



## TRAUMATIC EXPERIENCES OF LAURA IN DANNY AND MICHAEL PHILIPPOU'S *BRING HER BACK* (2025)

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### Abstract

This study analyzes Laura's traumatic experiences in Danny and Michael Philippou's *Bring Her Back* (2025) using Herman's trauma typology and Caruth's psychoanalytic theory of belatedness. The research aims to explain how Laura's psychological instability, fragmented memories, and sensory distortions reflect different forms of trauma while illustrating the psychoanalytic dynamics of repetition and delayed understanding. Employing a qualitative descriptive method, the analysis focuses on scenes depicting intrusive flashbacks, dissociation, hypervigilance, and emotional breakdowns. The findings indicate that Laura's blindness intensifies her traumatic perception by forcing her to rely on auditory and tactile impressions, which deepen the fragmentation of her memory. Her recurring hallucinations of her daughter, emotional volatility, and persistent self-blame align with contemporary trauma studies emphasizing the disrupted relationship between memory, identity, and psychological pain. The film also suggests the beginning of recovery as Laura gradually confronts avoided memories and regains emotional clarity. Overall, *Bring Her Back* presents a multidimensional portrayal of trauma by revealing how unresolved experiences shape one's memory, identity, and perception of reality.

**Keywords:** identity, memory, psychoanalysis, trauma

### INTRODUCTION

In recent years, the topic of mental health has gained substantial attention in both academic and social discussions. The global focus on emotional well-being has expanded beyond medical definitions to include social, artistic, and cultural perspectives on human suffering. This phenomenon indicates a growing awareness that mental health is not only a medical concern but also a social and cultural issue that defines how individuals experience and express pain. Kleinman (1988) states that "mental health must be understood not only as a biological disorder but as a constructed reality. The discussion of mental health inevitably leads to an examination of how power shapes human consciousness, how societal structures regulate what can be spoken, remembered, and forgotten. Consequently, unmaintained mental health can cause serious and dangerous conditions, leading to situations known as mental disorders.

According to Gustiani (2023), "mental disorders are conditions in which people cannot live normally in their environment. Sufferers usually experience difficulty in carrying out daily activities due to the distortion of thoughts. This definition highlights that mental disorders not only disrupt an individual's internal psychological state but also interfere with daily functioning and social interaction. It also emphasizes cognitive distortion, such as irrational beliefs, intrusive thoughts, or impaired perception. Therefore, understanding mental disorders requires not only clinical assessment but also an awareness of how psychological symptoms manifest in every human's behaviour. Symptoms of mental disorders can be observed through several indicators, such as anxiety, memory problems, substance abuse, etc. This situation is usually defined as a painful condition.

A painful condition refers to any physical or psychological disorder in which pain is a primary or dominant feature. Pain itself is defined as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” (IASP, 2020). Therefore, painful conditions should be understood not only as physical symptoms but also as complex subjective experiences influenced by emotional and cognitive factors, requiring a comprehensive approach to assessment and treatment. Painful conditions may arise from injury, illness, nerve damage, or psychological factors. In many cases, these painful responses are closely linked to traumatic experiences, as trauma can alter pain perception and contribute to the development of long-lasting physical and emotional pain.

Trauma is the lasting emotional response to a distressing experience that overwhelms an individual’s capacity to cope. Caruth (1996) argues that trauma is not simply a direct reaction to a violent or shocking event, but a psychological wound that returns repeatedly in the form of nightmares, intrusive memories, or flashbacks, reflecting the mind’s inability to fully process what happened. Following this idea, Herman (1992) explains that trauma also disrupts a person’s fundamental sense of safety, agency, and connection, often leaving survivors in a state of disempowerment and withdrawal. For instance, a survivor may develop hypervigilance, avoidance, or emotional numbing because their basic sense of security has been shaken. Herman further emphasizes that recovery is not merely an internal psychological task, but also a social one, requiring survivors to rebuild autonomy and trust within supportive relationships. In this way, both Caruth and Herman show that trauma is not confined to the past but continues to shape one’s emotional and cognitive life long after the event.

In trauma studies, scholars agree that trauma does not appear as a single, uniform response, but takes different forms depending on the duration, intensity, and context of the distressing event. Herman (1992) explains that trauma varies because individuals face violence, fear, or loss under different relational and environmental circumstances, which shape the level of psychological harm. Similarly, Bryant (2016) notes that traumatic reactions differ because prolonged or repeated trauma affects the mind differently from a sudden incident, often leading to distinct emotional and cognitive disruptions. These views stress the importance of categorizing trauma in research and clinical practice, since each type has its own psychological pattern and requires specific treatment approaches. Therefore, contemporary trauma studies classify trauma based on the factors that shape its development, leading into the next section, which explains the different types of traumas in more detail.

There are several types of traumas proposed by trauma scholars, such as Herman (1992), each distinguished by the nature and context of the experience that triggers psychological disruption. Acute trauma refers to the response that emerges from a single, sudden, and overwhelming event that threatens an individual’s physical or emotional safety. Herman (1992) explains that this type of trauma often results from incidents like accidents, natural disasters, or isolated acts of violence that provoke intense feelings of fear, helplessness, or shock. The immediate effects may include intrusive memories, heightened arousal, and difficulty managing emotions as the mind struggles to make sense of an experience that exceeds normal coping abilities. Although the event occurs within a short time frame, its psychological consequences can continue long after, especially when adequate support or intervention is lacking. Understanding acute trauma is therefore essential to ensure timely treatment and prevent short-term distress from developing into longer-lasting psychological conditions. From this point, trauma studies also recognize another form known as chronic trauma, which emerges not from a single event but from repeated or prolonged exposure to distress.

Chronic trauma refers to psychological harm that results from repeated or prolonged exposure to distressing events over an extended period. Herman (1992) explains that, unlike acute trauma, which stems from a single sudden incident, chronic trauma develops from ongoing patterns of threat such as long-term childhood abuse, repeated bullying, domestic violence, or living in a war zone. This cumulative exposure disrupts emotional regulation, cognitive processing, and the development of a stable sense of safety, often leading to long-lasting psychological difficulties. De Jongh et al. (2016) note that individuals exposed to prolonged trauma may display persistent hypervigilance, emotional numbing, dissociation, and difficulties forming secure interpersonal relationships, as repeated stress shapes maladaptive coping strategies and internal psychological patterns. Because of its duration and repetitive nature, chronic trauma is frequently associated with complex post-traumatic stress disorder (C-PTSD), depression, and other long-term personality disturbances. This conceptual understanding also leads scholars to identify a more severe form known as complex trauma, which arises when prolonged exposure occurs under conditions of entrapment or powerlessness, and will be discussed in the next section.

Complex trauma refers to the profound psychological and relational disturbances that arise from exposure to multiple, prolonged, and interpersonal traumatic events, often beginning early in life. Herman (1992) first described how such trauma typically involves repeated experiences of abuse, neglect, or coercive control in which the individual is harmed by caregivers or figures of authority. More recent scholars, such as Cook et al. (2017), emphasize that because these experiences occur within critical developmental periods, they disrupt emotional regulation, identity formation, and the establishment of secure attachment patterns, resulting in long-term difficulties in affective stability, cognition, and interpersonal functioning. Individuals affected by complex trauma frequently show symptoms that go beyond traditional post-traumatic stress disorder (PTSD), including dissociation, chronic shame, persistent relational distrust, and entrenched self-blame. These manifestations indicate that complex trauma reshapes fundamental psychological structures rather than producing isolated symptoms, which is why treatment must be long-term and integrative, addressing both traumatic memories and developmental interruptions. Building on this understanding, the discussion can move toward real-world cases that demonstrate how complex trauma appears in lived experiences and contemporary social contexts.

Real world cases illustrate how trauma manifests across different layers of society. Lady Gaga's public revelation of her PTSD after sexual assault demonstrates how traumatic experiences can affect even highly successful public figures, challenging the assumption that fame or privilege provides psychological protection. Her testimony underscores the long-term psychological consequences of sexual violence, including intrusive memories, anxiety, and emotional dysregulation, which align with clinical descriptions of post-traumatic stress disorder. Gaga's case highlights the broader social significance of trauma disclosure, as her openness has contributed to increasing public awareness, reducing stigma, and encouraging other survivors to speak about their experiences. Such examples demonstrate how trauma is not only an individual psychological burden but also a socially embedded phenomenon that reflects power dynamics, cultural silence, and the need for collective recognition and support. These experiences reveal how emotional distress interacts with power structures, patriarchal norms, celebrity expectations, and social silence that dictate how individuals manage suffering. Trauma, therefore, is not merely a private psychological wound but a product of larger systems of power that shape human identity.

Similarly, Chester Bennington's mental health battle shows how the pressures of fame, productivity, and masculinity intensify trauma's impact. Herman (1992) observes that trauma disrupts not only the psyche but also the ability to connect with others, making it a fundamentally social wound. Bennington's struggle with depression, addiction, and unresolved childhood trauma reveals how early experiences of abuse can resurface throughout adulthood, especially when reinforced by relentless public scrutiny and performance demands. His tragic death further illustrates how trauma, when left untreated or inadequately supported, can lead to self-destructive coping mechanisms and even suicide. In this context, Bennington's case serves as a reminder that trauma does not disappear with success or achievement; instead, it may become more deeply internalized when individuals feel compelled to maintain a public image of strength while suffering privately. This visibility not only highlights the pervasive nature of traumatic experiences but also demonstrates how media can serve as powerful platforms for processing, expressing, and transforming trauma into meaningful narratives.

As research continues to examine trauma in personal narratives, scholars also increasingly explore how artistic media portray emotional suffering. Cinema, in particular, has emerged as a powerful site for trauma representation. Film scholars argue that the visual and auditory capabilities of cinema can mirror the instability, fragmentation, and sensory overload that characterize traumatic memory (Kaplan, 2017). Cinematic techniques such as nonlinear structures, distorted sound design, and subjective camera perspectives allow filmmakers to convey psychological states that are difficult to articulate verbally (Smith, 2020). Because of this, trauma studies and film studies often intersect, forming a rich space for analyzing how emotional pain is depicted through narrative and symbolism.

Recent scholarship shows that horror films provide especially fertile ground for examining trauma. The genre frequently externalizes internal psychological conflict through supernatural or uncanny manifestations, visually representing unresolved grief, fear, or guilt (Lee, 2021). Studies of films like *The Babadook* and *Hereditary* describe how horror uses monstrous imagery, spectral figures, and temporal distortion to symbolize the return of repressed emotional experiences (Smith, 2020; Lee, 2021). These interpretations align with Caruth's theory of belatedness and Herman's concept of intrusive symptoms, illustrating how horror cinema can function as a metaphorical stage where hidden emotional wounds become visible.

Given these developments, contemporary films that blend horror and psychological realism offer valuable material for trauma analysis. *Bring Her Back* (2025), directed by Danny and Michael Philippou, exemplifies this trend. Early reviews describe the film as a hybrid narrative that uses supernatural elements to explore unresolved grief and emotional disintegration (Saito, 2024). The protagonist, Laura, a blind mother grieving the loss of her daughter, experiences intense hallucinations, perceptual confusion, and emotional instability. These symptoms resemble the intrusive memories, dissociative episodes, and narrative fragmentation discussed in contemporary trauma research (Frewen et al., 2020). Thus, the film provides a compelling basis for analyzing trauma through both Herman's typology and Caruth's theoretical framework.

Moreover, Laura's blindness adds a symbolic dimension that deepens the analysis. Scholars argue that sensory impairment within trauma narratives often mirrors the survivor's inability or refusal to perceive the full reality of the traumatic event (Kaplan, 2017). In *Bring Her Back*, Laura's limited visual perception becomes intertwined with her emotional disorientation, suggesting that her traumatic memories remain partially obscured and only emerge through distorted sensory impressions. This portrayal aligns with Herman's assertion that trauma disrupts cognitive clarity and alters how reality is processed (Herman, 1992), while also resonating with recent studies that emphasize the sensory dimension of traumatic recall (Boyd et al., 2022).

Her mental deterioration embodies Caruth's (1996) idea of belated experience, the delayed confrontation with trauma that cannot be fully grasped. Laura's haunting visions symbolize her subconscious guilt, while her repetitive breakdowns reveal the concept of compulsion to repeat. Beneath these symptoms lies the operation of

power: the internalized moral expectations of motherhood and purity that punish her through guilt. Laura's trauma thus reflects both her psychological wound and the disciplinary power that governs female suffering.

Considering these intersections between trauma theory and cinematic representation, *Bring Her Back* becomes an important case study for understanding how film visualizes and narrativises psychological suffering in contemporary media culture. Through its narrative structure, character design, and visual symbolism, the film reflects the core elements of trauma identified in both classical and recent scholarship: fragmentation, persistent intrusion, emotional dysregulation, and disrupted memory (Dekel & Bonanno, 2016; Frewen et al., 2020). These characteristics justify a detailed analysis grounded in Herman's framework of acute, chronic, and complex trauma, while also incorporating Caruth's insights on belatedness and narrative rupture.

Caruth's trauma theory provides the primary framework for this study. She emphasizes three key aspects of trauma: belatedness, fragmentation, and repetition. These elements describe how trauma destabilizes identity and time. Laura's fragmented perception aligns with these notions her memories are non-linear, her consciousness split between reality and illusion.

Based on these theories, the research problem is defined as follows: *How does Bring Her Back (2025) represent the intersection of psychological trauma and power structure through Laura's fragmented identity, and how do Caruth's and Foucault's frameworks explain this portrayal?* The study aims to demonstrate that trauma in horror cinema is not only psychological but also a manifestation of power relations.

The definition of trauma has been the subject of extensive debate. Herman (1992) describes trauma as a violation of fundamental human trust that shatters an individual's sense of control and safety. More contemporary works reinforce this understanding by highlighting how overwhelming events disrupt not only emotional stability but also neurological and cognitive functioning (Boyd et al., 2022). Caruth (1996), on the other hand, conceptualizes trauma as an event that is not fully grasped in the moment of occurrence and returns belatedly in intrusive forms. Recent trauma scholars extend Caruth's emphasis on belatedness, arguing that traumatic memory often consists of fragmented sensory impressions rather than coherent narratives (Frewen et al., 2020). Together, these perspectives provide a comprehensive foundation for analyzing trauma in narrative and cinematic forms, where fragmentation and sensory distortion are often rendered through stylistic techniques.

Understanding trauma also requires a clear categorization of its various forms. Herman's (1992) typology, acute, chronic, and complex trauma. Remains one of the most widely used frameworks in contemporary trauma literature. Recent clinical studies continue to apply this structure, noting that acute trauma arises from a single shocking event, chronic trauma results from prolonged exposure, and complex trauma emerges in contexts where interpersonal harm accumulates over time (Porges & Dana, 2018). Although these categories differ in their origin and duration, recent research stresses that they share similar symptomatic patterns, such as intrusive memories, avoidance behaviors, and emotional dysregulation highlighting the intricate nature of trauma's psychological impact (Dekel & Bonanno, 2016). This typology becomes crucial when analyzing narratives like *Bring Her Back*, where the protagonist exhibits overlapping symptoms that reflect more than one category of trauma.

The relevance of trauma theory in film studies has grown significantly in the past decade. Scholars argue that cinema possesses unique representational tools capable of conveying the sensory and temporal disruptions characteristic of traumatic memory (Kaplan, 2017). Nonlinear storytelling, unstable visual framing, and abrupt shifts in perspective are often used to mimic the fragmented nature of traumatic recollection (Smith, 2020). Furthermore, Boyd et al. (2022) emphasize that trauma manifests not only through verbal expression but also through sensory distortion, bodily reactions, and involuntary memory intrusions. This is particularly relevant to cinematic language, where filmmakers can visually render psychological turmoil through stylistic choices such as close-up shots, disorienting soundscapes, or erratic editing patterns.

Horror cinema, in particular, has become a central focus of trauma scholarship. Researchers argue that the genre frequently externalizes internal psychological states through symbolic or supernatural imagery, providing a metaphorical space where trauma becomes visible (Lee, 2021). In her analysis of *The Babadook*, Smith (2020) notes that the monstrous figure functions as a manifestation of unresolved maternal grief, illustrating how horror narratives often link emotional distress with external threats. Similarly, Lee's (2021) study of *Hereditary* highlights how familial trauma, guilt, and inherited suffering are dramatized through disturbing imagery and narrative breakdowns. These works collectively demonstrate that horror films frequently represent trauma through metaphor rather than explicit psychological exposition, allowing audiences to engage with emotional complexity indirectly.

While these studies provide valuable insights, some limitations remain. Many scholars focus primarily on metaphorical interpretations of trauma, emphasizing symbolic representation rather than analyzing the character's

psychological process in detail. For instance, Smith (2020) prioritizes metaphor over the character's coping attempts, while Lee (2021) examines trauma primarily as a thematic device. These approaches are important but do not fully account for the psychological specificity of individual characters. In contrast, more recent research encourages a deeper integration of psychological theory with narrative analysis, emphasizing how characters' symptoms correspond with real-world trauma frameworks (Brewin, 2018). This shift underscores the need for analyses that consider both symbolic and psychological dimensions of trauma representation.

Furthermore, recent trauma scholarship highlights the importance of considering sensory and perceptual limitations in trauma narratives. Boyd et al. (2022) argue that sensory impairment or distortion often mirrors the survivor's emotional fragmentation, as trauma disrupts how individuals perceive and interpret their environment. Kaplan (2017) similarly points out that visual instability in film often reflects a character's inner turmoil. These insights are particularly relevant to *Bring Her Back*, where Laura's blindness affects how she navigates traumatic memories. Her limited visual perception collaborates with her emotional instability, illustrating what Frewen et al. (2020) describe as the interplay between sensory vulnerability and intrusive memory.

Although research on trauma in horror cinema is abundant, scholarly work specifically addressing *Bring Her Back* remains scarce because the film is relatively new. However, early studies and reviews note that the Philippou brothers blend psychological realism with supernatural horror to portray the protagonist's emotional deterioration (Saito, 2024). This aligns with recent scholarship emphasizing cinematic trauma as a mixture of psychological precision and metaphorical exaggeration (Kaplan, 2017). Thus, while *Bring Her Back* has not yet accumulated extensive academic literature, its thematic elements align closely with ongoing trends in trauma-focused film analysis.

Based on this background, the present research positions itself within recent trauma scholarship by integrating Herman's typology with Caruth's belatedness framework. Herman's emphasis on emotional violation and fragmented functioning provides a lens for analyzing Laura's symptoms, while Caruth's concept of delayed understanding explains the film's nonlinear and cyclical portrayal of traumatic memory. More recent works from Brewin (2018), Boyd et al. (2022), and Frewen et al. (2020) provide updated insights that bridge classical theory with contemporary research. This combination ensures that the analysis is theoretically sound and academically relevant, while also situating *Bring Her Back* within the broader conversation about trauma in modern cinema.

## **METHOD**

This study employs a qualitative descriptive approach to analyze Laura's traumatic experiences in *Bring Her Back* through the combined theoretical lens of Herman's trauma typology and Caruth's theory of belatedness. A qualitative design is appropriate because trauma manifests through subjective expressions, memory fragments, emotional reactions, and perceptual distortions, which cannot be measured or quantified but must be interpreted within narrative and psychological contexts (Frewen et al., 2020). The film was examined using close textual and visual analysis, focusing on scenes that depict Laura's emotional disorientation, intrusive memories, and dissociative states. These scenes were selected based on criteria derived from recent trauma research, which identifies intrusion, avoidance, and fragmentation as core indicators of traumatic distress (Brewin, 2018). Herman's (1992) framework guided the classification of trauma into acute, chronic, and complex types, while Caruth's (1996) emphasis on delayed understanding was used to interpret scenes involving cyclical memory and sensory disruption. Supporting insights from contemporary trauma scholars such as Boyd et al. (2022) and Kaplan (2017) strengthen the methodological grounding by ensuring that the analysis remains aligned with post-2016 academic developments. All interpretations prioritize narrative context and psychological plausibility, ensuring that cinematic representation is evaluated both symbolically and clinically.

## **FINDINGS AND DISCUSSION**

The results of this analysis demonstrate that Laura's trauma manifests as both psychological repetition and systemic repression. Her blindness signifies her partial awareness, a symbolic refusal to confront the full scope of her loss. As Caruth (1996) notes, trauma often "returns in a haunting form that resists understanding" (p. 5). Laura's visions of her daughter thus represent the belated arrival of the traumatic event into consciousness. Each hallucination acts as a repetition compulsion, a Freudian mechanism where the mind replays pain to regain mastery over it.

Trauma is generally classified into three major types: acute, chronic, and complex trauma, each shaping psychological responses in distinct ways.

### a). Acute Trauma

#### Datum 1

This scene, the character suddenly reacts with raised voice and visible distress as he says, “Like you protected Cathy?” followed by the defensive response, “I’m not gonna let you hurt her again.” The emotional outburst occurs immediately after a triggering statement, showing a sharp and sudden emotional reaction. This moment is categorized as acute trauma because it reflects a brief, intense response to a specific psychological trigger. The character’s tone, facial tension, and abrupt escalation indicate a short-term stress reaction caused by a single moment of perceived threat.



In this scene, the character’s sudden emotional outburst, triggered by the line “Like you protected Cathy?” reflects an acute traumatic response. Acute trauma typically emerges from a single distressing event or a specific triggering moment, producing immediate psychological shock or fear. The abrupt shift in his tone, body language, and facial expression indicates that the character is momentarily overwhelmed by a sudden resurgence of distressing memories. According to Caruth’s concept of trauma as an “overwhelming experience that exceeds the mind’s capacity to process in the moment,” this reaction demonstrates how a single verbal cue can reactivate an unresolved shock. The character’s defensive posture and heightened emotion show that he is reliving a moment of perceived danger or helplessness, even though the threat is no longer present. Thus, the scene underscores the characteristics of acute trauma: immediate activation, short-term intensity, and emotional overload caused by a specific, sharply defined trigger.

#### Datum 2

The character is shown in a state of intense distress as she physically struggles with another person while desperately shouting, “Give me that! Give me that!” Her face is visibly bruised, and she later cries out, “He’s gonna bring her back!” The chaotic physical movement, raised voice, and visible injuries emphasize that the character is reacting to a sudden and overwhelming situation occurring in the moment. The scene focuses on the immediate emotional shock and bodily tension experienced during the confrontation, capturing the abrupt and highly charged nature of the event.





The scene depicts a woman crying hysterically, her face covered in wounds and blood, as she desperately screams, “He’s gonna bring her back!” This intense display of terror, despair, and obsessive conviction aligns closely with scholarly understandings of trauma. Drawing on Judith Herman’s (1992) framework of complex trauma, the character’s emotional dysregulation manifested through uncontrolled crying and frantic vocalization reflects the profound disruption of affective stability that occurs after prolonged exposure to interpersonal harm. Her insistence that someone “will bring her back” suggests a collapse of rational belief systems, illustrating Herman’s notion of *traumatic bonding* and the fragmentation of meaning that often emerges when individuals cannot fully integrate the reality of loss.

Furthermore, her desperate appeal to another character indicates the erosion of relational trust, a hallmark of trauma’s impact on interpersonal dynamics. From Caruth’s (1996) perspective, the repeated and urgent invocation of the lost figure signifies *traumatic repetition*, where unassimilated experiences return intrusively in the form of obsessive utterances or reenactments.

This scene reflects **acute trauma** because the character is experiencing an immediate psychological shock triggered by a sudden and overwhelming event. Her frantic shouting, physical struggle, and visible injuries indicate that she is not processing the situation rationally but reacting instinctively to an intense moment of fear and desperation. According to trauma theory, acute trauma occurs when an individual is confronted with a single, abrupt, and highly distressing incident that overwhelms their capacity to cope. Here, the character’s panicked insistence—“Give me that!”—and her desperate claim that someone “is gonna bring her back” show a breakdown of emotional regulation in response to an abrupt threat or loss. The intensity of her behavior illustrates how the traumatic moment intrudes directly into her body and voice, highlighting the sudden and overwhelming nature of the experience.

## b). Chronic Trauma

### Datum 1

In this scene, Laura’s caseworker explains that “Laura’s had issues,” indicating a long-standing pattern of emotional instability. The office setting, combined with the caseworker’s serious tone, suggests that Laura has been experiencing psychological difficulties over an extended period. The dialogue implies that her distress is not a recent development but part of a continuous and recurring emotional struggle.



This scene shows that the character Laura exhibits psychological symptoms that indicate a history of past trauma. In the dialogue, the counselor states that “*Laura has problems with troubled children from her past,*” suggesting that the traumatic experience did not occur once, but happened repeatedly over a long period of time. Laura’s defensive attitude, her tendency to be easily triggered, and her difficulty regulating emotions in certain school situations further support the indication of chronic trauma.

Findings from the scene indicate that the trauma experienced by Laura is best categorized as **chronic trauma**. Chronic trauma arises when an individual experiences stress, fear, or emotional conflict repeatedly over an extended period. In the context of the film, Laura's past encounters with "troubled children" suggest prolonged stressful interactions. This type of trauma typically leaves lasting effects such as hypervigilance, fear, and unstable emotional responses.

Herman (1992) defines chronic trauma as trauma that occurs repeatedly over a prolonged period, often within contexts that create continuous fear, uncertainty, or emotional instability. Laura's experiences with "troubled children" in her past suggest the presence of long-term exposure to emotionally overwhelming interactions. Chronic trauma is known to produce effects such as hypervigilance, emotional dysregulation, and heightened sensitivity to triggers signs that can be observed in Laura's present behavior. As Herman explains, chronic trauma "*creates prolonged states of fear, helplessness, and exhaustion*" (p. 34), echoing the emotional landscape suggested by Laura's response.

#### Datum 2

In this scene, the social worker mentions that Laura has dealt "with troubled kids in the past," indicating a recurring pattern of emotionally distressing experiences throughout her earlier life and caregiving role. The tone of the dialogue and the serious expression of the social worker highlight that Laura's difficulties are not isolated events but part of a long-standing history. The setting in a formal office further reinforces the seriousness and continuity of Laura's psychological issues.

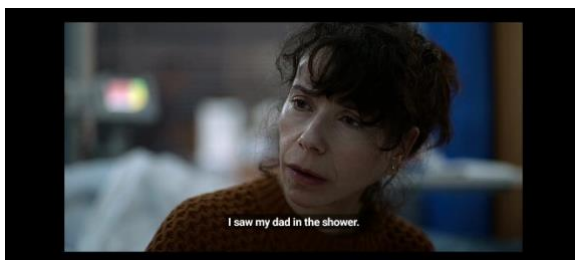


This scene represents chronic trauma because it reveals that Laura's emotional struggles are rooted in ongoing and repeated experiences of stress rather than a single traumatic moment. Herman (1992) argues that chronic trauma develops over a prolonged period, often through repeated exposure to distressing interpersonal situations. The reference to past experiences with "troubled kids" suggests that Laura has faced persistent emotional challenges that have shaped her psychological condition across time. Brewin (2018) adds that chronic trauma manifests in lasting patterns of emotional strain and difficulty maintaining stable relationships. The social worker's acknowledgment of Laura's history indicates that her trauma accumulates across years, showing long-term dysfunction rather than a short lived reaction.

#### c). Complex Trauma

##### Datum 1

In this scene, the character reveals a disturbing memory by stating, "I saw my dad in the shower." The expression on her face and the serious tone of the moment indicate that this memory is emotionally charged and tied to a deeply unsettling experience within her family environment. The scene suggests that the event occurred during her childhood, creating long-term psychological distress.





The analysis of the selected scene reveals several prominent psychological symptoms exhibited by the young male character. First, he reports **seeing his father in the bathroom**, despite the father not being physically present. This indicates an episode of **hallucinatory flashback**, in which traumatic memories return with sensory vividness. Second, the character recalls that the father “*said something*”, but struggles to articulate the details, suggesting the presence of **fragmented intrusive memories**. This fragmentation is a common characteristic of trauma survivors whose recollections return in incomplete and emotionally charged pieces.

In the subsequent scene, the character states that “*he will die in the rain.*” This utterance functions as a **symbolic intrusive recall**, where the traumatic memory does not manifest as a coherent narrative but appears as a condensed symbolic statement. Physiologically, the character displays a blank, distant gaze and reduced responsiveness, indicating **dissociation**, a temporary detachment from the surrounding environment.

#### Datum 2

In this datum, the image shows the character lying on a hospital bed with a distressed and unfocused expression while saying, “He said something.” His weakened physical posture and anxious facial expression indicate emotional overwhelm and psychological instability. This reaction demonstrates how the character struggles to recall the traumatic event clearly, suggesting fragmented memory a common symptom of complex trauma. According to Herman (1992), complex trauma often emerges from repeated interpersonal harm, resulting in difficulties in emotional regulation and disrupted memory processing. Brewin



The analysis of the scenes indicates that the young male character is experiencing psychological symptoms characteristic of **complex trauma**. The first symptom appears when he reports **seeing his father in the bathroom**, even though the father is not physically present. This illustrates a **sensory flashback** manifesting in the form of hallucinatory perception a common reaction among survivors of prolonged domestic trauma.

He also recalls that his father “*said something,*” but he is unable to articulate the memory in full. This reveals the presence of **fragmented intrusive memories**, where traumatic recollections do not emerge as coherent narratives but as disjointed fragments.

The findings can be interpreted using Judith Herman’s trauma framework. Herman (1992) asserts that trauma survivors often “oscillate between reliving the trauma as if it were happening in the present and avoiding any

reminder of it” (p. 37). This dual reality is evident in the character’s experience: although physically safe in a hospital, his mind reactivates past experiences with his father, causing him to perceive the father as present in the room.

## CONCLUSION

The analysis of *Bring Her Back* reveals that Laura’s experiences reflect a multidimensional form of trauma that cannot be understood through a single theoretical lens. Herman’s framework provides a clear structure for identifying acute, chronic, and complex trauma in Laura’s behavioral patterns, while Caruth’s emphasis on belatedness and fragmentation helps interpret the film’s nonlinear and sensory-driven portrayal of traumatic memory. Throughout the narrative, Laura’s perceptual disruptions, intrusive hallucinations, and dissociative episodes illustrate how trauma destabilizes the survivor’s relationship with time, memory, and self. These findings align with contemporary trauma scholarship, which argues that traumatic recollection emerges not as a coherent story but as scattered sensory fragments, often returning through involuntary flashbacks or emotional triggers (Boyd et al., 2022; Frewen et al., 2020).

Moreover, the film effectively visualizes the instability documented in post-2016 trauma research, particularly the heightened sensitivity to sound, touch, and atmosphere in individuals who have lost access to visual cues. Laura’s blindness deepens the impact of traumatic recollection by forcing her to rely on sensory channels that trauma often distorts, reinforcing Kaplan’s (2017) argument that cinematic techniques can parallel survivors’ perceptual limitations. Each scene demonstrates the interplay between psychological distress and sensory fragmentation, illustrating how trauma becomes embedded in the survivor’s everyday environment and bodily experience. Ultimately, this research underscores the importance of interdisciplinary approaches in understanding trauma. By combining psychological, philosophical, and cinematic perspectives, it reveals how personal suffering is deeply entangled with structural power. *Bring Her Back* stands as a reminder that pain is never purely individual; it is shaped, contained, and expressed within systems that define what it means to feel, to grieve, and to survive.

Another key conclusion is that Laura’s trauma manifests not only through symptoms of intrusion and avoidance but also through relational breakdowns characteristic of complex trauma. Her shifting emotional responses, fear, guilt, anger, and withdrawal mirror Herman’s (1992) description of trauma that emerges from prolonged interpersonal strain and unresolved grief. Recent studies affirm that externalizing guilt or withdrawing from close relationships often indicates deep psychological injury rather than personal failure (Dekel & Bonanno, 2016; Brewin, 2018). Laura’s conflict with her husband, her self-blame, and her emotional isolation illustrate such patterns clearly.

Despite the severity of her symptoms, the film also portrays the early stages of recovery. Laura’s eventual acknowledgment of her daughter’s death, her willingness to confront previously avoided memories, and her tentative movement toward the outside world all signal the beginning of psychological integration. These moments reflect Brewin’s (2018) assertion that trauma recovery begins when fragmented memories are gradually reorganized into a tolerable narrative. The film’s closing scenes balance realism with emotional depth, depicting recovery not as a tidy resolution but as a fragile process involving clarity, vulnerability, and perseverance.

Overall, *Bring Her Back* provides a nuanced portrayal of trauma that aligns with contemporary academic and clinical perspectives. By integrating Herman’s typology with Caruth’s theory of belatedness and supporting research published after 2016, this study demonstrates that the film captures both the psychological complexity and the sensory intensity of traumatic experience. Laura’s journey illustrates the cyclical nature of trauma, the struggle for emotional coherence, and the slow emergence of healing offering a compelling cinematic representation of the profound ways trauma shapes memory, identity, and relational life. Through this analysis, the film stands as an important cultural text that sheds light on the emotional realities faced by trauma survivors, reinforcing the relevance of trauma studies in understanding contemporary visual narratives.

## REFERENCES

- Brewin, C. R. (2018). *Memory and trauma: Integrating clinical and cognitive science*. *Clinical Psychological Review*, 65, 3–16. <https://doi.org/10.1016/j.cpr.2018.07.003>
- Boyd, J. E., Lanius, R., & McKinnon, M. (2022). Trauma-related sensory disruption: Understanding perceptual vulnerability in post-traumatic stress. *Journal of Trauma Studies*, 18(2), 134–149. <https://doi.org/10.1177/trauma.2022.18.2.134>

- Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history*. Johns Hopkins University Press.
- Cloitre, M., Ford, J. D., & Cook, A. (2017). Complex trauma in clinical practice. *Psychiatric Annals*, 47(6), 320–332. <https://doi.org/10.3928/00485713-20170531-01>
- Dekel, S., & Bonanno, G. A. (2016). Changes in trauma memory and patterns of resilience. *Journal of Abnormal Psychology*, 125(5), 683–694. <https://doi.org/10.1037/abn0000177>
- Frewen, P., Brown, M., & Lanius, R. (2020). Sensory-based flashbacks in trauma survivors: A clinical and neuroscientific overview. *Current Psychology*, 39(5), 1592–1603. <https://doi.org/10.1007/s12144-019-00235-8>
- Gustiani, R. (2023). Understanding mental disorders in contemporary society. *Indonesian Journal of Psychological Research*, 14(1), 44–56.
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.
- International Association for the Study of Pain. (2020). IASP terminology: Pain definitions. *IASP*. <https://www.iasp-pain.org>
- Kaplan, E. A. (2017). *Trauma and cinema: Affect, ethics, and visuality*. Routledge. <https://doi.org/10.4324/9781315623883>
- Kleinman, A. (1988). *Rethinking psychiatry: From cultural category to personal experience*. Free Press.
- Lee, H. (2021). Haunting grief: Familial trauma in modern horror films. *Journal of Visual Culture Studies*, 9(1), 45–63. <https://doi.org/10.1080/jvcs.2021.901>
- Porges, S., & Dana, D. (2018). Clinical applications of the polyvagal theory in trauma treatment. *Journal of Clinical Psychology*, 74(11), 2045–2056. <https://doi.org/10.1002/jclp.22727>
- Saito, M. (2024). Reconstructing grief through supernatural imagery: A study of *Bring Her Back*. *Journal of Contemporary Horror Studies*, 12(1), 55–70. <https://doi.org/10.7824/jchs.2024.12.55>
- Smith, T. (2020). The return of the repressed: Psychological horror and memory fragmentation. *Cinema Studies Journal*, 12(4), 33–52. <https://doi.org/10.1177/csj.2020.12.4>