

Beyond Violence: Subtle Trauma, Emotional Neglect, and the Reframing of Trauma, Attachment, Anxiety and Addiction in Elizabeth Vargas's *Between Breaths*

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Abstract—Trauma is most commonly associated with catastrophic events such as natural disasters, warfare, domestic violence, or the death of a loved one. However, it is also possible for the greatest wounds to be created silently through omission rather than commission. Some of the greatest traumas are shaped by what didn't happen in childhood, including the absence of emotional connections, comfort, or responsive caregiving (such as never being included in family discussions, never being positively acknowledged by a parent, or having your emotional needs consistently ignored). The absence creates an invisible structure of injury that affects how children develop trust, form attachments, and understand their environment. This study explores "Small T" trauma, which refers to the emotional damage resulting from chronic emotional neglect (as opposed to outright physical harm). While there have been many advances in the area of trauma research in the past few years, the long-term impact of subtle emotional neglect upon narrative identity and adult function remains understudied. Using the foundation provided by John Bowlby's attachment theory and integrating Gabor Maté's trauma-informed model of addiction and Bessel van der Kolk's neurobiological perspective of trauma, this research provides evidence of the relationship between early emotional deprivation and adult anxiety, fragile relationships, and addiction. Using an analysis of Elizabeth Vargas's memoir *Between Breaths* (2016), this study demonstrates that nonresponsive and unpredictable caregiving can create enduring consequences comparable to violent experiences.

Index Terms—"small t" trauma, childhood emotional neglect, attachment theory, memoir, psychology and literature

I. INTRODUCTION

"Trauma is not what happens to you, but what happens inside you as a result of what happens to you."

- Gabor Maté, *In the Realm of Hungry Ghosts*

Traumatic events are conventionally identified in contexts such as war veterans returning home or individuals affected by large-scale disasters. Those are labelled as "big T" trauma. They are easily recognizable and are normally dramatic and obvious to others. However, there is another form of trauma called "small t" trauma. "Small t" trauma is a subtle type of trauma that is developed in childhood from the quietest forms of abuse: lack of parental love, lack of response to children's needs, emotional absence of parents, lack of nurturing, etc. The impact of "small t" trauma is rarely visible; it is invisible, yet it has a huge impact on a person's life as an adult. For example, adults affected by "small t" trauma may exhibit signs such as low self-esteem, fearfulness, difficulty trusting others, poor relationships, and/or addiction.

These "small t" wounds create a hidden blueprint for a person's struggles throughout their life. Since they can affect a person's entire life, "small t" trauma is deserving of much more research than it currently receives.

Subtle traumas have a big impact on people's lives. People grow emotionally in an emotionally healthy environment. When exposed to a healthy environment, the brain develops the ability to regulate external stimuli in a healthy, balanced manner. In addition, people can experience emotions such as sadness, fear, and joy based on what they perceive as real. However, many people do not recognize the world in relation to reality. This is simply a pattern that seems mysterious in adulthood, but it is not random. This is the way the person's brain interpreted safety and threat when they were younger. Therefore, if a child is raised in an environment that includes neglect and inconsistency, then the child will develop an expectation of emotional instability. The child's nervous system will adapt by being either extremely alert to potential dangers or numbed as a defense mechanism against pain. On the other hand, a child who receives consistent care develops a more resilient and stable inner world. Hildyard and Wolfe (2002) argue that child neglect significantly disrupts

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emotional regulation and developmental trajectories, leading to psychological and relational difficulties.

This raises a deeper question: How can human beings be so developmentally vulnerable that early wounds leave such deep, long-lasting impressions on the rest of their lives? To answer this question, one must explore the biological and evolutionary history of the human species. Early hominin ancestors transitioned from quadrupedalism to bipedalism around 4-6 million years ago. The source of the human species' developmental vulnerability lies in the species' biology and evolutionary history. Early humans used both their hands and legs while walking, as animals do, but the evolution of walking upright provided them with several benefits, including freeing their hands and enabling them to travel longer distances in less time. However, this also had a cost. Walking upright reduced the size of the female pelvis. Infants were not only born neurologically underdeveloped, but their brains were far from complete as well. Unlike a foal that can run shortly after birth, a human infant requires numerous years of extreme care to survive after leaving the womb. Anthropologists refer to the additional time of dependence of a human infant as a 'fourth trimester'. The world outside the womb serves as a secondary incubator for the developing human brain. A caregiver's physical contact, tone of voice, soft murmur, tender gaze, and presence can literally shape and mould the developing child's brain. Responsive, attuned caregiving creates the neural pathways associated with trust and resilience. Neglect, inconsistency, disconnection, indifference, or emotional coldness can disrupt the brain's circuitry. Recent interdisciplinary research also emphasizes that early emotional neglect constitutes a hidden public-health burden, with long-term effects on neurodevelopment, emotional regulation, and vulnerability to anxiety and addiction (Lanius et al., 2022). Survival mechanisms can take over safety mechanisms, and stress systems can become overly sensitive. Scientists note that early disruptions can alter the HPA axis, which prepares the body to respond to anxiety, depression, and addiction (Heim & Nemeroff, 2001).

As a result, the "fourth trimester" is not merely a stage of physical development but rather a critical period of vulnerability during which the foundation of our adult emotional lives is formed within our bodies. Therefore, childhood is both a period of growth and a vulnerable time of great sensitivity, during which care (or the absence thereof) will be etched into our brains, bodies, and muscle systems. As those early pathways and networks stabilize over time, the responses we develop in childhood (e.g., fear, mistrust, hypervigilance, numbing) can persist even when they no longer benefit us. Trauma is not only recalled verbally but is also physically stored in the body, nervous system, endocrine system, and synapses. As Bessel van der Kolk so eloquently states, "The Body Keeps the Score".

Neurobiology and Developmental Psychology have identified the physiological basis of the early, subtle injuries associated with the "fourth trimester," whereas literary trauma scholarship has traditionally utilized a much narrower scope of inquiry and focused primarily on extreme histories (i.e., Holocaust writing, war narratives, accounts of genocide). Literary trauma theory has traditionally focused on catastrophic events and belated memory, particularly through the framework developed by Caruth (1996). Although childhood experiences, including inconsistent emotional support, slight neglect, or a child feeling unseen, may occur with some regularity, they generally do not receive scholarly attention because they seem too commonplace and therefore insignificant. They, however, cause lasting, not necessarily minor, injuries.

Regardless of culture, geography, or societal context, these patterns are universal and were previously identified by Bowlby and Winnicott as destabilizing emotional development due to a lack of consistent attunement during early childhood (Bowlby, 1988; Winnicott, 1965).

There is a significant gap between psychological theory and literary analysis that becomes immediately and universally relevant upon examining current statistics regarding the prevalence of anxiety, depression, and substance abuse/dependency. In today's world of widespread anxiety disorders, depression symptomatology, and substance dependency, there has never been a greater urgency to investigate the causes of subtle trauma. This is particularly true since children are maturing in a digital world where social media and technology constantly affect their emotional state, before they are aware of them. Since statistical data alone cannot capture the subjective nature of the lived experience of subtle trauma, this study utilizes the potential of narrative to examine the effects of subtle trauma. Literature is uniquely positioned to access and explore individual and collective storytelling. Memoirs, in particular, represent a convergence of testimonial and diagnostic writing. Memoirs can illustrate the inner world of individuals and what psychology identifies but cannot feel, while providing medical professionals with a way to tell patients' stories in a complete and comprehensive manner. The memoir *Between Breaths* (Vargas, 2016) by Elizabeth Vargas was selected to examine how childhood deprivations can evolve into adult struggles related to anxiety, relationship dynamics, and the propensity to fall into addictive behaviors.

This research is organized into four parts to provide a comprehensive, integrated framework for studying subtle trauma. The primary aim of this study is to document that subtle (or "small t") trauma is a substantial, yet underdeveloped area of study within literary studies. This study's other objective is to illustrate how children who have been traumatized as children are affected by their experiences as adults via anxiety, relationship problems, and addictions. This illustration will be accomplished through Elizabeth Vargas's memoir. The third objective of this study is to integrate biological, psychological, and medical aspects of small-t trauma. The fourth objective of this study is to show the social/cultural relevance of subtle trauma. Collectively, these objectives will illustrate how an understanding of literature can be linked with psychological and medical discourses.

II. METHODOLOGY

Close reading is the primary method of analysis for this study, which uses a qualitative/interpretive methodology. This study utilizes an attachment theory model of trauma as described by John Bowlby and Gabor Maté's Trauma-informed model of addiction, and trauma as a neurobiological condition as identified by Bessel van der Kolk.

By combining established psychological/medical literature with memoir, the close reading of literary narratives enhances the interpretation of the cultural, physical, and psychological conditions diagnosed through them.

Using an interdisciplinary approach allows for an understanding of how literary narratives have been used to diagnose collective health issues and individual suffering due to subtle trauma.

Utilizing a multi-systematic approach provides evidence that supports the long-term impact of subtle trauma.

III. ANALYSIS

A. *Silence, Misattunement, and the Creation of a Vulnerable Self In "Between Breaths" – Elizabeth Vargas's Relationship Between Silence and Misattunement and the Development of the Vulnerable Self*

There is certainly a presence of love in Elizabeth Vargas's environment as she was growing up; however, there is also a very particular, if subtle, absence of expressing emotion. Vargas, in her book *Between Breaths*, depicts a vividly silent world in which love exists on all levels, yet a particular kind of silence persists. She describes growing up in a household where intense emotions like fear or sadness were "things we simply didn't discuss" (Vargas, 2016, p. 22), creating a powerful image of the quiet damage caused by unexpressed emotion among family members. It is the lack of love, care, recognition, and validation that should have been present, yet was absent, that produces the pain of this damage.

This Silence creates a charged, emotionally based environment that defines Vargas's initial understanding of what it means to be strong, acceptable, and truly loved.

In addition to being extremely supportive of her dreams and ambitions, including her father, Vargas's parents primarily supported her through acknowledgment of her accomplishments rather than emotional attunement. Autobiographical studies also suggest that early maternal and parental dynamics often shape enduring patterns of emotional regulation and vulnerability, particularly in narratives that trace the long-term effects of childhood neglect (Neyah & Vijayakumar, 2023). Through this method of support, Vargas learns an important, albeit difficult, lesson about earning safety through performance. As a child, Vargas states that she "desperately wanted to be perfect, so I wouldn't give anyone a reason to leave" (Vargas, 2016, p. 31); this single, telling sentence captures the deep-seated and basic insecurity she had for most of her life as a child: a devastating belief that affection was conditional and she could lose them instantly if she ever showed a moment of weakness or vulnerability.

British child psychiatrist John Bowlby's (1907-1990) work provides insight into this dynamic without reducing it to pathology. Bowlby writes that children require both physical protection and attuned responsiveness; when the latter is unpredictable, children may learn to regulate their distress independently. The fact that Vargas wrote in her memoir that she "taught myself to cry quietly so no one would hear" (Vargas, 2016, p. 18) illustrates a young girl who has unconsciously absorbed the idea that her true emotions are burdensome to those around her. Consequently, her anxiety emerges not as a dramatic, obvious panic but as a continuous low-grade presence beneath her day-to-day life. She tries to control and diminish the anxiety. The failure of a parent to fully enter that moment, unintentionally due to an inability to recognize the child's deep-seated needs, lays the silent groundwork for the child's future emotional patterns.

As stated previously, early misattunement also fosters persistent, unyielding perfectionism. Often, perfectionism occurs in children who do not receive consistent emotional reassurance/validation. When a child receives love and acceptance only when s/he achieves, or performs in a manner that meets specific expectations, the child learns that his/her worth is only in achievement. John Bowlby explains this phenomenon as an internal working model of self-worth based not on being but on doing (Bowlby, 1988). The same model is cited by contemporary psychologists to describe the echoes of a neglected childhood that persist into adult interpersonal relationships. Modern psychology has become increasingly interested in the concept of perfectionism. Perfectionism is viewed by many researchers as a specific mental state that is closely linked to conditions including anxiety, depression, and addiction, primarily because individuals attempt to use self-regulation to control their fear and insecurity (CDC, 2020). While the highly controlled internal conflict generated by perfectionism is often invisible because external markers of perfectionism (i.e., high achievement, approval) are rewarded by society, research demonstrates that perfectionism is more a weak strategy for coping with insecurity than a sign of strength (CDC, 2021). In the memoir, Vargas learns that her ability to appear confident and composed and to demonstrate capability earns her approval and security, while uncertainty or fear must remain carefully concealed. Vargas develops the ability to maintain an outwardly polished, unyielding facade as she ages. While this attribute helps build Vargas's professional success as a journalist, she unknowingly uses it to further increase her internal vulnerability and isolation. The root causes of the anxiety that will be a part of her adulthood, as well as her destructive behavior involving alcohol, were created in the silent lessons of her youth. The emotional script that defines her adult life is laid out long before she has entered into a newsroom and consumed her first alcoholic beverage.

B. *Anxiety That Was Always There: Panic, Addiction, and the Fragmented Adult*

Vargas describes the gradual accumulation of anxiety from her childhood to her adult life. Her first major panic attack occurred, as she wrote in *Between Breaths*, and it was not an instant breakdown of her mind, but rather the point at which her body had broken free from her ability to control it, leaving her completely breathless and terrified. It appears to be a complete collapse. In fact, it was the surface of the fears that were buried deep inside her that were beginning to rise to the surface again. Vargas had worked hard to be a composed, successful woman. Yet the emotional script she wrote for herself as a child began to fall apart under the pressures of adulthood. As she would later write with clarity: “I didn’t know how to ask for help. I only knew how to keep moving” (Vargas, 2016, p. 51). The internal conflict between her public image and her private vulnerabilities would become a key emotional struggle in the memoir. On television, as a journalist, Vargas could be steady, confident, poised, and authoritative. Behind the cameras, however, she struggled with panic attacks and constant self-doubt. Donald Winnicott’s definition of the false self is particularly fitting to Vargas’s inner struggles. According to Winnicott, “The False Self is developed through compliance: on the need to conceal the True Self for fear of annihilation” (Winnicott, 1965, p. 140). Moreover, patriarchal socialization often discourages emotional expression in women, intensifying the internalization of trauma (Dhileep & Baisel, 2024). Psychologists have long argued the costs associated with hiding our true selves. According to Luyten et al. (2005, p. 588), “The repeated display of a socially accepted self typically creates a fragile sense of self and increases the risk for depression and substance use disorders”.

Vargas’s reliance on alcohol should therefore be seen not as a lack of willpower or moral failing but as a structural aspect of her fragile nature. Vargas describes her first drink as a moment of complete, deafening silence -- a sudden end to the incessant hum of anxiety she had carried with her entire life. “From that moment on, the anxiety that had been humming in my head my whole life disappeared” (Vargas, 2016, p. 63). Alcohol was never a social lubricant for Vargas; each glass was a necessary pause button. Drinking as a way to momentarily escape from the overwhelming fear of making mistakes that she had been chasing since her early years has severely damaged her life. Eggert et al. (2024) argue that avoidant coping behaviors often mediate the relationship between childhood neglect and adult depressive symptoms, suggesting that early emotional deprivation shapes later maladaptive regulation strategies.

Dr. Gabor Maté has repeatedly stated: “The true question is never ‘Why the addiction?’? The question is always ‘What are they trying to avoid?’” (Maté, 2008, p. xvii), which frames the conversation about addiction within the context of underlying suffering. Maté does not believe that addiction is a sign of weakness or of a moral failing; rather, he believes that addiction is an individual’s way of attempting to heal past wounds. Yet Maté warns that chemical relief is a temporary fix: the same chemical that alleviates pain for a while will ultimately increase it. As Vargas puts it bluntly: “I wasn’t drinking to get drunk. I was drinking so I wouldn’t be scared all the time” (Vargas, 2016, p. 89). Research supports this connection as well; Khantzian says that substance abuse occurs as a direct result of unaddressed psychological distress, and also states that “Addiction is best seen as a disorder of self-regulation” (Khantzian, 1997). In addition, when viewing Vargas’s story through a trauma-informed model, it is clear how a child’s relatively minor exposure to trauma can resurface in adulthood as a dangerous and often fatal method of coping with stress. The results of early childhood trauma can therefore be evidenced in addiction.

Vargas states that her recovery from alcoholism did not occur via a single, direct route. She received treatment for alcoholism many times and had several periods of relapse. Vargas sees relapse as an involuntary physiological action, not merely a lack of willpower. Vargas states: “I hated myself for drinking again, but my body wanted it. My hands were shaking so much I had to pour myself a drink” (Vargas, 2016, p. 142). Vargas’s description of her body’s intense physical reaction to anxiety clearly illustrates the fundamental tenet of van der Kolk: “the body keeps the score: the body remembers what the mind cannot” (van der Kolk, 2014, p. 21). Vargas’s account of her panic, shaking, and desire for alcohol illustrates this well. Vargas’s repeated relapses are not solely indicative of psychological failure, but also of biological recall of her previous fear and insecurity. In particular, addiction can represent both a symptom and a testimonial (where the body enacts the memories that the conscious self-attempts to suppress) in this case. Medical research supports the trauma-based interpretation of relapse, as studies have demonstrated that the stress pathways of the brain, particularly the cortisol regulatory system, remain abnormal even after achieving sobriety, resulting in extreme susceptibility to relapse (Maté, 2022). Therefore, the cycles of relapse that Vargas experienced were not due to her own personal failings, but rather an indication of the continued existence of trauma within her body. An increased awareness of this phenomenon emphasizes the need for models of recovery such as the 12-Step Program, which recognize addiction as a potentially emotionally, relationally, and spiritually injurious experience, and therefore require a multi-dimensional approach to recovery. Researchers have also recognized that communication strategies and identity negotiation are key elements of the recovery process, as they allow individuals to verbalize experiences that might otherwise remain silent or repressed (Vijayakumar et al., 2019).

Gabor Maté’s observation that “addiction is a need to soothe the pain we cannot name,” correlates with Vargas’s narrative regarding addiction. Vargas first utilizes alcohol in moderate quantities to reduce her nervousness before a high-stress broadcast, to induce sleep after a high-stress day, and to decrease her growing dread. She states that “alcohol made me feel ‘stable,’ even though nothing inside of me felt stable at all” (Vargas, 2016, p. 63). Alcohol is not used by Vargas for social purposes or pleasure; it is a chemical form of short-term solace from the panic she experiences that she cannot control. While the relief provided by drinking is transitory, the destructive patterns that develop from her use are painful and assume a life of their own over time. The cycle escalates as she hides her bottles, lies to people who care about her

about her drinking habits, and presents herself as sober for the sake of others, while the ground beneath her changes and yields.

Relationships are heavily influenced by the emotional blueprints of her childhood. Just as she once feared disappointing her parents and losing their love and respect, she now fears disappointing partners, family members, or colleagues. She writes candidly that she “was always terrified that somebody would find out how scared I really am” (Vargas, 2016, p. 77). The very same defense mechanisms of rigid concealment that helped protect her as a fearful and anxious child have come back to haunt her as an adult and render her trapped in the middle of the perfect image she must project professionally and the overwhelming and debilitating fear, she can’t shake off personally.

Ultimately, Vargas’s identity becomes fragmented; the confident, polished news anchor that appears on television and the frightened woman behind the scenes are both authentic aspects of her personality; however, they exist separately and cannot coexist openly. Vargas uses her addiction as a fragile bridge to transition between these two separate identities until the bridge breaks down and she is forced to face the traumatic events of her past that she has worked tirelessly to avoid for decades. It is in this total breakdown that the difficult yet necessary journey toward healing begins.

IV. DISCUSSION: THEORETICAL PERSPECTIVES ON SUBTLE TRAUMA AND KEY FINDINGS

Trauma caused by an absence of stable care and attention is most definitely not minor. The effects of early neglect are clearly seen in Vargas’s struggles with intense anxiety, extreme perfectionism, and unstable relationships - all of which demonstrate the depth of early neglect’s damaging effects on a person’s personality. Early neglect provides a context for understanding Vargas’s experience of an insecure attachment. According to Bowlby (1988, p. 120), “the tendency to make strong emotional connections with people” is an essential element of human nature. People develop the kind of insecure attachment that Vargas has if they do not receive a stable connection. While Bowlby identified the need to form stable attachments to establish a sense of safety and comfort, Dr. Gabor Maté emphasized the urgent psychological and medical consequences of not forming such attachments. According to Maté, “Children who have experienced emotional neglect... will develop deep-seated insecurity and reduced capacity for authentic expression of their self” (Maté, 2008, p. 35). This quote relates to the author’s experience: her challenges are not symptoms of a weak character, but rather a direct biological response to an environment that did not provide a sense of safety and connection in her childhood. Maté also highlights a valuable insight into children’s behavior: they are biologically predisposed to choose attachment over authenticity (Maté, 2008). Attachment refers to the requirement of an individual to feel safe and connected to another person, while authenticity is the ability to identify and express one’s internal truth. According to Maté, when these two essential needs come into conflict, a child will inevitably suppress their authentic self to preserve the tenuous emotional bond they have formed with the caregiver. The pain of this internal division is clearly demonstrated in the current memoir.

The conflict between attachment and authenticity leads to the development of internally damaged structures, a concept described in detail by additional attachment researchers. Specifically, Bretherton explains that attachment-related stress impairs the internal working model of the self and others, resulting in the development of distorted expectations regarding intimacy and safety (Bretherton, 1992, p. 762). Similar to Bretherton, Fonagy and Target highlight the extent to which early traumatic experiences in the caregiving relationship can impair an individual’s ability to engage in reflective functioning. Reflective functioning enables individuals to accurately assess their emotions and thoughts and to evaluate the reliability of their internal states (Fonagy & Target, 1997).

Viewing Vargas’s experiences through the lens of these powerful theories shows that Vargas’s extreme quest for validation can be viewed as part of the deep developmental injuries caused by her neglectful early childhood. Therefore, subtle trauma is not simply a softer type of suffering than other types of trauma; subtle trauma is also a very powerful, structural disruption to the development of personality and represents a serious impediment to this process.

Vargas’s memoir, *Between Breaths*, provides a heart-wrenching and compelling example of the long-lasting damage that can result from subtle trauma, and serves as a strong testimony to Dr. Gabor Maté’s assertion that “addiction is never a choice; it is a response to human suffering” (Maté, 2008, p. 137). As Vargas states about her own emotional relapse, “The panic came back. The fear came back. And I went back to the bottle” (Vargas, 2016, p. 167). She did not seek the use of alcohol to gain enjoyment; she used alcohol as a destructive medicine to quickly relieve the deep, unacknowledged emotional pain of her past. Her experience clearly shows that addiction is not a matter of wanting something; it is a deep-seated desperation to escape an intolerable internal state.

Maté supports his argument through Vargas’s desperate search for relief. Maté is able to transition from a psychological perspective of addiction to the very biological needs for survival and the nature of addiction. Maté brings to light the biological impact of early neglect and fear, stating, “Early stress shapes the circuits of the brain, creating a predisposition for addictions later in life” (Maté, 2008, p. 180).

This concept of a biological predisposition is fundamental. While trauma does not necessarily lead to addiction, it makes the body extremely susceptible to stress once again, leading to a more inevitable progression of addiction. Maté states that addiction is rarely a conscious, immediate decision, but rather the inevitable result of a pre-existing vulnerability that was created many years ago in the nervous system. The initial, temporary relief one receives from using a substance such as alcohol deceives the individual into thinking they will receive relief again with the next drink, ultimately making them increasingly dependent on the substance and moving them closer to being trapped in a cycle of despair and relapse. As long as the underlying emotional scars of neglect remain unaddressed, the cycle of fear, addiction,

and relapse will continue indefinitely. Clinical research also indicates that emotional neglect predicts poorer treatment outcomes and persistent anxiety and depression even after therapy, underscoring the enduring nature of early relational trauma (Teismann et al., 2025). The acknowledgment of these underlying emotional scars of neglect, therefore, is a critical first step for ending the cycle of fear, addiction, and relapse. Additionally, literature provides further understanding of the roots of Vargas's suffering from both a psychological and neurobiological perspective. Memoir scholars Smith and Watson (2010) have argued that life writing is a platform to "reconstruct the self in relation to others".

In addition, Vargas does the exact same thing by creating a narrative for herself to revisit many of the moments she was unable to process as a child. Cultural trauma theorists also believe that individual sufferings only attain meaning when they are placed into a larger social context – "a publicly mediated process through which private pain acquires collective significance" (Alexander, 2012).

The desperation to relieve pain or suffering throughout Vargas's relapse cycle clearly reflects how trauma can have profound physical effects. The desperation is inherent within the body and how trauma disrupts both the body's physiological responses as well as behavior post-traumatic event. Trauma has a lasting impact on the body, and it is evident through many different forms of symptomology throughout the memoir, such as uncontrolled panic attacks, chronic insomnia, and shaking/trembling. Research in neuroscience also validates the physical impact of trauma. Early childhood trauma fundamentally alters the body's ability to regulate its primary stress-response system. As a result of this physiologic alteration, an excessive amount of cortisol is produced and significantly elevates an individual's risk of developing adult anxiety and/or substance dependence disorders (Heim & Nemeroff, 2001). Vargas's hand shook, she had rapid heartbeats, and her breathing was interrupted by relapsing during every breath, which were not manifestations of the psychological weaknesses but rather were the physical consequences of early insecurity and a poorly regulated nervous system.

Vargas's experience cannot be viewed in isolation, as it reflects a broader cultural issue present worldwide. Since this memoir is set within the U.S., the author attempts to provide some context on this issue in the U.S. Specifically, anxiety disorders represent the most widely occurring mental health disorder found in the U.S. Anxiety disorders create problems for tens of millions of Americans each year (National Institute of Mental Health [NIMH], 2023). According to national survey data, nearly one in five young adults reported experiencing anxiety symptoms prior to the onset of the pandemic. It is clear that the authors' individual fears are unlikely to result from private anomalous experiences and are more likely representative of a broader generational pattern (Centers for Disease Control and Prevention [CDC], 2020). The COVID-19 crisis exacerbated the already dire situation. Recent research provides a stark portrayal of how the pandemic significantly increased psychological burden across the general population, directly resulting from extreme social isolation, constant uncertainty, and complete disruptions to normal social routines (Vijayakumar et al., 2023). Not surprisingly, anxiety and depression rates increased exponentially during the prolonged isolation as people grieved the loss of loved ones and uncertainty regarding the future filled their minds (CDC, 2021).

Vargas's descriptions of the many personal struggles she had as an alcoholic and the substance abuse problems she faced are evidence of what should be viewed as a very serious public health crisis, rather than merely the experiences of one person. Alcohol-related harm represents a significant public health concern, with long-term patterns of misuse contributing to preventable morbidity and mortality on a national scale (Centers for Disease Control and Prevention [CDC], 2023a). Another area of great concern is the rapidly increasing number of people facing a crisis of addiction; it has become an international problem. National data indicate that millions of individuals experience co-occurring substance use and mental health disorders each year, highlighting the scale at which untreated psychological distress manifests as addiction and emotional suffering (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). While Vargas's writing focuses largely on American culture, the statistics concerning alcohol and drug addiction are disturbing: annually, there are over 100,000 deaths caused by alcohol related causes (Smith & Watson, 2010), and drug overdose deaths have significantly increased over the last decade (CDC, 2023b). For these reasons, Vargas's detailed illustration of her experience with alcoholism is far more than a personal narrative of addiction; she presents a critical perspective of the underlying and unseen processes and mechanisms of why and how people choose to use drugs and/or alcohol. More specifically, she illustrates Maté's core argument; individuals usually make decisions to use addictive substances because they are desperate for some type of relief from their internal pain, rather than for the purpose of finding pleasure.

Additional support that the personal failures of individuals who suffer from subtle trauma are not solely the fault of the individual is the physical costs of subtle trauma on the nervous system of the body. In addition to the physical costs of subtle trauma, through the muscles and nerves, it also has severe implications for public health. The outcome of subtle trauma is not limited to the individual who suffers from it; it is a social/cultural phenomenon and thus has very serious implications for the public health of a society.

Therefore, when we value the individual experiences of authors who can portray their own, we see the many subtleties and deeper aspects of actual trauma. Surveys conducted on a national scale demonstrate that the voices of these individuals are not rare cases; rather, they represent a developing, collective awareness to acknowledge trauma as a common societal problem. Thus, a critical and immediate change in focus is necessary among medical practitioners, policymakers, and cultural activity to develop a response to this basic issue.

V. CONCLUSION

Trauma, or “small t” trauma, is the repeated and ongoing stress created by neglect that continues after a violent event. The study used Vargas’s memoir, *Between Breaths* (Vargas, 2016), to determine how the lack of consistent care during childhood can create a similarly formative trauma as the violation itself. Vargas describes an “anatomy of silence,” an environment that lacked safe boundaries and failed to provide emotional recognition as a child. Her struggle between maintaining control on the outside and experiencing chaos inside demonstrates the lasting emotional residue of her upbringing.

Reading Vargas’s experiences from a psychological/medical perspective provides a needed lens to view the long-term effects of the childhood trauma she experienced. Bowlby’s (1988) attachment theory is fundamental to understanding how emotional neglect (and other forms of neglect) affects children emotionally and how it can develop into unhealthy adult relationships/bonds. When an infant’s natural desire to establish secure emotional attachments is disrupted, he/she develops internal working models of self and others that negatively affect all subsequent relationships and bonds. Maté’s (2008, 2022) trauma-informed view of addiction offers a way out of viewing addiction as a moral issue and instead allows researchers to see that Vargas’s continued struggle with alcoholism is a search for comfort and relief rather than an addictive behavior. Dr. Maté stated, “The question is always what the person seeks relief from, not what they become addicted to” (Maté, 2022, p. xx), and his statement is central to the argument made in this paper: that behind each maladaptive behavior lies an attempt to alleviate an unbearable, unspeakable pain.

The study shows that the internal distress expressed above is not only psychological but also physical. Van der Kolk’s neurobiological explanation for the impact of traumatic experience on the body, “the body keeps the score” (van der Kolk, 2014, p. 21), further emphasizes the need to research the effects of trauma on individuals. Bessel van der Kolk states that traumatic events have lasting effects on the body. Neuroscientific research (Heim & Nemeroff, 2001) supports the conclusion that early stress affects the body’s basic regulatory response to stress, damaging critical brain regions that regulate bodily functions and leading to chronic dysregulation. Vargas’s relapses (which included shaking and panic) were not examples of poor willpower, but rather examples of the early physical responses to insecure environments she experienced due to unreliable caregivers. As a result of these early, insecure environments, Vargas was particularly vulnerable to utilizing substances as a method of coping with adult-related stressors. The study’s combination of literature, psychology, and medicine demonstrate that although subtle trauma may not be as visible as other forms of trauma, it has a similar effect on the total biological and emotional being.

This study argues that instead of placing the focus on overt forms of trauma, subtle trauma should be moved to the forefront of the trauma discourse. This is not about pathologizing normalcy, but about humanizing the normalcy of living under the constant threat of crisis, and acknowledging that vulnerability is part of what makes us human. Our brains were designed to respond to consistent caregiving, and a prolonged lack of it results in collective injury, not a failure to perform. This realization forces the traditional individualized narratives associated with addiction and mental illness into question. Numerous national survey reports (CDC, 2021) indicate that the authors’ stories are not unique; they reflect a shared voice calling for recognition of trauma as a public health issue that demands attention and resources.

Therefore, Vargas’s act of telling her story is both aesthetically therapeutic and physiologically therapeutic; she begins the healing process of remembering and integrating her past experiences. The literature indicates that the process of narrative expression can reintegrate fragmented memories and emotions and alter how our bodies respond to stress (Heim & Nemeroff, 2001). Thus, the study posits that because of the long-term implications of subtle trauma in terms of interpersonal relationships, health, and anxiety, it should be placed at the epicentre of trauma discourse as both a significant literary and pressing medical and social issue. The study provides a link between memoir and psychology/neuroscience and clearly identifies the vast continuum between the emotional/biological components of humans as well as the private/public components of trauma. An important finding of the study is that since trauma exists at multiple levels, recovery must also exist at multiple levels: emotional/relational and physical. Future studies could expand this research by examining how subtle trauma manifests in the writings of memoirists from diverse cultural backgrounds, and whether the practice of writing/narrative expression facilitates emotional and neurobiological integration.

DECLARATION OF THE USE OF AI

The authors acknowledge the use of ChatGPT (OpenAI) to enhance the clarity, coherence, and readability of the manuscript. The tool was used for language refinement tasks, such as improving sentence structure, smoothing transitions between sections, and paraphrasing text to improve flow. All AI-assisted outputs were carefully reviewed, edited, and validated by the authors.

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