close textual analysis of *Hamlet*, this study reveals how Gertrude and Ophelia's actions correspond to defined psychological processes, and highlights the gendered limitations that prevent female characters from completing the recovery stages Herman describes. Consequently, Gertrude emerges not simply as a traitorous widow but as a trauma survivor who negotiates agency under duress, while Ophelia appears less as a passive victim and more as someone whose dissociative strategies tragically outpace available supports. This perspective enriches Shakespearean criticism by demonstrating the value of applying contemporary clinical theory to Renaissance drama, and encourages scholars to recognize the ways in which *Hamlet* both encodes the symptoms of trauma and gestures toward recovery. In this way, it underscores literature's ethical potential to acknowledge suffering, to imagine avenues for resilience, and to deepen our understanding of how characters, like real individuals, might survive and even transcend the wounds they carry.

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