

Exploring the Echoes of Childhood Trauma in Colleen Hoover's *It Ends with Us* (2016)

¹Anisa Nur Rosiani*, ¹Riana Permatasari, ¹Dyah Fitri Wulandari, ¹Destary Praptawati

¹English Literature Department, Faculty of Language, Literature, and Culture, Universitas Islam Sultan Agung, Indonesia

***Corresponding Author**

Email: anisanr222@gmail.com

Abstract

*Childhood trauma significantly shapes adult psychological development and interpersonal relationships. Literature serves as a powerful medium for exploring these complex psychological phenomena, offering insights into how early adverse experiences manifest in later life. This research examines the portrayal of childhood trauma symptoms in Colleen Hoover's novel *It Ends with Us* (2016). The study employs a descriptive qualitative method to analyze the main character Lily Bloom's psychological patterns as she navigates adult relationships while carrying unresolved childhood wounds from witnessing domestic violence. The primary data consists of the novel's narrative, supported by the secondary sources including trauma psychology literature and previous literary studies. Through close textual analysis guided by trauma theory, this research identifies how the novel authentically depicts the long-term effects of childhood exposure to intimate partner violence. The findings reveal that emotional dysregulation manifests through Lily's difficulty managing intense emotions and recognizing abusive patterns; interpersonal instability appears in her conflicted relationships; and re-experiencing emerges through intrusive memories and psychological flashbacks triggered by present-day situations. This study contributes to understanding how contemporary popular fiction addresses serious psychological issues, demonstrating that *It Ends with Us* serves not merely as an entertainment but as a culturally significant exploration of intergenerational trauma, offering readers both validation and insight into the complexities of breaking the cycle of abuse.*

Keywords: *It Ends with Us; childhood trauma; symptoms*

INTRODUCTION

A common occurrence, childhood trauma has serious and lasting effects. Trauma is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), as a result from an event, sequence of events, or set of circumstances that an individual perceives as physically or emotionally harmful or life-threatening and that has lasting effects on functioning and mental, physical, social, emotional, or spiritual well-being (US Department of Health and Human Services, 2014). The experience of childhood trauma can fundamentally change development trajectories, effecting emotional regulation, interpersonal relationship, and psychological wellbeing throughout the lifespan (Mukherjee, 2022)

Colleen Hoover's *It Ends with Us* (2016) stands as a particularly powerful example of how popular fiction can engage with complex psychological themes. The novel tells the story of Lily Bloom, a young woman who escapes an abusive household and moves to Boston seeking for a

better life. She meets and falls in love with Ryle Kincaid, a successful neurosurgeon. Despite initial rejections, they eventually marry. However, their seemingly perfect relationship gets worse when Ryle becomes physically abusive, mirroring the violence Lily witnessed between her parents during childhood. When her childhood friend Atlas reappears and gives support, Lily finds the strength to break the cycle. Immediately after giving birth to their daughter, she divorces Ryle, choosing to end the pattern of abuse rather than preserve it.

What makes *It Ends with Us* particularly powerful from a trauma studies perspective is the novel's exploration of cyclical abuse, childhood conditioning, and the psychological complexities survivors experience when trying to break existing patterns of domestic violence. Unlike various romance novels that portray relationships in idealized terms, Hoover's work delves into the psychological reality of how witnessing domestic violence shapes a child's conception of love, normalizes violence, and creates vulnerabilities that linger into adulthood. The novel reveals how trauma symptoms—specifically emotional dysregulation, interpersonal instability, and re-experiencing—manifest in adult survivors of childhood domestic violence exposure.

Prior research has examined trauma in literature from various perspectives, using a range of theoretical frameworks to clarify the psychological dimensions of fictional characters and their lived experiences. Sarungu and Andayani (2023) analyzed Lily Bloom's trauma in Colleen Hoover's *It Ends with Us*, identifying how the protagonist experiences intense psychological distress stemming from her childhood exposure to domestic violence. Their study revealed that early traumatic experiences within the family unit do not merely constitute isolated incidents, but rather engender deeply embedded psychological patterns that linger into adulthood, shaping the individual's emotional responses, relational behaviors, and self-perception. By drawing on psychological theories of trauma, Sarungu and Andayani (2023) were able to trace the complex ways in which Lily's formative experiences manifest in her adult relationships, ultimately contributing to cycles of victimization that the narrative seeks to interrogate.

This aim of this research is to fill the gap by analyzing the symptoms of childhood trauma in *It Ends with Us* novel. The study is guided by the following research questions: (1) What are the symptoms of childhood trauma experienced by Lily Bloom as portrayed in Colleen Hoover's *It Ends with Us*? (2) How are the symptoms of childhood trauma experienced by Lily Bloom depicted in Colleen Hoover's *It Ends with Us*? The scope of this study is to analyze the symptoms of childhood trauma as appeared in the novel's portrayal of Lily Bloom's psychological patterns and relationship dynamics.

Academically, this study contributes to trauma studies, literary criticism, and psychology by demonstrating how popular fiction can serve as both a cultural artifact reflecting societal understanding of trauma and a pedagogical tool for understanding complex psychological phenomena. Practically, the findings can benefit readers, educators, and mental health professionals by highlighting how literary narratives can validate survivors' experiences and increase awareness of the lasting impacts of childhood trauma exposure.

REVIEW OF LITERATURE

The study of childhood trauma and its long-term effects have evolved significantly over recent decades. Understanding how childhood trauma manifests in adulthood requires examining both the psychological mechanism through which trauma and how these mechanisms appear in narrative forms. This review uses the frameworks developed by Su (2020) for understanding adult survivors of childhood trauma, which provides a comprehensive clinical perspective on symptoms manifestation.

Complex Post-Traumatic Stress Disorder

Adult survivors of childhood abuse present complex symptomatology that often resists simple diagnostic categories. Su (2020) note that childhood trauma is common and can have profound consequences throughout a person's life. Adult survivors of childhood abuse face various challenges, as the diagnosis of their medical and psychiatric illnesses is complex, the therapeutic relationship can be both delicate and critical to recovery, and the treatments are varied, often expensive and frequently inaccessible. Given the complexity of symptomatology experienced by survivors, many will have acquired multiple diagnoses including depression, anxiety, panic disorder, and other conditions (Su, 2020).

Herman (1992) established foundational understanding of complex PTSD as a syndrome in survivors of prolonged and repeated trauma. Complex PTSD is considered different from simple PTSD because of the developmental consequences of early trauma. A child is developing their core sense of self, learned behavior, expectations of relationships, and neurological system, and all this is disrupted by trauma (Su, 2020). The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provide diagnostic criteria for PTSD that includes symptoms of intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity.

Somatic Symptoms

Somatic symptoms represent one of the most frequently overlooked manifestations of childhood trauma, as their psychological origins are often covered by their physical presentation. Su (2020) highlights that there is increasing understanding of the neurobiological changes apparent in survivors of childhood abuse, as well as the somatic consequences of chronic stress, making it essential to explore trauma histories in patients presenting with complex and chronic illness, particularly when those illnesses are ill-defined or contain mixed emotional and physical symptoms. Common somatic presentations among childhood trauma survivors include medically unexplained symptoms, syndromes such as irritable bowel syndrome, chronic fatigue, and fibromyalgia, as well as chronic pain and the physical consequences of maladaptive coping strategies such as substance abuse and eating disorders.

These somatic manifestations are significant because they may serve as the primary, and sometimes only, channel through which survivors communicate their distress. Su (2020) notes that survivors may present with conscious or subconscious manifestations of distress that are somatic, psychiatric, psychological, or social in nature, often without making an explicit connection between their physical symptoms and their trauma history. This disconnect makes diagnosis particularly challenging, as the true cause rooted in past trauma may go unnoticed if clinicians focus only on the physical complaints without considering the person's broader psychological background. Recognizing somatic symptoms as possible signs of unresolved childhood trauma is therefore important in order to provide more complete and meaningful care for survivors.

Emotional Dysregulation

Emotional dysregulation represents a core difficulty for survivors of childhood trauma. Thompson (2019) defines emotion dysregulation as a theme encompassing difficulties in managing emotional responses appropriately to situational demands. Survivors may find it more difficult to regulate their emotions when they are under stressor re-experiencing a sense of powerlessness (Su, 2020). Because of the intensity of their emotional experience and the poor sense of self that often follows childhood trauma, these patients may have recurrent or chronic suicidal ideation and self-harm. Beyond the difficulties in managing emotional responses, childhood trauma survivors also frequently experience heightened physiological reactivity, manifesting in the form of hyperarousal symptoms that further disrupt their daily functioning.

Hyperarousal symptoms represent another critical aspect of trauma response. Miles et al. (2022) found that hyperarousal symptoms linger after successful PTSD treatment in active-duty military, suggesting the persistent nature of this symptom cluster. Ayers, Wright, and Ford (2015) demonstrated that hyperarousal symptoms can manifest after both traumatic and nontraumatic events, highlighting the complex nature of arousal dysregulation in trauma survivors. These symptoms include heightened startle response, difficulty concentrating, irritability, and sleep disturbances (American Psychiatric Association, 2013)

Children who grow up in abusive families often have little opportunity to learn healthy emotional coping skills and may learn to manage strong emotions in unhelpful ways (Su, 2020). According to Su (2020), common symptoms include irritability and chronic hyperarousal, recurrent or chronic ideation, self-harm, and maladaptive coping strategies such as addictions and eating disorders. These manifestations reflect difficulties in emotional regulation that persist from childhood into adulthood.

Interpersonal Instability

Interpersonal instability can occur as a result of disordered attachment and modelling of relationship (Su, 2020). Symptoms may be more superior at important life events such as marriage, pregnancy, and childbirth. When abuse occurs within the family or in another trusted group of adults, the trauma is intensified by betrayal of trust. In betrayal trauma, symptoms are more likely to be severe, and survivors often lose their ability to detect unsafe behaviors into adulthood. For this reason, they are more likely to stay in unsafe relationship (Su, 2020)

Other symptom includes re-enacting unhelpful relationships from the past, such as becoming abusive themselves or partnering with an abusive partner, as well as performing a poor parenting skill (Su, 2020). These patterns reveal how childhood exposure to abuse damage the development of healthy relationship schemas. The targeted intervention involves modelling of appropriate attachment and offering a stable and supportive therapeutic relationship.

Avoidance

Avoidance of the feelings or sensations create a sense of being distant from the experience, a phenomenon known as dissociation (Su, 2020). The survivors perceived that the experience or phenomenon will potentially trigger them. When somatic and emotional symptoms become too intense, survivors may unconsciously seek to reroute their sense of chaos toward something they feel they can control, giving rise to maladaptive behaviors such as substance use or eating disorders, or alternatively redirecting toward highly productive activities as a means of emotional distraction. Adults may also carry coping strategies that were helpful in childhood into adulthood, including avoidance or the tendency to dissociate during stress. Understanding these symptoms clusters provides a framework for analyzing how they manifest in literary representations of trauma survivors.

Re-experiencing

Su (2020) stated re-experiencing is one of the symptoms. When trauma occurs in childhood, the flashbacks may be well experienced as a flood of emotion, disconnected from the narrative in which the trauma originally arose (Su, 2020). Re-experiencing happens when the survivor is facing a moment or reality that is familiar to them or they have faced in the past. As a result, survivors may struggle to identify triggers and so many misinterpret re-experiencing as panic attacks or hallucinations. Re-experiencing may be predominantly emotional, involving feelings of acute distress, anxiety, or fear for no apparent reason and with no obvious narrative, or somatic, involving medically unexplained symptoms (Su, 2020)

Disorders of Memory

Disorders of memory constitute a typical and very complex feature of childhood trauma, arising from the fragmentation of memory that often accompanies early adverse experiences. Su (2020) explains that there is evidence that children who experience trauma have fragmentation of their memories of childhood, an experience that makes understanding and validating trauma extremely difficult. This fragmentation is especially pronounced in individuals who experienced trauma at a very young age, as the younger the child was during exposure and the more prolonged and persistent the experience, the less likely they are to be able to articulate their distress in a coherent narrative form.

Crucially, Su (2020) emphasizes that the goal of engaging with disordered memory is not to reconstruct the precise facts of what occurred, but rather to understand and manage the consequences of those experiences. Most survivors are able to articulate that their childhood was distressing, even if they cannot provide a clear image of their specific moment in the past. This fragmented quality of traumatic memory has significant implications for how survivors process and make sense of their past, as gaps in memory can create confusion, self-doubt, and difficulty in identifying the beginning of their current psychological difficulties. Disorders of memory therefore not only demonstrate the neurological impact of early trauma but also shape the survivor's ability to engage in therapeutic and recovery processes.

Shame

Shame represents one of the most pervasive and deeply embedded consequences of early childhood trauma, fundamentally disrupting the survivor's sense of self. Su (2020) explains that a healthy sense of self is established early in childhood and developed through constant reinforcement by significant attachment figures such as family, but when a child is abused at a young age, they tend to internalize a belief that they are deserving of the harm done to them. This deformed self-perception may be further strengthened when the abuser put the blame on the child, or when other family members fail to believe or protect the child, establishing a profound and common sense of shame that becomes essential to the identity of the survivors.

Shame is resistant to change even in the face of external success or social validation, eventually that makes shame particularly complex as a symptom. Su (2020) observes that it is odd for a survivor to be valued, accomplished, and respected in their adult life while still carrying a deep and hidden burden of shame. This perception of unworthiness can coexist with high functioning and social competence, making it invisible to those around the survivor and often unrecognized by the survivor themselves. Shame therefore works as a silent yet deeply harmful force, undermining the survivor's capacity for self-compassion, authentic connection with others, and engagement in the recovery process. Making this symptom needs a therapeutic approach grounded in empathy, respect, and the consistent affirmation of the survivor's inherent worth.

METHOD

This study employs a descriptive qualitative method to analyze the manifestation of childhood trauma symptoms in Colleen Hoover's *It Ends with Us* (2016). The qualitative approach allows for in-depth exploration of how psychological phenomena are represented in literary narrative, particularly how trauma symptoms are depicted throughout the novel. As noted by Creswell (2014), qualitative research aims to understand the meaning individuals or groups assign to social or human issues, while descriptive analysis focuses on providing detailed accounts of phenomena as they appear in the data.

With using the novel *It Ends with Us* (2016) by Colleen Hoover, this study focuses specifically on passages depicting the protagonist Lily Bloom's psychological responses, relationship

patterns, and memory processes as they relate to her childhood exposure to domestic violence. Secondary data sources include scholarly literature on trauma psychology, particularly the framework developed by Su (2020) for understanding adult survivors of childhood trauma as well as clinical definitions from the DSM-5 (American Psychiatric Association, 2013) and research on specific symptom manifestations.

Data collection follows several systematic steps. First, the novel was read completely for multiple times to understand overall narrative arc and character development. Second, specific passages depicting Lily's emotional responses, relationship dynamics, and memories were identified and documented under investigation: emotional dysregulation, interpersonal instability, and re-experiencing. The analysis process follows the model of data reduction, data display, and conclusion drawing. Data reduction involves selecting relevant textual evidence; data display organizes the evidences thematically, and conclusion drawing interprets how the novel represents each trauma symptoms.

The analytical framework draws on Su's (2020) comprehensive model of complex PTSD symptomatology to identify how the novel depicts each symptom. For emotional dysregulation, the analysis examines Lily's difficulty managing emotions, particularly in response to conflict or reminders of her father's violence. For interpersonal instability, the analysis focuses on Lily's relationship patterns, attachment behaviors, and responses to perceived abandonment. For re-experiencing, the analysis present consciousness. All findings are interpreted within the context contemporary trauma theory and supported by direct textual evidence from the novel.

RESULT AND DISCUSSION

The analysis of *It Ends with Us* reveals three distinct manifestations of childhood trauma symptoms in the protagonist Lily Bloom's psychological patterns and relationship dynamics. These symptoms—emotional dysregulation, interpersonal instability, and re-experiencing—appear throughout the novel in ways that align with Su's (2020) framework for understanding adult survivors of childhood trauma while being integrated naturally into the narrative structure. The following sections examine each symptom manifested in Lily Bloom's character throughout the novel.

Emotional Dysregulation

Throughout *It Ends with Us*, Lily demonstrates difficulty regulating emotional responses, particularly in situations involving conflict or perceived threat. This emotional dysregulation manifests in several key ways that align with Su's (2020) description of common symptomatology: irritability and chronic hyperarousal, difficulty managing strong emotions, and challenges maintaining emotional equilibrium during stress. Thompson (2019) defines emotion dysregulation as difficulties in managing emotional response appropriately to situational demands, a definition that properly describes Lily's struggles throughout the narrative. A crucial example of emotional dysregulation appears in Lily's journal.

My fear folds in on itself, and I become diluted with rage. All I can see when I squeeze my eyes shut is my mother crying on our old living room couch; my father forcing himself on top of her. Hatred rips through me and I start screaming.

Lily's experience in the passage above illustrates hypervigilance as a manifestation of emotional dysregulation and hyperarousal, as Ryle's violent advance immediately triggers involuntary memories of witnessing her mother being abused by her father. This intrusive recollection heightens her alertness to potential danger, demonstrating how past trauma shapes her physiological and emotional responses in the present. Such a pattern is consistent with the frameworks proposed by Thompson (2019), Su (2020), the American Psychiatric Association

(2013), and Miles et al. (2022), all of which identify hypervigilance as a persistent symptom among survivors of childhood trauma.

Additionally, Lily shows difficulty distinguishing between past and present emotional responses. When Ryle displays anger, even when not directed at her, Lily experiences disproportionate fear responses that relate more to her father's violence than to Ryle's actual behavior in that moment. This conflation of past and present emotional experiences reflects the emotional dysregulation common in childhood trauma survivors, where historical conditioning creates inappropriate emotional responses to current situations. As Su (2020) note, because of the intensity of their emotional experience and the poor sense of self that often follows childhood trauma, survivors may have recurrent emotional difficulties that persist into adulthood. The novel accurately depicts how childhood exposure to violence creates lasting difficulties in emotional processing and regulation.

Interpersonal Instability

Lily's relationship patterns throughout the novel demonstrate the interpersonal instability that Su (2020) identify as arising from disordered attachment and modelling of relationships. Her relationships with both Ryle and Atlas exhibit the unstable dynamics, fear of abandonment, and difficulty maintaining stable relationship boundaries that research associates with childhood trauma exposure. Su (2020) explains that when abuse occurs within the family, the trauma is compounded by betrayal of trust, symptoms are more likely to be severe, and survivors often lose their capacity to detect unsafe behaviors into adulthood, making them more likely to stay in unsafe relationships.

It's easy when we're on the outside to believe that we would walk away without a second thought if a person mistreated us. It's easy to say we couldn't continue to love someone who mistreats us when we aren't the ones feeling the love of that person.

The passage above reveals the psychological complexity that underlies Lily's difficulty to escape from her abusive relationship with Ryle. Rather than navigating her decision to stay as a product of weakness or poor judgment, Lily's internal reflection frames it as an emotionally conflicted experience rooted in the very nature of love itself. This narrative choice reflects what Su (2020) describes as the diminished capacity to detect unsafe behaviors in adulthood, a consequence of early trauma in which abuse and affection become deeply entangled within the family environment. Having grown up witnessing her mother endure a similar cycle of violence and reconciliation, Lily's perception of love is unconsciously shaped by those formative experiences, making it profoundly difficult for her to distinguish care from harm. The quoted passage therefore not only advances the narrative but also functions as a critical commentary on the internalized nature of interpersonal instability, illustrating how childhood trauma does not merely affect survivors cognitively, but fundamentally reshapes the emotional framework through which they experience and interpret their relationships.

The novel also depicts Lily's struggle to maintain relationship boundaries. Her difficulty to identify when Ryle's behavior crosses into unacceptable territory, repeatedly making excuses for incidents that should clearly signal danger. This boundary diffusion reflects how childhood exposure to violence normalizes behaviors that should trigger alarm. As Su (2020) explain, in betrayal trauma, survivors often lose their capacity to detect unsafe behaviors into adulthood. Lily's attachment system, conditioned by witnessing her mother's relationship with her abusive father, fails to respond appropriately to warning signs. The interpersonal instability appears not just in dramatic moments but in Lily's ongoing uncertainty about what constitutes healthy relationship dynamics—a lasting effect of developmental trauma.

Re-experiencing

The novel employs a dual-timeline narrative structure that powerfully illustrates the re-experiencing phenomenon central to childhood trauma. Lily's childhood journals, interspersed throughout the present-day narrative, create a literary representation of how traumatic memories intrude into current consciousness. This structure mirrors what Su (2020) describes as the fragmented nature of traumatic memory, particularly when trauma occurs in childhood. As they explain, when trauma occurs in childhood, the flashbacks may well be experienced as a flood of emotion, disconnected from the narrative in which the trauma originally arose. This is partly due to fragmentation of memory, and as a result, survivors may struggle to identify triggers. Specific triggers in Lily's adult relationship activate vivid re-experiencing of childhood trauma.

I don't hear Ryle's voice this time. All I hear is my father's voice.

"I'm sorry, Jenny. It was an accident. I'm so sorry."

"I'm sorry, Lily. It was an accident. I'm so sorry."

The passage depicts moments where Lily simultaneously exists in two timeframes: the adult woman in her own apartment and the child watching her father hurt her mother. When Ryle apologizes to Lily, she is involuntarily transported back to the memories of her father offering similar apologies to her mother following episodes of abuse. This intrusive recollection represents a manifestation of re-experiencing, in which present circumstances trigger vivid memories of past traumatic events, blurring the boundary between past and present reality. Such a response is consistent with Su's (2020) identification of re-experiencing as a prevalent symptom among adult survivors of childhood trauma, wherein familiar situational cues unconsciously evoke deeply embedded traumatic memories.

The re-experiencing extends beyond explicit flashbacks to include somatic responses to trauma reminders. Lily describes physical sensations of fear, nausea, and hypervigilance that arise without conscious awareness when situations echo childhood experiences. This manifestation aligns with research on hyperarousal symptoms in trauma survivors. Miles et al. (2022) found that hyperarousal symptoms linger even after successful PTSD treatment, suggesting their persistent nature. Ayers, Wright, and Ford (2015) demonstrated that hyperarousal symptoms can manifest in various contexts, highlighting the complex nature of arousal dysregulation in trauma survivors. The novel shows how Lily's body remembers trauma even when her conscious mind attempts to rationalize or minimize current dangers.

This authentic depiction of re-experiencing demonstrates how childhood trauma creates lasting vulnerabilities. According to Su (2020), survivors may struggle to identify triggers and so may misinterpret re-experiencing as panic attacks or hallucinations. The novel's use of re-experiencing as both psychological phenomenon and narrative device effectively communicates trauma's persistent, intrusive nature. By depicting how Lily's past continuously intrudes into her present through fragmented memories and somatic responses, *It Ends with Us* provides readers with an accessible yet psychologically accurate portrayal of this core trauma symptom.

CONCLUSION

This study examined how Colleen Hoover's *It Ends with Us* depicts three symptoms of childhood trauma; emotional dysregulation, interpersonal instability, and re-experiencing. Through close textual analysis guided by Su's (2020) framework for understanding adult survivors of childhood trauma, the research demonstrates that the novel provides a psychologically accurate portrayal of how childhood exposure to domestic violence shapes adult psychological functioning and

relationship patterns. The finding reveal that emotional dysregulation appears through Lily's difficulty managing emotional responses, particularly in conflict situations that echo childhood experiences. Interpersonal instability manifest in her unstable attachment patterns, fear of abandonment, and difficulty maintaining relationship boundaries. Re-experiencing emerges through intrusive memories, psychological flashbacks, and somatic responses to trauma triggers.

This research contributes to trauma studies by demonstrating how contemporary popular fiction can serve as both cultural artifact and pedagogical tool. The study's focus on specific, clinically recognized trauma symptoms as outlined by Su (2020) provides a framework for analyzing psychological themes in literature while remaining grounded in empirical research. The findings suggest that popular fiction warrants serious academic attention for its role in shaping cultural understanding of trauma, abuse, and recovery. Future research might examine reader responses to trauma narratives in popular fiction, investigate how such narratives compare to survivors' lived experiences, or analyze trauma representation across different literary genres and cultural contexts.

In conclusion, *It Ends with Us* demonstrates that popular fiction can engage meaningfully with complex psychological phenomena while maintaining narrative appeal. The novel's portrayal of childhood trauma symptoms reflects contemporary understanding of developmental trauma as articulated by Su (2020), offering readers both an emotionally engaging story and an education in trauma psychology. By examining how childhood experiences shape adult relationships and psychological patterns, the novel contributes to broader cultural conversations about domestic violence, intergenerational trauma, and the possibility of breaking destructive cycles—making it not merely entertainment but a culturally significant work that addresses urgent social issues through the accessible medium of popular fiction.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Ayers, S., Wright, D. B., & Ford, E. (2015). Hyperarousal symptoms after traumatic and nontraumatic birth. *Journal of Reproductive and Infant Psychology*, 33(3), 282–293. <https://doi.org/10.1080/02646838.2015.1004164>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5(3), 377–391.
- Hoover, C. (2016). *It Ends with Us*. Atria Books.
- Miles, S. R., Hale, W. J., Mintz, J., Wachen, J. S., Litz, B. T., Dondanville, K. A., Yarvis, J. S., Hembree, E. A., Yong-McCaughan, S., Peterson, A. L., & Resick, P. A. (2022). Hyperarousal symptoms linger after successful PTSD treatment in active duty military. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0001292>
- Mukherjee, K. (2022). Childhood trauma and its effects in adulthood. *International Journal of Innovative Research in Technology*, 8(12), 178–181.
- Sarungu, L. G., & Andayani, A. (2023). The analysis of Lily Bloom's trauma in Colleen Hoover's *It Ends with Us*. *TANDA: Jurnal Kajian Budaya, Bahasa dan Sastra*, 3(1), 9–18.
- Su, W.-M., & Stone, L. (2020). Adult survivors of childhood trauma: Complex trauma, complex needs. *Australian Journal of General Practice*, 49(7), 423–430.

Thompson, R. A. (2019). Emotion dysregulation: A theme in search of definition. *Development and Psychopathology*, 31, 805–815. <https://doi.org/10.1017/S0954579419000282>

U.S. Department of Health and Human Services. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*.