

From Darkness to Brightness: An Analysis of PTSD in Abrahamson's *Room*, Using Emotional Processing Theory

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Abstract

The aim of this study was to use Abrahamson's film Room as a case study to examine how PTSD may influence people's lives and how they can use emotional processing to turn their extreme feelings into something positive. In order to reach this objective, Foa and Kozak's emotional processing theory was used to analyze the protagonist, Joy "Ma" Newsome, with respect to various traumatic situations and resulting PTSD symptoms she has experienced, as well as her attempts to use emotional processing to cope with her psychological disorder and find meaning in the traumatic events in order to live again. The ultimate goal of this study was to help readers confront their own traumatic memory; although the world is not as perfect as we think, we can use Foa and Kozak's emotional processing theory as a mechanism to make sense of traumatic experiences and bring about a positive change.

Keywords: *emotional processing theory; mental disorder; PTSD; trauma memory.*

INTRODUCTION

In recent decades, more and more people have been diagnosed with mental disorders, including Post-Traumatic Stress Disorder (PTSD). PTSD is a disorder that affects people who have undergone traumatic events that may endanger or threaten their lives, such as warfare, murder, kidnapping, sexual abuse, or catastrophes. So far, the earliest record of PTSD can be traced back to the Ancient Greek era. The two world wars have also added to the academic research on PTSD, particularly shell shock, battle fatigue and combat neurosis (Ray, 2008; Shay, 1994). However, the term "post-traumatic stress disorder" was first used in the 20th century and was related to the diagnosis of American veterans who fought in the Vietnam War. In 1980, in a publication of American Psychiatric Association (APA, 1987)—The Diagnostic and Statistical Manual of Mental Disorders—APA officially declared PTSD, also known as DSM-III, as a mental disorder.

Research has shown that PTSD is a prevalent mental disorder; approximately 12% of women in the total female population suffer from PTSD, according to Resnick, Kilpatrick, Dansky, Saunders, and Best (1993). They also noted that, in America, an average of 3.5% of people suffer from PTSD every year, and about 9% of people will have PTSD during their

lifetime. In other countries, about 0.5% to 1% of the population have PTSD (Resnick, et al., 1993). Resnick et al.'s research also shows that there is a higher possibility of having PTSD in regions where armed conflicts happen frequently. Moreover, they stated that, generally, females are more likely to experience PTSD than males.

Experiencing traumatic events is painful for everyone. Hence, it is natural that those who encounter a traumatic event would experience a traumatic mental disorder after the event, such as memories appearing, nightmares, serious anxiety, or the repeated recollection of traumatic events (Cohen, Mannarino, and Deblinger, 2017). These symptoms usually last for one month or more. In comparison to adults, children, especially those under ten years old, seldom suffer from traumatic mental disorder. As time goes by, with good self-care, most people eventually recover from these symptoms. However, sometimes they worsen, lasting for months or even years. Moreover, these symptoms may disrupt one's daily life and social functions. In such a case, the person probably has a severe mental disorder or PTSD. People suffering from mental disorders or PTSD benefit from utilizing psychological mechanisms to relieve their symptoms or cure their disorder.

RESEARCH METHODOLOGY

In order to realize how PTSD may influence people's lives and how they, in turn, may use emotional processing to transform their extreme feelings into something positive, the study used the film *Room* as a case study. The study mainly focused on the protagonist, Joy "Ma" Newsome (Brie Larson), who has experienced several traumatic situations, leading to negative emotions and signs of PTSD. However, through emotional processing, as well as the assistance of her son, Jack, Ma manages to cope with her psychological disorder in order to find meaning from her trauma and carry that meaning with her through life. This study also used Foa and Kozak's emotional processing theory to help those suffering from mental disorders or PTSD to develop a positive orientation toward difficult circumstances.

FINDINGS AND DISCUSSIONS

Post-Traumatic Stress Disorder (PTSD) in Abrahamson's *Room*

The film *Room* was directed by Lenny Abrahamson (2015); the screenplay was written by Emma Donoghue (2014) and was based on her novel of the same name (2010), which mainly centered around a 24-year-old woman named Joy "Ma" Newsome and her son, Jack Newsome (Jacob Tremblay). Seven years ago, Ma was kidnapped, held captive in a garden shed and sexually abused by Old Nick (Sean Bridgers). Two years after the kidnapping, Ma gave birth to her son, Jack, who is currently a five-year-old boy and a fellow captive. They live in a filthy ten-by-ten

shed, the so-called “room” in the film, a room with no windows; the only light comes from a skylight in the roof.

Like any good mother, Joy endeavors to protect her son from being hurt by Old Nick. Though in squalid circumstances, she encourages Jack to enjoy his life by telling him stories and playing games with him; she wants Jack to experience love and family warmth. However, after Jack’s fifth birthday, Old Nick tells Ma that he has lost his job, so, in the future, he will not be able to give them as much food or clothing. While Old Nick sleeps with Ma, Jack, overcome by curiosity, comes out of the wardrobe, stepping forward to scrutinize the stranger, and is found by Old Nick. Simultaneously, Ma awakens; she slaps Old Nick away from Jack, afraid that her captor is going to hurt him. Furious with her, Old Nick cuts down the heat and electricity as punishment. At that moment, Ma finally decides to tell Jack the truth about the outside world, and they create an escape plan.

Ironically, after fleeing the traumatic room, they discover that the real world is even more unsettling. Indeed, both Ma and Jack soon realize that some challenges cannot be conquered with only love and courage. They must battle the judgmental perceptions of others, as well as their own anxiety and disillusionment. They not only have to care about how others think about them but also they have to struggle to settle down their own minds. For Ma especially, the room had always been a prison, so she was desperate to escape it. However, she soon finds that, due to her psychological problems, she is still a prisoner—she is imprisoned by her traumatic memories.

Maladaptation: PTSD and Psychological Trauma

Although all human beings experience fear, grief, or other extreme emotions, for most people, these negative emotions are temporary and dissipate over time. However, when people fail to process these emotions, they may develop mental disorders, such as phobias, paranoia, PTSD and so forth.

The traumatic years spent in the room have certainly changed Ma’s life; however, some things still remain the same. While browsing her friends’ social media pages on the internet, Ma learns that her best friends have happy and stable lives:

Ma: You know what happened to them?

Jack: No.

Ma: Exactly. Nothing. They just lived and nothing happened. Look ...

Jack: Show me more when you were young.

Ma: No. I don’t want to see any more. I don’t want you to look at any more right now.

Let’s just be quiet for while. Okey dokey? (Donoghue, 2014, p. 108)

Missing what could have been and feeling sorrowful about these past seven years, Ma stands up and paces through the house, gnawing her lips in despair. She has a bitter pill to swallow after

seeing the photos of her best friends. She feels happy that they have stable lives; on the other hand, filled with self-pity, she grieves for the misery she has endured and wonders why she is the only one so unfortunate to have suffered thusly.

Moreover, being held captive for seven years, Ma does not initially realize that the outside world has changed so much; she just finds herself unable to adapt to the world immediately. During these struggles, she envies her friends' lives and wonders whether she would have been as blessed as most of her friends, had she not been imprisoned. Her life seems to be a series of unfortunate accidents—except giving birth to Jack. Miserable thoughts and negative emotions consume her mind. Consequently, resentment takes hold of Ma, and her PTSD symptoms arise. Ma wants to get her life back on track and is rushing to orient herself and Jack in the world. Her actions only serve to increase her anxiety and hot temper, though. Finally, she lashes out at her mother, Nancy:

Ma: I don't give him [Jack] my phone so please don't give him yours.

Nancy: OK.

Ma: I just want him to connect to something. You know?

Nancy: He's really doing fine.

Ma: I'm sorry, I don't know what's happening to me. I can't feel anything. Even for...

Nancy: Joy, please.

Ma: Don't judge me. You have no right. People walk around like the world is fine and normal but it's not. Don't! I can't bear it. I thought this would be heaven, but it's worse. Can you understand that? (p. 131-132).

Having been abducted and sexually abused for so long, for Ma, that entire seven-year span of life in the room is a traumatic memory. After escaping from the room to the outside world, Ma does manage to return to her normal life; however, she finds that she has difficulty adapting to the pace of life and facing the judgement of other people. In addition, she finds that her parents' marriage ended in divorce; her mother lives with her boyfriend, Leo. Though upset about the situation, Ma and Jack stay with them at her childhood home, and Ma tries to cheer herself up. However, suffering from the unbearable PTSD symptoms, Ma takes her anger out on Nancy.

Ma: Yeah, well you seemed to get on OK without me.

Nancy: How can you say that? You think you're the only one whose life was destroyed?

Ma: Actually, that's exactly what I think.

Nancy: How would you feel if somebody took Jack from you?

Ma: Shut up.

Leo: Go easy.

Nancy: Look at him. You should be thinking about him.

Ma: Don't you ever tell me how to look after my son. I'm sorry if I'm not 'nice' enough for you. Maybe if you hadn't been in my head saying 'be nice' that day I wouldn't have gone to help him.

This isn't even my house anymore. I don't know what this is. (p. 133-134)

Moreover, what she truly cannot bear, though, is that her father, Robert, cannot accept Jack as his grandchild. For example, upon seeing Jack for the first time, "Robert tries to smile but he is very uneasy around Jack" (p. 83). Moreover, when in the middle of dinner, he abruptly leaves the dinner table:

Robert: I'm going to turn in.

Ma: Is there something wrong?

Robert: No.

Ma: Why are you in such a hurry?

Robert: It's been a long day.

Ma: You haven't said one word to Jack.

Nancy: Joy.

Robert: We don't have to talk about this now.

Nancy: My God.

Ma: Yes we do. Look at him.

Ma: Dad.

Nancy: Robert.

Ma: Please.

Robert: I can't, I can't... I'm sorry.

Ma: He's my baby. (p. 104-105)

Ma knows that Robert is really trying to escape from the truth, that his daughter was raped and that her son, his grandson, is the result of that rape. Robert has not yet found the courage to face this truth and, hence, feels incredibly awkward having dinner with his daughter and grandson. Cherishing her son as the most important person in her life, Ma would do anything possible to protect him. She cannot endure anyone judging Jack so inconsiderately, even her own father. She is disappointed with Robert and hurt because she always thought her family stand by her.

Also, after escaping from the room, Ma takes her lawyer's suggestion and allows herself to be interviewed in order to make some money to meet their future expenses and help her step out to the real world. However, the interview does not boost her spirit; instead, it upsets her and makes her feel guilty for not being a good mother.

Ma: He is. He's my life. I never could have survived without him.

Hostess: You made life as normal and nurturing as you could given the environment. You gave him a childhood. How did you manage to do that?

Ma: I... I didn't think about it. I didn't plan it. When I found out I was pregnant with Jack, it just seemed like a terrible joke. You know? To bring someone into that place, it just seemed so wrong. I was in a very scary frame of mind. I thought the devil was controlling my life. In a way he was. (p. 139)

Initially, in this interview, Ma tries her best to keep herself calm and focus on the questions the hostess, or interviewer, asks. When the hostess changes tack, delving into a sensitive topic, Ma first seems surprised and, then, discouraged and disheartened.

Ma: Then, everything was different once Jack came, because he was so beautiful and I had to keep him safe.

Hostess: When he's older will you talk to him about his father?

Ma: Jack's not his.

Hostess: I beg your pardon, are you—

Ma: A father's a man who loves his kid.

Hostess: So true, in a very real sense, but the genetic relationship—

Ma: That's not a relationship. Jack's nobody's but mine.

Hostess: You breastfed Jack for five years—in fact, viewers may be startled to learn that you still do.

Ma: In this whole story, that's the shocking detail?.

Hostess: Did it ever occur to you to ask your captor to take Jack away?

Ma: Away?

Hostess: To leave him outside a hospital, say, so he'd be found.

Ma: Why would I—

Hostess: So Jack could be free. The ultimate sacrifice, of course, but for him to have a normal childhood...

Ma: He had me (p. 140-141).

When the hostess moves into these more personal matters, Ma starts to feel dizzy. She “starts to stand, dragging her mic pack with her. The lawyer steps in. Chaos” (p. 141). This interview is the last straw for Ma. It drags her down and augments her PTSD. Beaten down, Ma returns home, crying. As a victim of sexual abuse and captivity, Ma has experienced anxiety attacks (Epstein, Saunders and Kilpatrick, 1997). Hence, when the hostess shifts to more sensitive issues, Ma finally becomes incensed. To Ma, Jack is the purest angel who has brought her a wealth of joyful

memories. Consequently, she heatedly denies the hostess's comments. She cannot help but lose control of her emotions.

The hostess's direct questions leave Ma feeling totally uncomfortable and too anxious to focus on the interview. As the hostess asks questions that are more and more personal, Ma feels that she is being attacked, for she never thought of sending Jack away in order to let him have a normal childhood. Thus, the interview arouses her great anxiety of losing her son and leads her to wonder if she is not good enough to be a mother since she didn't sacrifice her happiness in order to let Jack have a free and normal childhood. Struggling between self-pity because of her own tragic life and guilt because she failed to be a good mother and protect Jack, Ma is devastated by the TV interview and this new version of reality.

Ma originally supposed that, after escaping the room to find the real world, everyone would be nice and accommodating to them. However, the attitudes of her father and the hostess of the television interview reveal that the world is not as friendly as she imagined. At this moment, overwhelmed by her traumatic memories, Ma has difficulty maintaining her psychological balance while struggling to readapt herself to her past life; hence, she resorts to ending her life.

Foa and Kozak's Emotional Processing Theory and the Fear Network in PTSD in the Film *Room*

Foa, Steketee and Rothbaum (1989) believe that PTSD comes from the fear network, which can cause anxiety and avoidance in memory. The mental fear structure includes stimuli, reactions and meanings. Any clues related to trauma may trigger this fear network and subsequent avoidance behaviors. When the fear network is activated, traumatic clues or memories, as intrusive symptoms, will pass from the voluntary (conscious) memory to the involuntary (subconscious) memory. If the individual does not want the fear network to be activated, they will endeavor to escape the traumatic clues. However, if those suffering from PTSD can be securely exposed to their traumatic memory, through which they could re-experience the fear network and manage to change the fear network, they can reinterpret their traumatic events (Barlow, 2001). Accordingly, Foa and Kozak (1986) proposed the emotional processing theory to offer a conceptualization of how people can use emotional processing to help expose themselves to traumatic memories to reach a habituation of the fear network in order to naturally recover from PTSD.

Over the past decades, emotional processing theory has impacted the conceptualization of mental disorders and psychological mechanisms as an effective treatment for mental disorders such as fear, anxiety and PTSD (Foa and Kozak, 1986). The theory is mainly based on Lang's theory (1977) about mental fear structure and fear-related images to illustrate the psychopathology of and treatment for anxiety and its disorders. Emotional processing is defined

as the modification of traumatic memory, such as fear, anxiety, or depression, where any cognitive and affective stimuli, response, or meaning in connection with negative, erroneous, or pathological associations is replaced with nonpathological associations and positive associations (Foa and Kozak, 1986; 1991). It refers to human beings' ability to process and deal with depression, stress and other traumatic events and turn these emotionally troubling experiences into something positive.

In order to reach natural recovery or treatment improvement from trauma or PTSD, Foa (1997) proposed three factors that may help those suffering from PTSD reach a full recovery or have relief from their mental disorders. The three factors are emotional engagement with the traumatic memory, a positive change in trauma-related cognitions and the reorganization of the traumatic narratives (Foa, 1997; Foa and Rothbaum, 1998; Foa, Riggs, Massie, and Yarczower, 1995). According to Foa (1997), emotional engagement involves fear activation, which occurs when those suffering from PTSD encounter trauma reminders in their natural environment. However, research has shown that there is a positive connection between fear activation and PTSD treatment outcomes (Foa and Hearst-Ikeda, 1996; Foa, Riggs, Massie, and Yarczower, 1995). In other words, those who already have emotional engagement with the traumatic events will eventually achieve optimal natural recovery from PTSD; however, those lacking emotional engagement with their traumatic events may have a worse natural recovery or may never recover from their PTSD syndrome.

The second factor associated with natural recovery or treatment improvement from trauma or PTSD is a positive change in trauma-related cognitions. According to Foa and Rothbaum (1998), the two essential meaning elements that impede a positive change in the fear structure for PTSD are patients' negative cognitions of the world and themselves, thinking that the world is completely dangerous or they themselves are totally incompetent. In other words, those with trauma or PTSD display more significant negative recognitions about the world and themselves than those not experiencing trauma or PTSD. Therefore, in order to reach natural recovery from traumatic events or PTSD, they may seek a positive change in their fear structure and trauma-related cognitions, endeavoring to reduce the notion that they are totally incompetent or the world is too dangerous to survive in.

The third factor involves using narrative articulation to help those with trauma or PTSD find relief, hence reaching natural recovery or treatment improvement from trauma or PTSD. By narrating the traumatic events, they have a chance to use words or narratives to reorganize their traumatic stories to enhance their fear activation and further modify their negative or erroneous perception of the traumatic events (Foa and Cahill, 2001).

Ma's Recovery from PTSD or Psychological Trauma Using Emotional Process Theory

After Ma escapes from the room, a doctor suggests that the most important things to do for Jack are to “soften the transition,” to “access Jack properly,” and to “get him out while he’s still plastic” (p. 80). Being “plastic,” Jack, a five-year-old boy, adapts to the real world without much difficulty, albeit with the assistance of his grandma and Leo (Tom McCamus), grandma’s boyfriend. Compared to Jack, though free from the room, Ma is not “plastic” and has difficulty with her emotional processing regarding her transition to the real world; hence, she is afflicted with PTSD and stuck in both the room and the real world.

For those with PTSD, traumatic events repeatedly invade their thoughts at the conscious or subconscious level, like nightmares or flashbacks. The recurrent intrusive symptoms of the traumatic events are often the most painful part for PTSD patients. Ma also suffers from these recurrent intrusive symptoms, although she has already escaped from the room. While dozing at home, for instance, Ma suddenly sits up upon hearing a sound in Dora, a program Jack is always watching. In a panic, Ma asks, then commands and finally begs Jack to turn the program off, saying, “Jack! Please. Please. I’m begging you, please turn that off. . . . It reminds me too much of Room. I can’t have it” (pp. 129-130). Seeing that Ma “is twisted in pain at the sound of the show” (p. 130), Jack turns off the program. Clearly, due to the unbearable trauma and PTSD, Ma chooses not to have any connection with the room; consequently, she loses the chance to be emotionally engaged with the traumatic memory. Moreover, without any emotional engagement with the room, Ma fails to adapt by bringing a positive change to her traumatic memory and, hence, fails to find relief from her mental disorder.

Based on emotional processing theory, in order to reach natural recovery from PTSD, those suffering from traumatic wounds or anxiety should be emotionally engaged with any traumatic reminder in order to activate their fear and thereby facilitate their adaptation to real society (Foa, Riggs, Massie, and Yarczower, 1995). Ma’s dissociative symptoms reveal her deliberate avoidance of trauma-related reminders as emotional engagement with the traumatic memory (here, the memory of the room). As Foa and Hearst-Ikeda (1996) mentioned, the dissociative symptoms following traumatic events or any information regarding the events can be conceptualized as strategies to decrease emotional engagement and elude any trauma-related emotion. However, the deliberate peritraumatic dissociation negatively impacts mental health and leads to more severe PTSD (Koopman, Classen, and Spiegel, 1994). Ma’s avoidance of any emotional connection with the room leads to her poor natural recovery from her traumatic wounds (Foa, Riggs, Massie, and Yarczower, 1995).

In addition, Ma’s delay in reacting to the traumatic event also hinders her emotional engagement, thus leading to her failure to achieve emotional processing and natural recovery

(Gilboa-Schechtman and Foa, 2001). For example, after being rescued by the police and hospitalized for few days, the doctor suggests that Ma receive “medical attention.” Robert explains that “The Doctor mentioned this other place where they could help you, because it’s hard, you know, to suddenly—” (p. 87). However, Ma insists on going home, saying that “He has no idea what we’ve been through. Nothing could compare to that.” Those suffering from PTSD may use narratives to reorganize their traumatic events (Foa, 1997), hence obtaining relief from their mental disorders, if not reaching a natural recovery. With the assistance of medical attention, those with PTSD can, in time, use narrative articulation to reorganize the traumatic event and thereby help to heal themselves (Amir, Stafford, Freshman, and Foa, 1998). In other words, with the use of traumatic narratives, they can alter the association between the traumatic memory and the threat/danger the trauma has incurred; they can also repair the fragmented trauma narratives and further integrate the fragmented narratives into more coherent ones.

By refusing medical assistance, Ma has no way to expose herself, securely and systematically, to her traumatic memories and further reassess the stimuli she fears, which would effectively help her to change her fearful memories to something meaningful. Secure exposure to traumatic memories can effectively alter the fearful memories of those suffering (Foa, Steketee, and Rothbaum, 1989). In the process, those suffering from trauma or PTSD are able to reassess the stimuli they fear and become more accustomed to it. Moreover, while the fear network is activated in a secure environment, those suffering can reduce their fear and avoidance. However, Ma ignores the negative impacts of the traumatic memories, declining any medical assistance and staying at home. Therefore, weighed down with PTSD, Ma has a more negative cognition about the world and herself. She even thinks that she is totally incompetent, saying, “I’m not a good enough Ma” (p. 154).

Ma may have had a chance to use the television interview as a secure environment for fear activation and, further, use narrative articulation to reorganize her traumatic story of events in the room, hence, reaching a natural recovery from her PTSD. However, because she was beaten by the hostess’ harsh questions, Ma fails, letting herself fall back within the depths of the traumatic memory of the room.

The process of being held captive and then escaping from the room is terrifying, nearly unbearable, for Ma. However, later with support from her family, especially her son, Ma feels secure and gathers the strength needed to cognitively modify her negative or erroneous recognitions of the event, the world, her mother and even herself to seek a positive change in her fear network and trauma-related cognitions.

In other words, with the use of traumatic narratives, those with PTSD can alter the association between traumatic memory and the threat/danger the trauma has incurred; also, they

can repair fragmented trauma narratives and further integrate those fragmented narratives into more coherent ones. For instance, when Jack was in the room, he once thought that the room was the whole world, saying that “Uh uh, it went every direction all the way to the end. It never finished. And Ma was always there” (p. 142). After escaping the room and stepping into the real world, initially, Jack is too scared to reach out to people, but he adapts to the world gradually and interacts with people. Later, he uses positive narratives to show his concern for others, saying “I love you” to his grandmother.

In comparison with Jack, who can use positive narratives to keep himself strong, Ma says that she is not qualified to be a mother. In essence, Ma blames herself deeply for not striving to let Jack have a normal life; with regret, she commits suicide. The film uses a conceptual metaphor through Jack’s voiceover, a kind of narrative, to show that Ma has taken a harmful action, attempting suicide, to end her life. Jack uses his naive thinking in a narrative form to talk about this traumatic event:

There’s so much of place in the world, there’s less time because the time has to be spread extra thin over all the places like butter, so all the persons say hurry up, let’s get going, pick up the pace, finish up now. Ma was in a hurry to go boing up to heaven but she forgot me, Dumbo Ma, so the aliens threw her back down crash and broke her. (Donoghue, 2014, p. 142).

Also, Nancy, as a mother, uses narratives to stimulate Ma to bring about positive change in her trauma-relative cognitions, because recovery takes time. As Nancy tells Ma, “We all help each other stay strong. No one is strong alone” (p. 150). As a mother, Nancy knows the trauma and pain Ma must have encountered, physically and mentally. The turning point of Ma’s recovery from PTSD is based on all the positive words coming from her mother and son, giving her strength. Indeed, her beloved Jack is even willing to cut off his hair and send it to her to show his love and support for his mother. Jack asks his grandmother to help him forward a lock of his hair to Ma:

Nancy: What for?

Jack: For cutting my hair.

Nancy: You really want to do that?

Jack: I want to send it to Ma.

Nancy: Why?

Jack: She needs my strong more than me. So I want to send it to her. Or you could take it to her (p. 149).

Clearly, the hair represents Jack’s love and support; all he wants is to help Ma recover from her attempted suicide and go back home:

Jack: Are you better now?

Ma: Starting to be.

I'll always keep this with me, Jack.

I will never, ever let it go. When Grandma brought it to me, I... I knew

I could get well. You saved me. Again. (Donoghue, 2014, p. 153-154)

While Ma is beating herself up with negative thoughts and narratives, Jack reorganizes his traumatic narratives and transforms the negative thoughts to positive ones. He replies to Ma firmly during a short and concise conversation:

Ma: I'm not a good enough Ma.

Jack: But you're Ma. (p. 154)

Jack not only saves Ma's life, but also, through these positive narratives, gives Ma relief from her trauma and guilt about not protecting Jack well. There is no perfect mother. As for Jack, although his mother is not perfect, she is still the only one and, thus, irreplaceable. All in all, Jack's positive narratives bring Ma great courage to defeat her difficulties and give her the strength to move on.

For those wanting to banish their own traumatic memory, the best way is to confront the fear network and, later, say goodbye to those things and memories that bring pain. After being in the real world for almost a year, Jack proposes that he wants to go back to the room to see how far they've come. As for Ma, going back to the room, a prison for her, recalls her painful memories, yet she still approves Jack's request. In order to recover from her PTSD, Ma has to confront the fear network or the traumatic memory she experienced in the room. When entering the room, Jack makes an insightful observation:

Jack: It's because Door's open.

Ma: What?

Jack: It can't really be Room if Door's open.

Ma: Do you—would you like it closed? (p. 156)

Ma has always been traumatized by the room. Yet, when they return to the room again, they find the door of the room is open, not locked. Hence, Ma feels secure; she realizes that, with the room open, she is free, and not locked up again as a captive. Later, Jack, as well as Ma, says goodbye to everything inside the room, revealing that he has already finished bonding with the room and releases its shadows and limitations. The door has opened: it is no longer a closed room, but an entrance, leading to a real world, an open space. They never have to fear getting locked inside again. At this moment, when Ma confronts her fear network and says goodbye to the traumatic memory, she is not facing a locked door, isolating her from human interaction, but a passage, letting her open her mind to accommodate human interactions.

CONCLUSIONS AND SUGGESTIONS

We all face some difficulties and tough times through our life. However, some of us choose to bravely defeat these occurrences, while some of us cannot endure so much stress, and we eventually collapse. Definitely, as human beings, we all have a vulnerable side; no one stays strong forever. Similarly, in the film *Room*, Ma initially believes that she can manage all of her traumatic memories and PTSD by herself, refusing to accept any medical assistance. However, her deliberate refusal to be emotionally engaged in the trauma memory prevents her from bringing a positive change to her trauma-related cognitions. Indeed, her maladaptive situation leads to her own undoing.

Fortunately, her son guides Ma out of the abyss of trauma, using narratives as a positive mindset to confront fear activation and to facilitate a positive change in the fear network and her negative recognitions about herself and the world. Hence, after a long stretch, Ma can finally achieve a natural recovery, or relief, from her PTSD. This study intends to help readers confront their traumatic memory. Although the world is not as perfect as we think, we can use Foa and Kozak's emotional processing theory as a mechanism to make sense of traumatic experiences and bring a positive change to these trauma-related cognitions.

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