| RESEARCH ARTICLE

Catherine Earnshaw's Trauma in Emily Brontë's *Wuthering Heights*: BPD and Conflicted Loyalties

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| **ABSTRACT**

This paper explores the profound impact of trauma on Catherine Earnshaw in Emily Brontë's Wuthering Heights, specifically focusing on how her experiences of abuse and abandonment contribute to symptoms of Borderline Personality Disorder (BPD). The research situates Catherine's psychological struggles within the broader context of Trauma Studies, utilizing theories of Post-Traumatic Stress Disorder (PTSD) to interpret her behaviors and relationships. The study examines the interplay between Catherine's unresolved trauma and her conflicted relationships, highlighting how these dynamics shape her tragic fate and influence other characters in the novel. The analysis underscores the significance of understanding trauma's psychological effects in literature, offering insights into the complexities of character development and the broader implications for human behavior.

1. Introduction

In recent decades, the subject of trauma has sparked significant interest within both social and academic spheres. This heightened attention has fostered the emergence of a distinct discipline, Trauma Studies, dedicated to investigating the enduring impact of traumatic experiences through various lenses. Trauma theories have broadened their scope, aligning with disciplines like psychology and Memory Studies. Particularly noteworthy is their growing intersection with literature, which has strengthened notably since the aftermath of the Second World War.

Wuthering Heights, written by Emily Brontë, explores various forms of trauma experienced by its characters, including abuse, neglect, social isolation, and the destructive nature of obsessive love. The novel delves into the psychological and emotional wounds caused by these traumatic experiences and examines their lasting impact on the characters' lives. Brontë's portrayal of "wild and dark characters, creepy environments, uncanny plots, and supernatural scenes" (Qiao, 2019, p. 1578) contributes to the exploration of trauma in the novel.

The novel is known for its enigmatic nature and refusal to adhere to the moral and sexual codes of the Victorian era while simultaneously upholding some of its significant traits (Sahin, 2014, p. 586). Overall, Wuthering Heights can be seen as a study of trauma, shedding light on the deep-seated wounds and their consequences in the lives of its characters. Catherine and Heathcliff both exhibit symptoms of Complex Post-Traumatic Stress Disorder and display indications of Borderline Personality Disorder. Beneath the facade of mature individuals with monstrous characteristics, lie two individuals who have been deeply scarred by abuse, to the extent that their essential humanity has been obscured.

There are debates over the possible interrelation between traumas and personality and behavioral disorders such as Borderline Personality Disorder (BPD). This article intends to prove the interrelation between these two by defining BPD and the effects of traumatic events on its development. Its objectives are to describe how Catherine's traumatic experiences make her suffer from BPD and how BPD affects her life, especially her personal affairs. The significance of this study is to shed light on the psychological suspense of this story to help the reader have a better understanding of the novel and its characters; furthermore, it helps them become more aware of the possible effects traumatic experiences might have on the development of characters in both fictional and natural worlds.

2. Literature Review

There are various approaches to literature, including the psychological approach. "It has been one of the most controversial, the most abused, and for many readers- the least appreciated" (Guerin et al., 1998, p. 152). This approach is an old one, and it goes back to the fourth century BC. Aristotle employed the concept in articulating his timeless definition of tragedy, which involves the amalgamation of pity and terror to elicit catharsis. Meanwhile, Sir Philip Sidney, Coleridge, Wordsworth, and Shelley engaged in a form of literary analysis that delved into the psychological aspects of literature, a practice often referred to as "psychologizing literature." (p. 153). In the twentieth century, psychological criticism was associated with the psychoanalytic theory of Sigmund Freud.

Psychological criticism in the twentieth century finds its seminal association with the psychoanalytic theories of Sigmund Freud. Reverberating across various intellectual and cultural spheres, Freud's profound insights into childhood experiences and their enduring impacts on adult personality have garnered substantial recognition and widespread adoption. Like the profound influence of central religious doctrines, Freud's psychoanalytic framework has found resonance among many individuals, providing them with a systematic lens through which to interpret the intricacies of their own behavior. As Geoffrey H. Steere eloquently asserts in his work "Freudianism and Child-Rearing in the Twenties" (1968) Freudianism's profound effect on individual behavior represents a compelling intellectual endeavor and a uniquely comprehensive approach to understanding the complexities of human nature (p. 759).

Critiques of psychoanalysis as a research field have emerged, underscoring the need to acknowledge these critical perspectives comprehensively. Amidst these evaluations, a central facet of contention pertains to the paradigm shift toward rationalism within psychoanalytic theory, a transformation vehemently contested by Stefan Zweig. This opposition strained Zweig's relationship with Freud and his adherents and highlighted the schism that emerged due to this intellectual divergence. While many have attributed Zweig's clash with the psychoanalytic movement to his provocative categorization of Freud alongside figures like Franz Mesmer and Mary Baker Eddy in Mental Healers, an alternative perspective emerges. It is argued that the core fissure between Zweig and the psychoanalytic circle lay in his pointed critiques of the prevailing rationalistic trajectory within psychoanalysis during his era (Sharvit, 2016, p. 42).

Zweig's profound criticisms of this rationalistic turn were emblematic of his perception of the prevailing socio-political milieu, particularly the ominous clouds cast by the rise of the Third Reich and its menacing implications. Zweig contended that Freud, situated on the precipice of these dark times during his London exile, recognized the perilous consequences of unchecked primal instincts. In response to the question of what would become of humanity if solely governed by unchecked desires, Zweig posited that Freud was compelled to reintroduce reason as a countermeasure against the dire predicament. This juxtaposition between unbridled instinct and rational control stood at the heart of Zweig's critique, reflecting his deep-seated concerns for the fate of humanity within the tumultuous historical context (p. 43-48).

However, it is noteworthy that, in the face of post-World War II developments, Freud's prioritization of psychoanalytic veracity took precedence over the depth of his engagement with Zweig's concerns, signaling a pivotal moment in the evolution of psychoanalytic thought. Consequently, the Zweig-Freud exchange underscored the profound implications of their intellectual clash, with Zweig's convictions cast against the backdrop of Freud's transformational trajectory, shaping subsequent perceptions of both figures within the annals of psychoanalytic discourse (p. 43).

Incorporating scientific realism into the psychology discourse has been regarded as a pivotal transitional phase in the evolution of a comprehensive critique of the field. This strategic integration of scientific realism aims to establish a clear demarcation from prevailing psychological paradigms, thereby mitigating the risk of an outright alignment with postmodernist principles. The scholarly work by Millán, Cudina, and Ossa underscores how this introduction of scientific realism serves as an intermediary mechanism that seeks to navigate between conventional psychological perspectives and the potentially unbounded relativism characteristic of postmodernism. By engaging with scientific realism, these scholars articulate methodological and theoretical frameworks that provide a structured foundation for critiquing psychology while avoiding the pitfalls of complete postmodernist dissolution.

It is evident that within the realms of critique, the Comprehensive Developmental Psychology (CDP) and the Philosophy of Critical Psychology (PCL) have consciously steered away from the perfunctory critique often seen as a mere deviation from the established contours of dominant psychology. The intention behind their approach is to implicitly introduce methodological and theoretical tools that could be helpful to prevent its definite adhesion to postmodernism, where "anything goes" is its most manifest condition (Millán et al., 2019, p. 343). This perspective, as articulated by Sharvit, highlights the significance of adopting a more nuanced stance in critique, wherein these emerging methodologies offer substantial frameworks to counteract the gravitational pull of postmodernist relativism.

In the context of theoretical exploration, the intellectual currents within critical psychology, as illuminated by Sharvit, are exemplified by Ian Parker's critical psychology, which strategically leverages scientific realism as its foundational theoretical construct. This strategic integration of scientific realism into critical psychology is a foundational pillar, equipping the discipline with the essential tools to engage in a rigorous and well-grounded critique of premodern materiality. This analytical approach aligns with the broader objective of revitalizing critical psychology by reestablishing its rational core and redirecting its focus toward substantive criticisms grounded in empirical and theoretical rigor (Sharvit, 2016, pp. 39-43). This positioning exemplifies a deliberate intellectual maneuver to transcend the limitations of a mere postmodernist discourse and embrace scientific realism's potential to bolster the empirical and theoretical underpinnings of critical psychological analysis.

For a long time, the interpretation of the term "trauma" has been overly broad or perplexing. In the late nineteenth century, the term was initially employed to characterize any occurrence "outside the range of usual human experience." This definition sparked a discussion about determining which human experiences fell within the norm and which ones were deemed unusual (Vees-Gulani, 2003, p. 26).

It was not until 1994 that a more modern interpretation of the term emerged in the Diagnostic and Statistical Manual of Mental Disorders. The American Psychiatric Association released this manual with the aim of establishing a standardized categorization of mental disorders. According to them, trauma is defined as

> A direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (1994, p. 424)

In their book Life After Trauma: A Workbook for Healing (1999), Rosenbloom and Williams asserted that Trauma can be defined as "a bodily or mental injury usually caused by an external agent" (p. 17). This means an injury can be physical, psychological, or interchangeable. Trauma Studies place a similar emphasis on the concept of injury, whether physical or psychological, as stated as follows:

> Trauma, from the Greek word "wound," refers to the self-altering, even self-shattering experience of violence, injury, and harm. Crucial to the experience of trauma is the multiple difficulties that arise in articulating it. (Gilmore, 2023, p. 6)

Within the realm of trauma studies, feminists have played a crucial role, actively drawing attention to issues predominantly impacting women and children. These include instances of physical and/or sexual abuse, female sexual slavery, genital mutilation, practices like suttee, bride burning, "honor" killing, and the pervasive use of rape as a systematic weapon of terrorism. Cognitive neuroscience studies further reinforce the foundational principles of trauma theory, suggesting that when the mind grapples with an overwhelming experience, it tends to compartmentalize associated memories in specific brain regions, rendering them inaccessible to conscious recall and, consequently, integration into the individual's ongoing life narrative (Kolk, 1985). Notably, traditional talk therapy, as advocated by Freud in his psychoanalytic methodology, falls short of fully reaching these segregated and often dissociated realms of neuro-subjective awareness (Mambrol, 2017).

According to Rosenbloom and Williams, two closely related factors determine the traumatic impact of an event. Firstly, the nature of the occurrence plays a crucial role, often involving situations that usually involve "actual or feared death or serious physical or emotional injury." This sets the stage for the potential trauma to emerge. Secondly, the individual's interpretation of the event is equally important. What the event means to the victim, the emotional resonance it evokes, and the cognitive processing it requires all contribute to its potential to cause trauma (Rosenbloom & Williams, 1999, p. 13).

Traumas might have severe effects on victims' lives. Psychological trauma can profoundly impact individuals, leading to changes in their beliefs and interactions with the world (Kang et al., 2021, p. 324). It is associated with mental and physical health concerns like depression, anxiety, and post-traumatic stress disorder (PTSD) (Rothbaum et al., 1992, p. 456).

Cooper (1994) describes Post-Traumatic Stress Disorder (PTSD) as involving the reliving of an intensely traumatic event, marked by symptoms of heightened arousal and a tendency to avoid stimuli linked to the trauma (p. 93). Within this context, Trauma is the disturbing event, and Posttraumatic Stress Disorder is the condition it causes. Survivors may face daily pain, rely on opioids, experience disability, and have increased depression and anxiety symptoms. (Rahtz, 2015, p. 25).

The diagnosis of Post-Traumatic Stress Disorder (PTSD) is based on three fundamental categories encompassing a wide range of symptoms: hallucinations, flashbacks, nightmares, delirium, and emotional numbness. Additionally, there is significant debate surrounding one particular symptom: amnesia. Specific authors contend that amnesia is a contentious topic, suggesting that individuals affected by PTSD may remember the traumatic episode in its entirety but choose not to reveal these memories.

Some, such as Freud, argue that patients exhibit a reluctance of the memory to recall anything associated with an unpleasant experience, as it would reawaken this unpleasantness through recollection. (Freud & Breuer, 1893-1895, p. 74) The effects of traumatic events on individuals have been extensively recorded. While not every survivor of trauma encounters psychological distress, those who do may undergo conditions such as "depression, anxiety, panic and stress disorders, phobias, dissociation, and posttraumatic stress disorder." (Briere & Scott, 2015, p. 2).

Moreover, it's worth contemplating that trauma impacts individuals to varying degrees and that "not everyone experiencing a traumatic event ends up developing post-traumatic stress disorder" (Vees-Gulani, 2003, p. 26). Distinct individual reactions can emerge from a shared traumatic incident, influenced by prior experiences, personality variations, and environmental factors. James E. Young's exploration of the Holocaust supports this notion, asserting that each nation recollects the event through the lens of its traditions, ideals, and experiences (Rossington & Whitehead, 2007, p. 8). Those affected by trauma may exhibit symptoms that either facilitate or impede their healing process.

As previously noted, our contemporary understanding of trauma originates from Sigmund Freud's exploration of hysteria, defined as "the manifestation of physical symptoms without a discernible organic cause" (Resick, 2001, p. 60). Freud observed that patients were fixated on their traumatic experiences due to their lack of psychological awareness about them. According to his theory, a potential therapeutic approach involved recovering the suppressed knowledge, thereby making the unconscious experience consciously comprehensible. He asserted that "our therapy achieves its objectives by transforming the unconscious into the conscious" (Freud & Breuer, 1893-1895, p. 180).

Following Freud's theories, numerous studies have delved into the impact of trauma on an individual's perception of time, particularly its influence on the dominance of past experiences over their present. Freud posited that traumatic experiences could push individuals into complete stagnation, where they relinquish all interest in their current circumstances and prospects, becoming wholly absorbed in their retrospections (Freud & Breuer, 1893-1895, p. 285).

Freud's observations revealed that trauma patients were ensnared in the web of their past encounters. This observation resonates with the manifestation of traumatic catatonia, where victims exhibit a significant decrease in sensitivity along with a profound disinterest in their current lives. Anne Whitehead has argued that Freud directed his attention precisely to those instances when the past demanded acknowledgment through symptoms, dreams, and linguistic slips (Whitehead, 2009, p. 89). In this context, Freud's concept of trauma acknowledges that traumatic events constitute a bygone era that resists being relegated to oblivion.

In contemporary trauma theory, it is posited that traumatic experiences undergo distinctive mental processing compared to other types of memories. Freud expounded on this theory by asserting that traumatic memories dwell within an individual's conscious awareness, while non-traumatic memories reside in the unconscious. He envisioned consciousness as a "secure" domain, whereas traumatic memories acted as intrusive elements, jeopardizing its stability (Rossington & Whitehead, 2007, p. 187).

Borderline Personality Disorder (BPD) is a mental health condition marked by changes in mood, instability in interpersonal connections, and impulsive actions coupled with intricacies in self-perception. This disorder is one of the various effects that traumatic events might have on people's lives. It is defined as an illness marked by an ongoing pattern of varying moods, self-image, and behavior, often resulting in impulsive actions and relationship problems. Individuals with BPD may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. Recognizing people with BPD can be facilitated by identifying symptoms and signs such as mood swings and uncertainty about self-perception and their role in the world, leading to rapid changes in interests and values (Androus et al., 2023, p. 10).

The cause of BPD is unknown, but studies suggest that risk factors include genetics, adverse childhood experiences such as sexual and physical abuse, and environmental factors (Leichsenring et al., 2023, p. 670). Individuals with BPD often have intense and uncontrollable emotions, leading to impulsivity, poor self-image, drastic responses to stressors, and struggles with emotional

regulation and self-harm (Jin, 2023, p. 692). Most people with BPD have coexisting mental disorders such as mood, anxiety, or substance use disorders (Restek-Petrovic et al., 2023, p. 11).

Borderline Personality Disorder (BPD) is a psychiatric condition that profoundly affects an individual's quality of life, often presenting complex challenges. Recent research has demonstrated promise in addressing these challenges through a combined treatment approach, integrating principles from schema-focused therapy (SFT) and dialectical behavioral therapy (DBT) to alleviate early maladaptive schemas in BPD patients. (Leppänen et al., 2015, p. 78)

This clinical understanding of BPD's impact on individuals intersects with the realms of literature and psychology, which come together at the crossroads of myth and artistic creation. In this convergence, the portrayal of BPD characters or themes in literature provides a unique opportunity to explore the intricate layers of human existence, offering insights into the universal aspects of the human experience (Harper, 2005, p. 45).

Psychotherapy, including approaches like dialectical behavior therapy and psychodynamic therapy, stands as the primary treatment for Borderline Personality Disorder (BPD). Contrarily, psychoactive medications do not exhibit efficacy in alleviating the core symptoms of BPD, as highlighted by İpek and Faraji (2022, p. 1294). Individuals with BPD also tend to have poor empathy skills, which affects their interpersonal relationships.

By immersing readers in nuanced narratives that explore the intricate facets of Borderline Personality Disorder (BPD), literature serves as a profound tool for unraveling the multifaceted layers of this complex psychological condition. Through the art of storytelling, literature not only sheds light on the emotional tumult and psychological intricacies inherent in BPD but also provides a platform for a more profound exploration of the disorder's impact on individuals and their relationships. By delving into the internal landscapes of characters grappling with BPD, literature enables readers to vicariously experience the ebbs and flows of their emotions, fostering a heightened sensitivity to the diverse manifestations of the disorder.

Emily Brontë's classic novel, Wuthering Heights, has been a subject of extensive literary analysis, focusing on trauma and its psychological impact on the characters. The works discussed below provide valuable insights into how trauma is portrayed in the novel, primarily through psychoanalytical and Freudian lenses.

The literature on Wuthering Heights is multifaceted and can be grouped into several key categories. Psychoanalytical and Freudian approaches are prominent, with studies by Ala'a Abdulkareem's "A Psychoanalytical Reading of Emily Brontë's Wuthering Heights," Pourya Asl's "The Shadow of Freudian Core Issues on Wuthering Heights: A Reenactment of Emily Brontë's Early Mother Loss," and Lidwina Pereira's "Psychoanalytical Approach To Emily Brontë's Wuthering Heights" analyzing defense mechanisms, mother fixation, and character behaviors through Freudian theories. Themes of trauma and neurosis run throughout the literature as authors explore how characters like

Catherine and Heathcliff manifest psychological distress due to their traumatic experiences and transgenerational trauma. Character analysis is another common thread, with papers such as Shumei Gao's "Id Ego Superego. An Analysis of Emily Brontë's Wuthering Heights on the Angle of Psychology" focusing on the roles of characters as psychological representations. Conflict, repression, and transformation are frequently discussed, emphasizing characters' struggles navigating societal expectations, desires, and identity about place and displacement.

Ala'a Abdulkareem (2011), in "A Psychoanalytical Reading of Emily Brontë's Wuthering Heights," aims to provide a psychoanalytical reading of the novel, specifically analyzing the defense mechanisms employed by certain characters. The defense mechanisms of the characters, such as Heathcliff, Catherine, and Linton, are examined to gain insights into their psychological motivations and behaviors. The psychoanalytical approach in this analysis delves into the unconscious aspects of the characters' minds and explores their conflicts. By studying the defense mechanisms, including repression, denial, sublimation, and projection, Ala'a Abdulkareem aims to shed light on character development and relationships in the novel. Catherine is considered a controversial character in this paper, and her character is deemed ambiguous with contrasting statements and actions, such as saying she is Heathcliff but choosing to marry Edgar Linton. Her decision to marry Edgar is a crucial event that influences the novel's events, revealing conflicts within herself and leading to defense mechanisms (p. 4).

Pourya Asl (2014) "The Shadow of Freudian Core Issues on Wuthering Heights: A Reenactment of Emily Brontë's Early Mother Loss" aims to interpret Wuthering Heights based on the Freudian concept of mother fixation, which influenced Emily Brontë's obsessions with emotional detachments. It highlights the significance of her preoccupation with core issues and suggests that the novel reflects her traumatic experience of her mother's early death. The author emphasizes the need to understand the Freudian concept

of mother fixation to appreciate the emotional detachments and obsessional feelings of nothingness in both Emily Brontë and her characters (p. 1).

Lidwina Pereira's "Psychoanalytical Approach to Emily Brontë's Wuthering Heights" focuses on the complexities of Heathcliff's character in the novel and aims to study the behavior of the main characters and the circumstances they deal with using Freud's and Jacques' psychoanalytical theories. The study suggests that Heathcliff's obsession with revenge can be seen as a fixation at an immature level of development, possibly related to Freudian psychosexual stages (Pereira, 2019, p. 143).

Furthermore, as discussed in various studies, Sigmund Freud's psychoanalytic theory underlines the profound impact of mothers' deaths on most characters in Wuthering Heights. This leads to emotional struggles such as fear of intimacy, abandonment, betrayal, low self-esteem, and an unstable self-image, mirroring Emily Brontë's neurotic tendencies.

Shumei Gao (2006), in "Id Ego Superego. An Analysis of Emily Brontë's Wuthering Heights on the Angle of Psychology" analyzes the characters of Catherine Earnshaw, Heathcliff, and Edgar Linton in Wuthering Heights as representations of ego, id, and superego, respectively. It suggests that Catherine, as the mediator between the id and superego, prevents a potential battle between Heathcliff and Edgar Linton. According to this paper, Catherine's actions are guided by a mix of her ego and her role as a mediator between Heathcliff's impulsive desires and Edgar Linton's moral values. She balances her longing for love and passion with her sense of duty and societal expectations, often influenced by her experiences and circumstances, including her upbringing at Thrushcross Grange and her relationship with Heathcliff (p. 3).

Pourya Asl's (2014) study, "Recurring Patterns: Emily Brontë's Neurosis in Wuthering Heights," aims to offer a more rational interpretation of Emily Brontë's novel. The author explores both the conscious and unconscious thoughts of Emily Brontë, revealing her neurotic tendencies and recurring patterns. The study suggests that Wuthering Heights portrays Catherine's traumatic experiences, including the death of her mother, which she shares with other characters such as Heathcliff, Linton, Hareton, Isabella, and Cathy (p. 47).

Moeller (2015), in "Why am I So Changed? Witnessing the Hysteric's Trauma Narrative through Movement in Place in Emily Brontë's Wuthering Heights" explores the emotional intensity of displacement and the impact of place on one's identity and mental distress. The depiction of Catherine Linton's room in Wuthering Heights through dioramas highlights the different emotional responses to place based on personal connection.

Catherine's transformation from a hearty girl to a hysterical young woman is explored, questioning the reasons behind her disorientation and confusion. Her rejection of societal norms and inability to align herself with the normative view of objects in the room create tension between her desires and societal expectations. The trauma of Catherine's upheaval from her childhood home to Thrushcross Grange is at the heart of her distress (p. 1).

Giuseppe Giordano (2020), in "The Contribution of Freud's Theories to the literary analysis of two Victorian Novels: Wuthering Heights," analyzes the main characters of two Victorian novels, Wuthering Heights and Jane Eyre, using Freud's psychoanalytical theories, focusing on the tripartite structure of the mind, the Oedipus complex, the analysis of dreams, and aspects of sexuality. The contribution of Freud's theories to literature is emphasized, as they allow for discovering hidden aspects of the text, the writer, and the reader.

Catherine's behavior in Wuthering Heights is analyzed as the conflict between the repressed expression of her instinctual component and the demands of society, leading to her behaving hysterically. She experiences intense emotional suffering and psychological distress due to the suppression of her desires and wishes and the pressures women face in a patriarchal and misogynous society. Catherine is portrayed as "unhappy and dissatisfied," unable to find peace on earth (p. 32).

Similarly, Garrido Giménez (2021), in "Time Stagnates Here: Transgenerational Trauma in Emily Brontë's Wuthering Heights" analyzes the existence of transgenerational trauma in Emily Brontë's Wuthering Heights. It offers a new perspective on the classical novel, examining the impact of domestic violence on Heathcliff and his unsuccessful attempts to integrate the traumatic experiences in his life. It also identifies indicators of transgenerational trauma already present in the Earnshaw family.

The repetition of trauma in Wuthering Heights seems to exist in the previous generations, and time in the Heights appears to stagnate, with characters bound to repeat the same behaviors throughout different generations. Heathcliff's own traumatic experiences and the lack of a safe milieu lead him to become the perpetrator of violence, expanding the transgenerational atmosphere. This results in the ill-treatment of Hareton and other characters caught in the cyclic repetition of violence. However,

the positive influence of outside forces like Edgar Linton and Nelly on Cathy and Cathy on Hareton helps the characters grow towards more functional behavior than the previous generations (p. 19).

Sigmund Freud's psychoanalytic theory explores the child's fear of strangers, rooted in their deep connection with their mother. This fear transforms their affection and desire into anxiety as their instinctual energies are channeled into fear. Notably, this mirrors the initial fear of separation during birth. Most characters in Brontë's Wuthering Heights are deeply affected by their mothers' deaths, leading to emotional struggles like fear of intimacy, abandonment, betrayal, low self-esteem, and an unstable self-image. Emily Brontë exhibited neurotic tendencies, and the novel's fixation on psychoanalytic motherly love is evident. (Jassim & Abdulrazaq, 2021, p. 467)

Within this context, my study offers a distinctive perspective by highlighting Borderline Personality Disorder and conflicted royalties as a novel lens for understanding the novel's complex psychological dynamics, bridging a gap in the existing literary discourse. This study introduces a unique perspective by exploring Catherine's trauma through the lens of Borderline Personality Disorder (BPD). This is a notable gap in the existing literature, as the previous works have primarily focused on Freudian and psychoanalytical interpretations. Your approach provides an innovative perspective that can deepen our understanding of Catherine's character and her role in the novel. Additionally, by emphasizing BPD and conflicted royalties, this paper offers a fresh perspective on how trauma is portrayed in Wuthering Heights, distinguishing it from previous studies.

3. Methodology
3.1 Data Collection
The data collection for this study encompasses several key components to thoroughly examine the portrayal of trauma and Borderline Personality Disorder (BPD) in Emily Brontë's *Wuthering Heights*. The primary data source is the novel itself, which is meticulously analyzed to identify key passages and character behaviors indicative of trauma and BPD. This primary analysis is supplemented by a comprehensive review of secondary literature, including scholarly articles, books, and critical essays that provide various interpretations of the novel's themes and character dynamics. Additionally, psychological theories, particularly those related to trauma and BPD, are reviewed and integrated into the analysis to offer a theoretical framework for understanding the characters' psychological profiles.

3.1 Data Analysis
Data analysis is conducted using qualitative content analysis, focusing on the in-depth examination of the text and thematic coding. The textual analysis involves a close reading of *Wuthering Heights*, identifying recurring motifs and symbols associated with trauma and psychological disorders. This process includes coding for themes such as abandonment, emotional instability, and identity disturbance, which are prevalent in the portrayal of Catherine Earnshaw and other characters. The study also incorporates a comparative analysis, juxtaposing the behaviors and characteristics depicted in the novel with established symptoms of BPD as described in psychological literature. This comparative approach, combined with the integration of psychoanalytic and trauma theories, facilitates a deeper understanding of the novel's exploration of psychological complexities and the implications of trauma on personality development.

4. Results and Discussion
Family history is one of the critical factors. People with a close family member, such as a parent or sibling with the disorder, may be at higher risk of developing a borderline personality disorder. The other factor is the changes that might occur in the brain's structure. Studies indicate that people with borderline personality disorder can have structural and functional changes in the brain, especially in controlling impulses and emotional regulation.

Many individuals with borderline personality disorder (BPD) often report enduring traumatic life events during childhood, including abuse, abandonment, adversity, and exposure to unstable, invalidating relationships and hostile conflicts, which can significantly contribute to the development of BPD. Such traumatic experiences, encompassing childhood abuse and tumultuous relationships, are frequently linked to the onset of BPD and profoundly influence the affected individual's emotional regulation and interpersonal functioning, which are critical features of this disorder (Bryńska, 2023, p. 56).

Catherine Earnshaw, a central figure in Emily Brontë's Wuthering Heights, is not just a character; she is the epicenter of the novel's emotional and psychological turmoil. Her character is the primary driving force behind the narrative's intricate relationships and themes. Catherine's journey encapsulates the novel's essence, From her wild exuberance with Heathcliff to her eventual descent into madness. The reader is immediately drawn into her tumultuous world, making her a character of immense intrigue and significance. By analyzing Catherine's character, we not only delve into the complexities of her personality but also unearth the novel's profound exploration of trauma, Borderline Personality Disorder (BPD), and the constant battle of conflicted loyalties.

Catherine's character is a tapestry woven from the threads of intense emotions, unpredictable behaviors, and intricate relationships. As we follow her from childhood to adulthood, her evolution becomes a contrast study. Her passionate love for Heathcliff, her choice to marry Edgar Linton, and her ultimate tragic fate contribute to her character's multidimensionality. Catherine is not simply a character to be observed but a complex psychological portrait to be dissected. Her emotional fluctuations, from ecstasy to despair, provide a window into the human psyche, making her an emblematic figure for understanding the intricacies of trauma, BPD traits, and the turmoil of conflicted loyalties.

Catherine's life in Wuthering Heights is a continuous procession of traumatic events, each etching indelible marks on her character. Her spirit and nature, separation from Heathcliff, and her confinement at Thrushcross Grange upon her marriage to Edgar Linton all contribute to the intricate tapestry of her character's trauma. These events serve as the backdrop against which her character is sculpted and provide crucial insights into her enduring struggles with identity, loyalty, and emotional stability.

The first factor that plays a vital role in Catherine's trauma is her spirit. Nelly Dean describes Catherine as "a wild, wicked slip" of a girl. "Her spirits were always at high-water mark, her tongue always going — singing, laughing, and plaguing everybody who would not do the same." Likely to "hysterical emotion' or emotional instability, she is prone to "senseless, wicked rages," she seems to have all the classical traits of borderline personality disorder (Brontë, 2003, p. 33).

Impulsive at one point, "she lay dashing her head against the arm of the sofa and grinding her teeth so that you might fancy she would crash them into splinters." at another, she is in bed "tossing about, feverish bewilderment tore the pillow with her teeth" (p. 93). Like Heathcliff, she suffers frequent periods of paranoia. She will likely split: "I thought everybody hated and despised each other, but could not avoid loving me' contrarily 'they have all turned to enemies in a few hours" (95). Sometimes she claims: "I am afraid of being alone" (p. 96) and sometimes says: "I require to be let alone! exclaimed Catherine, furiously. I demand it! Don't you see I can scarcely stand? Edgar, you - you leave me" (p. 93).

Clearly, from the story's beginning, no one loved Catherine Earnshaw. She is the "unwelcome" and "neglected" child who "might have wailed out her life, and nobody cared a morsel during the first hours of her existence" (p. 128). When Mr. Earnshaw asks her, "Why canst thou not always be a good lass, Cathy?" she answers, "Why cannot you always be a good man, father" (p. 34)? We can easily follow the trace of lousy parenting, negligence, and abuse; nevertheless, at this moment, Catherine is sitting in his father's lap- waiting for some attention and some ambivalence. Therefore, Catherine's tendency to split, her fears of abandonment, her desire to die, and her emotional and behavioral instability are a product of her mixed feelings toward her family, which has not satiated her with a strong sense of self and identity. At last, she is absorbed in thoughts of suicide. She says:

> Heaven did not seem to be my home, and I broke my heart with weeping to come back to earth, and the angels were so angry that they flung me out into the middle of the heath on the top of Wuthering Heights, where I woke to sob for joy. (p.141)

This is one of the most famous quotes from Catherine, which reveals the origins of her Borderline diagnosis, which can be defined as a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes self-image issues, difficulty managing emotions and behavior, and a pattern of unstable relationships. ("Borderline Personality Disorder") Moreover, in the case of Catherine, she sought to escape from the long-lasting interpersonal trauma she experienced in childhood by running away to the moors with Heathcliff.

Her wild, passionate love story with Heathcliff is the second and most mentally vital factor that affects Catherine and leads her to experience a series of traumatic events. It is a relationship based on the pain caused by a lost love. Incest can be an underlying theme of Wuthering Heights: Catherine and Heathcliff are most likely step-siblings. Even if that were not the point, Catherine and Heathcliff grow up together as if they were brother and sister, sleeping in the same bed until puberty. This issue was considered taboo, especially in the Victorian period. As Catherine and Heathcliff grew up together, there should be no sexual interest. Nevertheless, Catherine and Heathcliff fall in love, but it is not sexual. Both have undergone traumatic bonding, fusing themselves in a protective pact against sadistic adults' intent on harming them.

Moreover, their personalities are so damaged that individual identity is submersed in the other. This means that both experience life together as if they were one person. How we account for Cathy's exclamation are: "I am Heathcliff whatever our souls are made of, his and mine are the same "(Brontë, 2003, p. 64) and Heathcliff's exhortation: "Do not leave me in this abyss alone … I cannot live without my life, and I cannot live without my soul" (p. 130). Such statements suggest an identity diffusion so deep that it finds no outlet other than in an infantile regression where the boundaries of self and other are wholly dissolved. (Redmayne, 2019) This fusion of identity is reminiscent of a profound interdependence, a symbiosis wherein Cathy and Heathcliff become inextricably

entwined. It is as though their emotional and psychological realms meld, creating a shared existence that transcends conventional notions of individuality.

Because of her desire for social prominence due to her childhood trauma, Catherine marries Edgar Linton instead of Heathcliff. Heathcliff's humiliation and misery prompt him to spend most of his life seeking revenge on Hindley, his beloved Catherine, and their respective children (Hareton and young Catherine). Of course, Catherine returns eventually, but a psychological distancing has occurred. While Heathcliff is temporarily cheered by a fantasy of revenge, Catherine sinks deeply into a dream of childhood innocence. She is, after all, close to the truth. She desires to visit Heathcliff. Even though Catherine and Heathcliff are separated and both resume living in a state of suspended adolescence, they never stop experiencing life through the lens of complex PTSD. Catherine in Wuthering Heights has insomnia and emotional outbursts; moreover, they can suffer from difficulty in relationships, which is the main interest of this article. As mentioned before, traumatic incidents in the past can have severe impacts on people's lives in the present life. These people can have many emotional signs such as:

> Sadness, anger, denial, fear, and shame. Victims with these signs often have psychological disorders such as posttraumatic stress disorder (PTSD) or borderline personality disorder (BPD). People suffering from these disorders often show symptoms such as nightmares, insomnia, relationship difficulty, and emotional outbursts (Onderko).

The traumatic experiences punctuating Catherine's life have a profound and lasting impact on her psyche. The enforced separation from Heathcliff, her soulmate, leaves an enduring scar that influences her decisions and actions throughout the narrative. Her marriage to Edgar, driven by societal expectations rather than genuine affection, exacerbates her inner turmoil. These traumatic experiences underline the enduring consequences of trauma on an individual's mental and emotional well-being and the intricate interplay between trauma, identity, and conflicted loyalties.

In psychology, instances have arisen where individuals faced either a series of traumatic events in a condensed timeframe or a singular, overwhelmingly traumatic experience. In such cases, some individuals exhibit amnesia as a defense mechanism, blocking out the traumatic ordeal from their consciousness. This phenomenon mirrors Catherine Earnshaw's experience in the novel. It becomes evident during a fit of hysteria that Catherine is grappling with. During this episode, she confides in Nelly about the years she appears to have lost, recalling that the last vivid memory she retains is her father's burial and the anguish resulting from the separation that Hindley imposed between her and Heathcliff (Brontë, 2003, p.125). Her time at Wuthering Heights following her father's demise was fraught with trauma.

Alexandra Lewis (2010), in "Memory Possessed: Trauma and Pathologies of Remembrance in Emily Brontë's Wuthering Heights," asserted that Wuthering Heights is a novel immersed in brutality and psychological maltreatment, frozen recollections, and the enduring pains that follow. Without exception, Brontë's characters and narrators undergo different forms of shock and fear, with Heathcliff intentionally inducing these emotions in his case. These experiences often result in seemingly irreparable traumatic injuries. Furthermore, the novel's structure, characterized by "gaps, silences, and compulsive repetitions," mirrors several aspects of what contemporary readers might recognize as "post- traumatic stress disorder" (p. 36). A set of indications that could be associated with the expressions of trauma in Brontë's novel is discernible. Within their compilation of psychotic manifestations, we come across hallucinations, delusions, and catatonic conduct (Briere & Scott, 2015, p. 49).

Catherine's conduct is characterized as being in a state of delirium on two occasions in the book, with the initial instance occurring after Heathcliff's departure. Immediately following their parting, Nelly portrays Catherine as an insane and unwell woman: "[I] shall never forget what a scene she acted when we reached her chamber: it terrified me. I thought she was going mad, and I begged Joseph to run for the doctor. It proved the commencement of delirium" (Brontë, 2003, p. 86). While Catherine quickly marries and relocates to the Grange, later in the story, Nelly seizes an opportunity to observe her and furnishes a comprehensive description of Catherine's fragile condition. "But I soon found her delirious strength much surpassed mine (she was delirious, I became convinced by her subsequent actions and ravings" (p. 116).

On this particular occasion, Catherine experiences a loss of consciousness and displays various distressing symptoms: "During this episode, she thrashed about, her feverish confusion escalating into madness, and she tore at the pillow with her teeth" (p. 113). While she unravels the pillow's feathers, Catherine recalls her time with Heathcliff as they roamed the moors. This recollection is more than just a memory, as Catherine places herself in the past and discusses it as if it were happening in the present. Like others who have endured trauma, Catherine becomes fixated on her past, losing touch with her sense of reality. She goes so far as to fail to recognize her own reflection in the mirror: "Do you not perceive that countenance?" She asked, staring intently at her reflection in the mirror" (p. 114). Incapable of distinguishing between past and present, she gazes into the mirror with the innocent eyes of her childhood, expecting to see a young girl rather than the adult she has become.

Reflecting on her past, the female protagonist experiences vivid hallucinations, transporting her back to the Heights of her childhood. Catherine insisted on glimpsing her old home through the window as she lay on her deathbed. Despite Nelly's assurances that the lights at Wuthering Heights were never visible, Catherine remained steadfast in her belief, exclaiming, "Look!" with fervor. "That's my room with the candle in it, and the trees swaying before it" (p. 116). This poignant moment underscores the depth of Catherine's connection to her childhood residence, even in her final moments.

Catherine's trauma also manifests in her catatonic demeanor as she nears the end of her life. Nelly vividly describes Catherine's haunting appearance, noting that her eyes seemed to gaze beyond this world's confines. It was as if she had transcended earthly boundaries, lost in thoughts of her family home. Her "distant look… which expressed no recognition of material things either by ear or eye" (p. 140) served as a poignant testament to the enduring impact of her past experiences on her psyche. Catherine's inner world, shaped by her childhood memories and the Heights, remained enigmatic and haunting in her final moments.

Examining Catherine's character offers a captivating case study with potential indicators of Borderline Personality Disorder (BPD) traits. Her life narrative is punctuated by impulsive actions, turbulent mood swings, and a persistent struggle to establish a consistent sense of self. Notably, her intense and all-consuming attachment to Heathcliff, which borders on obsession and emotional fusion, closely aligns with the classic traits commonly associated with BPD. Catherine's continual vacillation between love and remorse, desire and societal expectations, takes readers on an emotional journey reminiscent of the tumultuous experiences often associated with this disorder. By identifying these traits within Catherine, we gain valuable insights into her psychological makeup and contribute to the broader exploration of how BPD can be portrayed and examined within the realm of literature.

Furthermore, Catherine displays symptoms indicative of a purer form of BPD. She frequently hints at self-destructive thoughts and despair, as evident in her declaration: "Oh, I will die, […] since no one cares anything about me" (Brontë, 2003, p. 214). Her struggle to regulate her emotions and actions becomes palpable, as illustrated by her feverish tossing and tearing at a pillow. Additionally, moments of dissociation akin to flashbacks are evident, such as her exclamation: "Oh, I'm burning! I wish I were out of the doors! I wish I were a girl again. Open the window again wide: fasten it open" (p. 223). In her childhood, when her father, Mr. Earnshaw, attempts to discipline her, she responds with defiance, underscoring the challenging environment in which she was raised.

Rather than being rooted in conventional affection, the complex romantic relationship between Catherine and Heathcliff is built upon a foundation of shared abandonment and anguish. Cathy's assertion, "I am Heathcliff […] he is always in my mind" (p. 207), echoes the sentiment of emotional fusion frequently associated with BPD. Heathcliff's impassioned plea, "Do not leave me in this abyss alone […] I cannot live without my life, and I cannot live without my soul" (p.427), underscores the depth of their emotional entanglement. Their identities seem to dissolve within the confines of their relationship, embodying the classic "I hate you, don't leave me" dynamic characteristic of BPD. In Cathy and Heathcliff's world, abandonment triggers abandonment, violence begets violence, and suffering perpetuates itself. Emily Brontë, through Wuthering Heights, ascends above her literary contemporaries, solidifying her status as a rare literary talent adept at unraveling the intricate pathways of tragedy.

5. Conclusion

Many people with borderline personality disorder (BPD) often report experiencing traumatic events during their childhood, including abuse, abandonment, adversity, and exposure to unstable, invalidating relationships and hostile conflicts. These events can significantly contribute to the development of BPD. Traumatic experiences, such as childhood abuse and tumultuous relationships, are frequently linked to the onset of BPD and profoundly influence the affected individuals.

In Emily Brontë's novel Wuthering Heights, Catherine exhibits symptoms consistent with Borderline Personality Disorder (BPD). Her experiences underscore the intricate interplay between this psychological condition and the profound influence of trauma. This analysis aims to elucidate the complexity of Catherine's character and how her emotional instability, conflicted loyalties, and tumultuous relationships stem from her struggle with BPD, exacerbated by past traumatic events.

Catherine's profound love for Heathcliff is the novel's emotional core, but it is characterized by its intensity and unpredictability, hallmarks of BPD. On the other hand, her marriage to Edgar Linton reflects a different form of love driven by societal pressures. This highlights the emotional disarray BPD can cause in forming stable relationships. Her inability to maintain a consistent emotional state is starkly evident in her character, further underscoring her challenges due to BPD.

The trauma Catherine endures throughout her life profoundly shapes her character and decisions. Her emotional conflict arises from two primary traumatic events. First, her feeling of unwelcomeness within her own family creates a lasting emotional scar. Second, losing her beloved Heathcliff exacerbates her emotional instability and intensifies her dependency on him. The emotional turbulence in her relationships and self-destructive behaviors can be linked to these unresolved traumatic experiences.

The emotional reunion between Catherine and Heathcliff on her deathbed encapsulates the tumultuous nature of their relationship. The harsh words exchanged, and Catherine's pleas for forgiveness are poignant illustrations of her ongoing emotional turmoil. This moment encapsulates the essence of Catherine's character and her struggle with BPD and unresolved trauma.

In conclusion, Catherine's character in Wuthering Heights is a powerful representation of how Borderline Personality Disorder and trauma intersect and profoundly influence an individual's life. Her enduring emotional conflict, unbalanced affections, and self-destruction tendencies reflect the complexity of this interrelation. This analysis underscores the significance of understanding literary characters' psychological and emotional intricacies, highlighting the enduring relevance of Brontë's exploration of human nature and the impact of psychological conditions and trauma on an individual's choices and fate. Catherine's character is a vivid testament to the enduring influence of past traumas and their role in shaping an individual's psyche. This theme resonates with readers and scholars alike. Many people with borderline personality disorder (BPD) often report experiencing traumatic events during their childhood, including abuse, abandonment, adversity, and exposure to unstable relationships and hostile conflicts. These events can significantly contribute to the development of BPD. Traumatic experiences, such as childhood abuse and tumultuous relationships, are frequently linked to the onset of BPD and profoundly influence the affected individuals.

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