

A Hard Day's Night:  
The aftermath of psychological trauma in *Grey's Anatomy*

Master's thesis  
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<p>Tiivistelmä - Abstract</p> <p>Tämän tutkimuksen tarkoituksena oli tunnistaa ja kuvata tapoja, joilla fiktiiviset henkilöahmot amerikkalaisessa sairaalarjassa <i>Greyn Anatomia</i> reagoivat psykologisesti traumaattisiin kokemuksiin, sekä sitä, millainen rooli hahmojen keskinäisellä ystävyysuhteella on parantumisprosessissa. Analyysin kohteena oli sarjan kaksi keskeistä henkilöahmoa, Meredith Grey sekä Cristina Yang. Aineisto koostui kahdesta erillisestä tarinakaaresta: molemmat alkoivat traumaattisesta tapahtumasta ja loppuivat molempien hahmojen ns. löydettyä ratkaisun trauman aiheuttamiin ongelmiinsa. Yhteensä analysoituja jaksoja oli kuusitoista (16).</p> <p>Laadullisen analyysin perustana käytettiin kriittistä televisiotutkimusta, hahmontutkimusta sekä psykologisen trauman, sen vaiheiden ja <i>traumaperäisen stressihäiriön</i> käsitteitä. Varsinainen analyysi koostui lähinnä hahmojen välisen dialogin tarkastelusta ja tulkinnasta: havaintoja tehtiin traumaperäisen stressihäiriön oireenmukaisesta käyttäytymisestä ja muista traumankäsittelystrategioista sekä hahmojen tavasta käsitellä traumaa vuorovaikutuksessa toistensa kanssa. Myös monologeja ja hahmojen vuorovaikutusta sekä heidän kumppaneidensa että muiden kollegojen kanssa tutkittiin.</p> <p>Aineistosta tunnistettiin oireenmukaista käytöstä etenkin Cristinan hahmon osalta, ja lisäksi molemmilla hahmoilla havaittiin toistuva tapa käsitellä trauman aiheuttamia tunteita ja menetyksiä. Hahmojen keskinäinen ystävyysuhte oli suuressa roolissa trauman käsittelyssä, ja trauman myös huomattiin vaikuttavan tähän suhteeseen molemmissa tarinakaarissa.</p> <p>Sarjan tapa kuvata traumaperäistä stressihäiriötä vastasi melko hyvin kyseisen häiriön todellisia diagnosointikriteerejä. Trauman lopullinen integrointi ja hyväksyntä sen sijaan esitettiin jokseenkin yksinkertaistettuna ja katarsisena tapahtumana. Kaiken kaikkiaan tutkimuksen voidaan katsoa tuovan arvokasta lisätietoa Amerikkalaisen yhteiskunnan traumakäsityksestä sekä televisiosarjojen tavasta heijastella ajankohtaisia puheenaiheita fiktion kautta.</p>	
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## 1. INTRODUCTION

This study describes and discusses the ways in which psychological trauma and its aftermath affect two central characters and their relationships in the U.S. primetime medical drama series *Grey's Anatomy* (ABC, 2005- ). More specifically, the thesis focuses on the analysis and description of post-traumatic responses and symptomatic behavior of two of the show's main characters, Meredith Grey (the title character, played by Ellen Pompeo) and Cristina Yang (played by Sandra Oh), and the role of their friendship on their recovery from trauma. The analysis has been conducted by closely observing and describing the characters' communication with each other as well as with their spouses in the aftermath of two separate traumatic events. In addition, a few examples of their interaction with colleagues and patients have been included whenever relevant to the topic.

The study draws on the broad theoretical framework of television studies; research on characterization and character identity has also been consulted for the purpose of explaining the importance of characters and their development in dramatic television. For the purposes of defining and analyzing traumatic experiences, literature on psychological trauma and post-traumatic stress disorder, in particular, has been consulted. The analysis is qualitative in nature and employs a hermeneutic strategy: therefore, instead of strict adherence to a single analytical method, the analysis has been conducted by doing a close reading on the episodes of two selected story arcs, making observations on the ways textual as well as televisual elements refer to the psychological trauma and its effects on the characters, and describing and discussing the observations in detail.

Although both fictional television and the portrayal of psychological trauma have been studied extensively, there are some major gaps in both fields justifying this study. For example, psychological trauma has mainly been

studied in written texts instead of television; furthermore, the research has focused on fictional depictions of real-life traumas while less attention has been paid to representations of fictional trauma. With regard to fictional characters, while character identity construction and/or characterization has been the focus of some contemporary studies on fictional television (see, for example, Calvin 2008), most studies seem to have focused on analyzing (more or less) static identities, such as gender or ethnic identity, instead of exploring how significant life events can affect characters and lead to character development. As fictional television often reflects real-world concerns and events, even more so when talking about a medical drama series taking place in present-day U.S., there is more than adequate reason for studying how such topical issues are presented and negotiated in popular primetime television through which millions of people can safely process difficult topics as well as reflect their own attitudes and identities to the ones of the characters.

The present study is constructed in the following way: firstly, in chapter 2, I introduce the key theoretical concepts used in the study as well as present previous research on television series and trauma fiction and discuss their implications for this study. In chapter 3, I present the research design, including spelling out the research questions and introducing the data used in the analysis. The main body of the thesis is dedicated to the actual analysis of the data in chapter 4: here excerpts of the dialogue between the characters under investigation are included to illustrate my observations. Finally, the findings are discussed on a more general level in chapter 5 and possible implications and applications for future research are suggested.

## **2. THEORETICAL BACKGROUND**

In this chapter I introduce the core concepts and theoretical framework used in this study and present some of the previous research conducted on television series, characterization and fictional trauma as well as the series under investigation, *Grey's Anatomy*.

### **2.1. Television studies**

In this section I first give a brief introduction to the field of television studies and then narrow down to the study of fictional television series, both of which provide the present thesis with a number of relevant theoretical orientations. More specifically, I discuss the concepts suggested in these fields in relation to my study by presenting previous research on television and evaluating the implications to the study at hand. In subsection 2.1.1., the concepts of characterization and character identity are introduced, and their relevance to the study at hand is discussed.

Bednarek (2010: 7-11) gives a detailed account on why fictional television is worth investigating. She starts by stating that television is a medium which we generally use every day. Consequently, the study of television is a broad and lively area of research, ranging from studies in newscasters' word choices to the social impacts of reality television. Although it might be argued that the study of television should indeed focus on the likes of newscasts and documentaries, with more direct implications to "real life", the immense popularity of fictional television in itself is reason enough for it to be studied. Not even fictional television is born in a void; by contrast, it reflects the way "societies are organized and how societies create meaning" (Lacey 1998: 84, as cited in Bednarek 2010: 8).

Bednarek (2010: 8) goes on to argue that television also plays a vital part in our identity construction, even so that watching or not watching television can be

seen as an aspect of one's identity. Similarly, Hermes (2005: 103) states that as we watch television we also engage in a "dialogue about identity and selfhood". Moreover, as suggested by Cohen (2001: 245-246), identification with media characters often leads viewers to relate to the events on the television screen as if they were happening to themselves: according to Cohen, this process is significant for the development of our self-identity. Similarly, borrowing from mass communication research, the *uses and gratifications* theory suggests that viewers do not simply passively consume television but use it for identity construction and personal fulfillment (Butler 2007: 421).

Particularly relevant to the study at hand, Hermes (2005: 12) drawing on Ellis (2000) declares that "popular culture is our therapist" in that television helps us understand the "uncertainties and anxieties of our time". It also allows us to seek answers to questions regarding our own capabilities and destinies by comparing them to those of fictional characters seen on television (Mepham 1990: 60, cited in Hermes 2005: 12). This is one of the reasons why studying the effects of psychological trauma in fictional television can be fruitful: viewers can see the process of recovering from a traumatic experience from a safe distance and negotiate their own attitudes and feelings by comparing and contrasting them to the actions and difficulties experienced by fictional characters on the TV screen.

Bednarek (2010: 14) divides the characteristics of television into four separate categories: communicative context, *multimodality*, *code of realism* and *character identity*. For the purposes of this study, the three latter concepts are relevant, especially that of character identity which will be discussed in detail in subsection 2.1.1. The *code of realism* refers to the way fictional television series emulate reality by adhering to the conventions and attitudes of the "real world" and thus make the reality of the series recognizable to the viewers (Hermes 2005: 107). The code of realism stretches to fictional characters, as well. As an example, Hermes (2005: 107) mentions a study by Ien Ang in which the audience of *Dallas* (CBS, 1978-1991) reported identifying intrinsically "real"

human behavior and traits in the fictional characters. Both Bednarek (2010: 22) and Hermes (2005: 107), however, acknowledge that this notion of realism is basically an illusion shared by the show creators and viewers, and can be broken for stylistic effect. For example, Bednarek (2010: 21) notes how character dialogue rarely corresponds to naturally occurring speech as such. This concept is central to the present study, as one of its aims is to find out whether the characters of *Grey's Anatomy* demonstrate symptomatic behavior in response to traumatic events, in other words, whether their reaction is realistic and fits the conventions of trauma as we know it.

Although less crucial for my analysis, the concept of *multimodality* is also one of the dimensions of the genre (of medical drama) which cannot be overlooked in this study. For example, character identity is conveyed to the viewers not only through dialogue but also through such multimodal aspects as non-verbal communication, action, appearance and variations in speech (Bednarek 2010: 18-19). In addition, multimodality plays a part in the portrayal of a specific genre, action or mood: for instance, the use of diegetic and non-diegetic sounds, referring to sounds whose source is either in the scene itself or somewhere "off-screen", sets the mood for scenes and creates the multimodal experience (see Salt 2001 for a discussion on the term *diegetic*). Bednarek (2010: 20) also mentions editing as one of the multimodal aspects of television. By cutting and connecting scenes and shots into sequences and episodes, different choices can be made about the flow of the narrative: whether it is linear, chronological or makes jumps between different points in time (flashbacks, glimpses into future). In the present study, flashback editing and the character's non-verbal communication are especially relevant, since flashbacks can be used to symbolize traumatic reliving and the emotional content of trauma-related dialogue is often visible in the characters' gestures and facial expressions.

With regard to the conventions of the study of television, Butler (2007) distinguishes *television studies* from *mass communication research* as the critical approach to the study of television instead of an empirical approach, with the

critical approach applying analytical instead of scientific research methods to the study of television and other texts. More specifically, he identifies the *interpretation* of an aspect of television, for example a particular series, through close inspection of and (intellectual) involvement with it and its core features, as the basic aim of the critical approach. With this method, the critical researcher identifies and argues for specific meanings and importance in the analyzed phenomenon and discusses them in relation to a wider analytical tradition. In contrast, the empirical approach aims to find the underlying *truth* of the analyzed phenomenon by observation and experimentation instead of interpretation. The greatest distinction between the two approaches is their attitude towards the nature of knowledge and towards the importance of objectivity: while the empirical tradition claims knowledge about a phenomenon to be based on its factual elements, and holds objectivity and replicability as the core principles of the analysis, the critical tradition acknowledges the subjectivity of the researcher to be influential to the meaning found in a particular phenomenon and, therefore, does not consider the replicability of the results crucial to the analysis. This distinction, as well as the adoption of the critical approach for the purposes of the present study, is further discussed in section 3.3.

### **2.1.1. Characterization and character identity**

I now move on to introducing the concepts of characterization and character identity, both of which in this study are used in relation to the study of fictional characters and their development. The latter part of the section focuses on presenting previous research on characters in television series.

According to Bednarek (2010: 97), character identity, especially in television, has attracted surprisingly little interest in academic circles, mainly because the focus of research on language and identity has traditionally been on identities of real people instead of fictional ones. Similarly, Culpeper (2001: 1-2) notes that prose, instead of drama, has recently been the focus of research on

characterization, regardless of the fact that characters are especially vital to drama due to the absence of a narrator often used in prose. In fact, literature on characterization seems to be mostly aimed at scriptwriters and other professional or budding writers in the form of handbooks and how-to's, instead of analyses on the nature of characterization aimed at an academic audience. In this body of "how-to" literature, the use of the term *characterization* indeed refers to the construction of a fictional character rather than the end-product, the character itself, a distinction made by Culpeper (2001: 2). In the present study, both applications are relevant, and thus two terms, *characterization* and *character identity*, are used, the former to refer to the process of constructing character and the latter to the actual character, its features and characteristics.

However limited in scope, some research on the nature of characters has been conducted in the fields of literary studies and media studies. In literary studies, for example, this had been done by categorizing characters semantically based on such features as personality traits, gender and profession (Toolan 2001:88-90 and Bal 1997: 126-9, cited in Bednarek 2010: 98). Bednarek (2010: 99) also lists other such categories including character roles, types and depth of characters. According to Culpeper (2001: 6-7), literary critical research on characterization has, in fact, traditionally been divided into two approaches: the humanizing and de-humanizing ones, the first claiming that characters are similar to real people and the latter that characters can only exist in text. He notes that there is an apparent reluctance on part of academics for using the humanizing approach, as it has been criticized for speculation and treating characters as if they were, actually, real people (ibid.)

Developing a humanizing approach would require the literary critic to abandon their familiar and exclusive haven, and venture into the realms of psychology in attempting to understand how the "ordinary" person comprehends. (Culpeper 2001: 7)

As the purpose of the present study is exactly this, to "venture into the realms of psychology" in order to analyze fictional characters' response to traumatic experiences, I see no reason to abandon the humanizing approach merely for its

poor reputation among literary critics. However, to ignore the inherently artificial nature of fictional characters as products of show creators and screenwriters would be equally foolish. Thus, the approach most closely representing my view of character is one introduced by Culpeper (2001: 9-11) as a mixed approach. By blending both humanizing and dehumanizing approaches, the mixed approach acknowledges the importance of characters for the audience as realistic individuals with their own psychological and physical features (see code of realism, 2.1.), while bearing in mind that their function and actions are ultimately dictated by the author for narrative and stylistic purposes (ibid.)

Televisual characterization is traditionally studied in media studies. As in literary studies, in media studies characters are categorized by personality traits as well as by biographical information such as age, marital status and profession (Bednarek 2010: 100). Furthermore, Pearson (2007: 43, cited in Bednarek 2010: 100) suggests that there are six features that can be used to discuss character identity: psychological traits/habitual behaviors, physical characteristics/appearance, speech patterns, interaction with other characters and the environment, and biography. However, she notes that these are predominantly character impressions on part of the viewers (and producers) instead of something that could be extracted from the "text" by conducting a textual analysis. In contrast, Kozloff (2000: 43-45) suggests that it is the dialogue that makes the characters recognizable and reveals their true nature. She continues that this can be achieved by both other characters' comments on a certain character and by "self-revelation" on part of the character in question (Kozloff 2000: 45). Culpeper (2001: 163) calls these features of dialogue "textual cues" which give information about the character and which can be both explicit and implicit. As the explicit cues he presents self- and other-presentation, the former referring to a character giving explicit information about herself and the latter to a character giving explicit information about another character (Culpeper 2001: 167). When analyzing these explicit cues, it is important to bear in mind the possibility that not all that is being said about the

self or another character is unequivocally true: instead, self-presentation might include strategic misleading about oneself, and similarly other-presentation may be influenced by the character's feelings towards the other-presented character (Culpeper 2001: 168). The implicit cues include virtually all other aspects of dialogue and its context, such as the use of syntax, accent, turn-taking, vocabulary, appearance and the setting (Culpeper 2001: 172-229). This notion of textual cues has been applied by, for example, Bednarek in her discussion on expressivity in televisual characterization (2011) as well in her analysis (2012) on Sheldon's character in *The Big Bang Theory* (CBS, 2007- ). For the purposes of the study at hand, the explicit cues are more relevant, for example when the characters under analysis explicitly talk about their feelings or the effect of trauma on their sense of self, therefore providing the viewers explicit information about themselves, or when they talk about each other to, for example, their romantic interests.

All in all, characterization and character identity in television have been studied only in a very limited scope. Furthermore, most research has been conducted more or less in the framework of mass communication research, rendering the findings somewhat one-dimensional and quantifiable instead of critical and interpretative. This can be concluded by the concentration of such research on static and categorizable aspects of character such as personality traits and linguistic items instead of character development and the psychological aspects of character. The present study hopes to add to the body of knowledge on character identity and characterization by bringing forward exactly these overlooked aspects of character (identity), including, in particular, psychology of character and character development.

## **2.2. Psychological trauma**

This section provides an introduction to psychological trauma and post-traumatic stress disorder, including their portrayal in fictional works, and links these concepts to the present study. As a clarification, in this study, the concept

of trauma is used to refer solely to psychologically traumatic experiences and their aftermath, and the term post-traumatic stress disorder is used to describe the symptomatic behavior of the characters in the wake of such events.

*The Encyclopedia of Psychological Trauma* (Reyes, Elhai and Ford 2008: 657) defines psychological trauma as “exposure to catastrophic life events such as combat, sexual assault, and natural disasters”, as distinctive from the medical definition of physical trauma as “permanent damage caused to the body by severe injury or illness”. However, Reyes, Elhai and Ford (ibid.) point out that this definition is not an easy one, although the concept of trauma is central to the study of traumatic stress: in fact, the term psychological trauma refers not only to the nature of the stressor, but also to the evaluation of the stressor by the person experiencing it, as well as to the immediate and long-lasting effects the stressor might have on that individual. American Psychological Association (2013) also describes trauma as “an emotional response to a terrible event like an accident, rape or natural disaster”. Closely associated with the concept of trauma is *post-traumatic stress disorder* (PTSD), a diagnostic term for a set of symptoms arising from a traumatic experience and most notably used to describe the psychological symptoms of war veterans (Newman 2001). This concept is central to the present study and will be discussed in greater detail in section 2.2.1.

Schwarzer and Luszczynska (2012: 29-52) give an account on stressful life events, in which they make a distinction between normative and non-normative life events. Normative events are ones that people are expected to experience, such as graduating from school or getting married, and do not usually cause significant stress. Non-normative events, on the other hand, are unexpected (usually negative) events and have a greater potential to result in traumatic stress. Schwarzer and Luszczynska mention disasters, accidents and illness as examples of non-normative life events; the characteristics of these events include uncontrollability and unexpectedness, both of which are potential causes of traumatic stress.

Lönnqvist et al. (2007: 279-281) list the different stages of a traumatic crisis, such as a natural disaster or an act of violence. In case the traumatic situation develops gradually, the term *threat phase* can be used to describe the period of increasing anxiety. In the *shock phase*, which occurs after the immediate danger has passed, people often experience a numbing of response and might have trouble remembering or accepting what has happened: outwardly, they might either appear astonishingly calm or in a state of feverish agitation, few even to the point of a psychotic-like state. In the *reaction phase* people start to gradually realize what has happened and try to make sense of the new situation. During this phase, many have PTSD-like symptoms of re-experiencing and avoidance, leading to an increased need to talk about the trauma to an empathetic other. Physical symptoms can also co-occur. During the *processing phase* people begin to accept their new reality and actively start processing their feelings about the trauma, thereby starting the actual grieving process. The *reorientation phase* involves the integration of the traumatic experience into the person's life story. In this phase the trauma is no longer acute and has been accepted as part of one's identity; it might even have inspired personal growth and strength. Other models for recovery from trauma have also been suggested, perhaps most notably by Herman (1997) with her three stage model including 1) establishment of safety 2) reconstruction of the trauma and 3) reconnection with ordinary life. Essentially, however, both models stress the importance of social support and working through the traumatic experience in order to accept it as part of one's life story. In the present study, the stages presented by Lönnqvist et al. are used to complement the observations made on the characters' responses to traumatic experiences in conjunction with the concept of post-traumatic stress disorder.

The uncontrollability and pervasiveness of psychological trauma can often lead to the shattering of one's identity. According to Herman (1997: 56) people who have gone through trauma "suffer damage to the basic structures of the self". Similarly, LaCapra (2001: 41) mentions that what characterizes trauma is the

breaking apart of the self. As the basic assumption of safety and the sense of control of oneself are taken away, the consequence is losing trust in oneself as well as in other people. Thus, another area of life which is heavily affected by psychological trauma is meaningful relationships with others. According to Herman (1997: 52-53), trauma reopens childhood conflicts and insecurities and shatters the foundations of the self in relation to others. As traumatic events interfere with one's integrity and sense of control, trust in both the self and others is compromised. Simultaneously, trauma also makes people seek comfort and safety from the people around them, thus resulting in the contradictory behavior of both detaching oneself from previously close relationships and becoming overly dependent on them (Herman 1997: 56). Therefore, the meaningful relationships of a trauma victim turn from stability to turmoil (ibid). These observations are extremely important in relation to the present study, as they help to explain the possible effects the traumatic experiences have on both on their sense of self and their relationships.

### **2.2.1. Post-traumatic stress disorder**

As already mentioned, one response to the sort of traumatic experiences described above is *post-traumatic stress disorder*. Although similar phenomena in the wake of railway accidents attracted physicians' interest already during the 19<sup>th</sup> century, not to mention Freud's discovery of psychological trauma as the origin of *hysteria* in women in the late 19<sup>th</sup> century (Herman 1997: 12), the disorder was first included as a diagnostic category in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in as late as 1980 in the aftermath of the Vietnam War. Referred to as "shell-shock" after the First World War, the disorder owes much of its early attention to the concern of Western psychiatrists towards the psychological symptoms of war veterans. (Newman 2001)

According to the latest *Diagnostic and Statistical Manual of Mental Disorders*, DSM-5, (American Psychiatric Association 2013), the criteria for post-traumatic

stress disorder include “exposure to actual or threatened death, serious injury, or sexual violence” that is involuntarily relived by the victim. The symptoms also include avoidance of stimuli related to the experienced trauma as well as both numbness of feeling and response and increased physical and emotional arousal. Each of these symptoms must be present for more than one month; to a similar set of symptoms lasting under a month, the diagnosis of *acute stress disorder* may be applied. Dunne (2001) also gives an illustrative definition of the different dimensions of post-traumatic stress disorder: these include *intrusion* (of thoughts), *avoidance* (of stimuli), *physical* (symptoms), *social* (impairment) and *time* (duration).

Davison, Neale and Kring (2004: 163-170) give a detailed account on the major symptoms of the disorder. Firstly, re-experiencing the trauma is manifested in nightmares about the experience as well as in severe reactions, for example in the form of flashbacks, to stimuli that remind of the trauma, such as sounds, smells and places associated with the traumatic event. Secondly, because of the extremely negative reaction towards these stimuli, they are usually avoided at all costs, leading to the manifestation of the second major symptom of PTSD, avoidance. Thirdly, sometimes the avoidance behavior can lead to loss of memory of the details of the traumatic event and to feelings of detachment from oneself and others. Lastly, in addition to these closely related symptoms, increased physical and emotional arousal is present and manifests in problems with sleep and concentration as well as in increased alertness and a pronounced startle response. Other problems such as survivor’s guilt, anger, substance abuse, somatic symptoms and social difficulties can also co-occur, alongside with other anxiety disorders and depression. In *DSM-5* (American Psychiatric Association 2013), the criteria for PTSD further distinguish a subtype of the disorder where dissociative symptoms, such as depersonalization, marked by feelings of being outside one’s body, and derealization, marked by feelings that the surrounding world is unreal, are present alongside the other symptoms.

Not all people with traumatic experiences suffer from post-traumatic stress

disorder. According to Davison, Neale and Kring (2004: 165-166), several risk factors for developing the disorder have been identified. These include the severity of the trauma and perceived threat to one's own or to loved one's life, familial predisposition to disorders as well as the person's own history of disorders and traumatic events. Furthermore, the person's initial reaction at the time of the trauma and the applied coping mechanisms afterwards can also predict the development of PTSD: a person avoiding thinking about the trauma both at the moment of the trauma and afterwards is more likely to develop PTSD than one who confronts her feelings and memories about the experience. As in many other disorders, the lack or presence of a functioning social support system and the personal attribution style of the person are also factors that affect the development of PTSD. Moreover, Dunne (2008) lists such individual factors such as second-hand trauma, introverted personality, a prolonged exposure to trauma and stress found in rescue workers and alike, and poor emotional intelligence as possible risk factors for PTSD. Finally, according to Creamer, Burger and Pattison (1992: 452), the existing mental schemata of a person also affect her response to trauma. In other words, the attitudes, beliefs as well as biographical information of individuals may result in varying reactions to similar traumatic stimuli and, therefore, also affect the recovery process.

Most treatments for post-traumatic stress disorder stress the importance of explicitly confronting the experienced trauma and working through it in order to decrease the anxiety experienced in response to traumatic stimuli (Davison, Neale and Kring 2004: 166-167). According to Lönnqvist et al. (2007: 301), this can be achieved by gradual sensitization to the fear-provoking stimuli, for example by imagining the traumatic experience in one's mind, through controlled exposure to trauma-related stimuli (sounds, smells) or even by visiting the site of the traumatic event together with a therapist. By employing relaxation techniques and processing one's feelings about the trauma together with the therapist, the gradual exposure to the feared stimuli weakens the associative links between the traumatic memories and anxiety, and allows the

victim to work through the trauma (ibid.) In addition to confronting the traumatic memories, Davison, Neale and Kring (2004: 170) suggest that having social support, either in friends, family or a survivor group, is essential for the recovery process.

In the present study, I hypothesize that past experiences and professional knowledge as well as prolonged exposure to trauma have a particular impact on the post-traumatic processes of the characters. Furthermore, the basic premise of my analysis is that the traumatic experiences and especially the characters' recovery processes are central to both story- and character development in the series, and thus provide ample content for analyzing the data from the point of view of psychological trauma and post-traumatic stress disorder. Indeed, in my analysis of the effects of traumatic experiences on the characters of *Grey's Anatomy* and their relationship, I make observations of possible PTSD symptoms as well as different stages and characteristics of trauma to better explain and justify how the traumatic events shape the characters and their friendship both temporarily and permanently. The portrayal of trauma in fiction is further discussed in the next section, and a fuller account on the significance of trauma to the series under investigation, *Grey's Anatomy*, will follow in section 3.2.1.

### **2.2.2. Trauma fiction**

In this section I discuss how psychological trauma and post-traumatic stress disorder have been portrayed on film and television and, present examples of previous research on the subject. The term *trauma fiction* is utilized to refer to fictional works, both literary and televisual, including presentations of psychologically traumatic experiences and their aftermath.

According to Reyes, Elhai and Ford (2008: 439), psychological trauma and its consequences are frequently portrayed in films and they often offer an important turning point for the story or the central characters. They continue by

noting that although there are not many areas of psychological trauma still left uncovered by the film industry, the presentations of trauma often seem to revolve around contemporary and culturally relevant topics (ibid). Historically, several films have portrayed the trauma of war, especially through fictional portrayals of the Second World War and the Nazi concentration camps (see, for example, *Saving Private Ryan*, 1998; *Sophie's Choice*, 1982). In the wake of the 9/11 terrorist attacks, the topic of both real and fictional terrorism has also influenced filmmakers, as seen for example in *World Trade Center*, 2006. Characters suffering from post-traumatic stress disorder can also be found in films that are not directly focused on the portrayal of the traumatic event; examples include Hitchcock's *Vertigo*, 1958 and *Marnie*, 1964, as well as *Taxi Driver*, 1976.

Likewise, in contemporary dramatic television a number of series, such as *Grey's Anatomy*, *Good Wife* (CBS, 2009- ) and *West Wing* (NBC, 1999-2006), employ traumatic events both as a means of story and character development and to provide the viewers with cliffhangers that leave no choice but to tune in week after week to follow how or if the characters survive. Like in the movies, the events mirror the concerns of the surrounding society, such as public shootings (*Grey's Anatomy*, season 6; *Good Wife*, season 5) or PTSD symptoms suffered by war veterans, most recently by soldiers returned home from Iraq or Afghanistan (Terry in *True Blood* (HBO, 2008- ); Ryan in *Parenthood* (NBC, 2010- ); Owen in *Grey's Anatomy*).

Despite the frequent portrayal of psychological trauma on film and television, studies on trauma fiction have mostly focused on literary works. For example, McAlister (2006) discusses the use of an unreliable narrator in constructing the identity of a traumatized character in the novel *Basic Black with Pearls* by Helen Weinzwieg. However, most attention has again been paid to fictional depictions about historical real-life traumas, such as slavery, the Holocaust and the 9/11 terrorist attacks. Saal (2011), for instance, in his analysis of "trauma transfer and narrative framing in Jonathan Safran Foe's *Extremely Loud and Incredibly Close*"

(also adapted into a film), describes how the novel interweaves the trauma of the 9/11 with those of the bombings of Hiroshima and Dresden during World War II, respectively, as well as with the Holocaust itself. Rebecca West's novel *The Return of the Soldier*, 1918, has been analyzed by several academics (Pinkerton: 2008; Pulsifer: 2013, Bonikovski: 2005) for its portrayal of a shell-shocked soldier suffering from amnesia after returning home from the First World War.

Although the majority of research of trauma fiction has focused on literary rather than multimodal portrayals, some recent studies have been written about film portrayals, as well. In his analysis of the *Bourne* trilogy (2002, 2004, 2007,), Gaine (2011) draws a parallel between Jason Bourne's character and that of the Western viewer by arguing that they are both similarly traumatized as a result of the U.S. foreign policy, which arguably led to the 9/11 attacks. King (2011) discusses the representation of (male) trauma in American film-making on a more general level: drawing on knowledge on trauma, cinema as well as the collective memory and culture of the U.S., she suggests that Hollywood films portray trauma and heroic sacrifice as proof of the male-character's value and place in the American society. Reminding again of the way fictional portrayals of trauma reflect the society's concerns, both of these studies view the fictional works and their representation of trauma in the context of the 9/11 attacks.

Breaking the pattern of focusing on literary/filmic portrayals of cultural traumas, Barlow (2013) analyzes the "performance and resolution" of trauma in two contemporary drama series, *Boardwalk Empire* (HBO, 2010- ) and *Breaking Bad* (AMC, 2008–2013). However, her use of psychoanalysis and Lacan's theory of trauma as the basis of her study steers the focus far from the one adopted in this study. Indeed, while most of these studies on trauma fiction employ concepts such as trauma theory, psychoanalysis and post-traumatic stress disorder, they are not strictly concerned with the close description of the posttraumatic behavior and its effects on the fictional characters, the approach adopted in the present study. Instead, their focus lies on analyzing political or

stylistic usages of trauma in fiction, or the historical significance of such representations. Moreover, the major part of research on trauma fiction still centers on depictions of historical traumas, although studying fictional traumas might lead way for fresher perspectives and new interpretations of our conception of psychological trauma and its aftermath.

### **2.3. *Grey's Anatomy and the medical drama***

Since rising to one of America's top medical drama series, *Grey's Anatomy* has been an inspiration for a wide array of studies in different fields. The show has especially interested researchers in feminist and gender studies for its portrayal of strong female characters, as well as characters with different ethnic origins. Dubbed by Long (2011: 1067) as "the only African American woman 'showrunner' in network television", the show's creator Shonda Rimes actively worked towards auditioning actors of all colors for every role (Long 2011: 1068). This so called color-blind casting, a term for a casting process where the ethnic origin of any given character is not predetermined, has been a source for newspaper articles (Fogel 2005) as well as academic scrutiny. The result of this scrutiny, however, is not a consensus where *Grey's Anatomy* is seen as a star pupil in the class of racial equality and representation. Instead, Long (2011) argues that as the series holds on to its color-blind approach, it simultaneously ignores the very real effects race has on people's lives and careers in general. By representing the different ethnicities as equal in their profession as physicians, the series undermines the fact that racial stereotypes can still influence people's career development as well as their own self-presentations and conceptions of their skills and possibilities.

In addition to studies aiming to review the success of the show's casting method, the representation of individual characters has also been a topic of interest to researchers. For example, Jones (2011) and Putnam (2008) have studied how characters played by Sandra Oh and Chandra Wilson reify or resist mediated stereotypes of Asian American and African American female

characters, respectively. Jones analyzed how the character of Cristina Yang, played by the Asian American female actress Sandra Oh, reified or resisted the stereotype of Asian Americans as a “model minority” as well as the sexualized and submissive “Suzie Wong” stereotype of Asian American women shown in American television. She concludes that while Oh’s portrayal of Cristina at times reifies the model minority stereotype as well as the Suzie Wong stereotype, the portrayal is not simply monolithic. By both reifying and resisting the existing stereotypical mediated portrayals of Asian American women, Cristina’s character gives rise to a new, more varied portrayal of Asian American women in Western popular culture.

The focus of the present study is on the analysis of two of the show’s central characters, Cristina Yang and Meredith Grey. The close relationship of these two characters has been the focus of previous research as well, for instance in Wilks’ (2012) essay on the gender roles portrayed by the two characters. Her study sets out to inspect whether *Grey’s Anatomy* offers more realistic and progressive portrayals of the female gender than what has been the tradition in (Western) mass media by analyzing the relationship between Cristina and Meredith and identifying characteristics of second wave and third wave feminism as well as post-feminism. The study is carried out by conducting a close textual analysis of the interaction of the two characters within four selected story arcs. The study is particularly interesting for the purposes of the present study, as Wilks also presents an analysis of the consequences of the mass shooting in the Seattle Grace - Mercy West hospital in season six. She points out how Cristina comes out as “one of the strongest characters on the show” (2012: 21) as she proves herself able to act in a crisis by operating on Meredith’s husband at gunpoint and even hands out orders to others: *I’m trying to save your guy, now go and save mine! (Death and all his friends, 6:24)*. However, Wilks goes on to account how Cristina is later affected by the traumatic event when she agrees to marry Owen soon after the shooting, seemingly only because she does not want to be left alone. Although different in its overall focus, Wilks’ analysis of the relationship between Cristina and Meredith thus

provides some insight into my own analysis as well, both through its selection of story arcs and its focus on the interaction between Cristina and Meredith.

In addition to gender and ethnic studies, *Grey's Anatomy* has been studied for its portrayal of the medical aspects of the show, especially the nature of the doctors themselves. As accounted for by Quick (2009) and Strauman and Goodier (2008), the portrayal of doctors in television has been studied extensively, from the heroic physicians of the 1960s in shows such as *Ben Casey* (ABC, 1961–1966) and *Dr. Kildare* (NBC, 1961–1966) to the unethical and asocial doctors of the 21<sup>st</sup> century in contemporary series such as *House, M.D.* (FOX, 2004–2012) and *Nip/Tuck* (FX, 2003–2010). Indeed, Strauman and Goodier note a drastic change in the portrayal of doctors during the last couple of decades, in that instead of depicting doctors as unflinching and honorable saviors of their patients, the contemporary series present a new type of doctor who makes mistakes, engages in immoral behavior and is often more interested in her own personal life than in caring for her patients. According to Strauman and Goodier, this change has been of concern to academics who claim that negative portrayals of fictional doctors affect the viewers' perceptions of physicians negatively in real life, as well.

As a contemporary medical drama series mixing romance with medicine, *Grey's Anatomy* has seen its share of both critique and praise in its portrayal of doctors. For example, Tapper (2010) describes the doctors of *Grey's Anatomy* as mostly too wrapped up in their sex-crazed entanglements to even pay attention to the patients, and when they do, so eager to cut into their bodies that they do not even see them as persons. In contrast, Foss (2011) and Quick (2009) found the doctors of *Grey's Anatomy* to be responsible and courageous, respectively. More specifically, Foss analyzed the portrayal of medical errors and the acceptance of responsibility by the doctors in *Grey's Anatomy*, *Chicago Hope* (CBS, 1994–2000); *ER* (NBC, 1994–2009) and *House, M.D.*, and found that medical errors were scarce and when they occurred, the characters tended to accept responsibility and learn from their mistakes. Quick's study applied cultivation theory (see, for

example, Shanahan and Morgan 1999) to discuss the effects of watching *Grey's Anatomy* on viewers' expectations towards their doctors in real life, and found that frequent viewers of the series tended to see the characters as courageous and to project this characteristic onto real life doctors and, therefore, were more satisfied with their own physicians as well. Furthermore, Morgan, Movius and Cody (2009) found that people who viewed four U.S. drama series, namely *CSI: NY* (CBS, 2004–2013), *Numb3rs* (CBS, 2005–2010), *House, M.D.* and *Grey's Anatomy*, which depicted organ donation in a positive light, were motivated to become donors themselves, even more so if they were emotionally involved in the storyline. Therefore, medical drama series seem to have the potential to affect both the beliefs and attitudes of their viewers.

For the purposes of the present study, these studies indicate that it is indeed purposeful to investigate characters in medical drama series such as *Grey's Anatomy*. However, the focus of the previous studies lies heavily on the series' portrayal of the doctor's profession, instead of a more comprehensive analysis on the characters as human beings who happen to be doctors. More specifically, the studies mainly discuss the characters' merits as medical professionals from a strictly medical perspective and do not take into account their personal histories and characteristics. Thus, there is need for studies that treat (fictional) doctors as complete human beings whose actions and motives are determined not only by their profession but also by the struggles they face in their daily lives. Moreover, through studies on the effects of traumatic experiences on fictional doctors, the viewers can better relate to their own physicians and see them as imperfect people who are equally affected by illnesses and hardships, instead of treating them as unflinching, god-like creatures.

As can be seen from this account on previous research, *Grey's Anatomy* has indeed attracted wide attention in the academic world. In addition to the studies discussed above, the series has inspired edited books dedicated to analyzing different aspects of the show from both scholarly and purely entertaining points of view (Burkhead and Robson 2008, Wilson 2007), as well

as studies on the show's usage of fairy tale imagery (Woolston 2008), popular song titles as episode titles (Gill 2008) and the role of the online fandom the series has stimulated (Gillan 2008, Urbanski 2008). Considering this wide-ranging academic interest in the series, then, it is surprising that an aspect of the series as vital as the depiction of trauma (see section 3.2.1.) does not appear to have been the focus of any previous study. Furthermore, as shown in the previous sections of this chapter, character development and fictional trauma seem to suffer from a similar lack of interest in the academic circles, making this study important in that it can in its own way contribute to building up a well-rounded body of research on the series and its central themes.

### **3. RESEARCH DESIGN**

In this chapter the set-up of the present study is introduced. Firstly, the aims of the study are explained in detail and its research questions are spelled out. Secondly, the data used in the study is introduced and reasons for data selection are given. Lastly, the analytical approach adopted for the purposes of the analysis is introduced.

#### **3.1. Aims and research questions**

The purpose of this study is to identify and describe the ways two central characters in the medical drama series *Grey's Anatomy*, namely Cristina Yang and Meredith Grey, respond to psychologically traumatic experiences and what, if any, role their friendship plays in the process of their recovery. Of particular interest is the characters' portrayal of symptomatic behavior in relation to post-traumatic stress as well as the consequences their response to the traumatic events has for their personal and professional lives. The analytical focus is on the characters' communication and dialogue with each other and, to a lesser degree, with other characters. In addition, instances of monologue as well as televisual elements are analyzed in cases where they are found intrinsically relevant for the series' portrayal of the characters' processing of trauma. On the basis of these criteria, two main research questions can be identified:

**1. How do Cristina and Meredith respond to psychologically traumatic experiences and how does their response affect their personal and professional lives?**

1.1. What kind of symptomatic behavior is portrayed?

1.2. How is this behavior portrayed in the series?

**2. How do the traumatic experiences affect their friendship and vice versa?**

1.2. What kind of role does the friendship have on their recovery?

As discussed in section 2.1., viewers often reflect and compare their actions and attitudes to those shown on television by fictional characters. This is especially interesting considering the topic of this thesis, as traumatic experiences have major consequences on people's lives and relationships in real life as well, and this is often reflected by dramatic television series. Therefore, by analyzing how fictional characters respond to traumatic experiences, we can also gain some useful information on what kinds of problems and challenges people can face while suffering from, for example, posttraumatic stress and, more importantly, what kind of healing strategies they employ. From the perspective of television studies, it is interesting to analyze what kind of televisual and dialogical elements the series uses to communicate these challenges to the viewers and how they are integrated into the story line.

With respect to the data used in this study, the questions are extremely relevant since the popularity of this particular series is largely based on portraying and evoking strong emotions as well as on the development of the central characters both in their professional and personal lives. Furthermore, the relationship between Meredith and Cristina has been one of the central story lines since the beginning of the series and is, therefore, a fruitful starting point for an analysis of the series. Similar yet different on many levels, the development of these two characters owes much to both the challenges they face and the way they deal with these challenges in communication with each other.

Furthermore, as seen in the literature review in chapter 2, there is a shortage of research on character identity in contemporary television drama series, especially concerning the development and evolvment of characters due to extraordinary circumstances. Although *Grey's Anatomy* and other popular primetime series have interested scholars from the point of view of gender, ethnicity, and profession, bringing a possibly identity-shattering circumstance, such as trauma, into the equation opens up new possibilities for analyzing character and its development on a deeper level. What also seems obvious after

the literature review is how narrow the field of trauma fiction research is; the focus of previous research strongly lies on the analysis of (literary) fiction of real life traumas, especially cultural traumas such as slavery and the Holocaust. Moreover, the studies are mostly limited to analyzing the literary and narrative techniques in written fiction, instead of looking into a multimodal medium such as television. Despite this, the topics of many contemporary (American) drama series often reflect real life events and concerns, such as terrorism (24, FOX 2001–2010) or economic recession (for example *The Good Wife*). Indeed, the mass shooting in season six of *Grey's Anatomy* bears similarities to several such events that have happened in the U.S. during the early 21<sup>st</sup> century. These series thus have the opportunity to either reinforce or resist existing attitudes and ways of dealing with difficult issues such as psychological trauma. Furthermore, they can act as a safe channel for people to understand and process traumatic experiences through fictional disasters such as plane crashes or mass shootings. Therefore, it is important to investigate how these kinds of experiences that are so close to the viewers' own lives and fears are presented in a popular television series and how their effect on the characters is portrayed.

### **3.2. Data selection**

In this section I introduce the data used in my analysis. I start with a brief description of the series and the two main characters analyzed in the study. After that I explain in more detail the process of data selection and introduce the individual story arcs that have been included in the analysis. Before this, however, a disambiguation between two similar terms is appropriate: in other words, the difference between television *series* and *serial*. As explained by Bednarek (2010: 12),

Series usually feature the same characters, theme and settings, and stories are usually completed in one episode even though there may also be a few meta-narratives and mini meta-narratives across episodes and/or seasons, for example, in *Friends* (NBC, 1994– 2004) or *Ally McBeal* (FOX, 1997– 2002).

Bednarek goes on to explain that each episode is usually a complete entity of its

own and cliff-hangers are rare; the audience is not required to watch every single episode to be able to follow the plot. Some level of audience loyalty is, however, expected and the characters “have a memory of what has gone on in previous episodes” (Bednarek 2010: 12). By contrast, a *serial* bears more resemblance to soap operas in that its story line often spans across multiple episodes instead of being resolved in a single episode. Bednarek also notes how most contemporary shows seem to fall somewhere between these two definitions as some kinds of hybrid forms. Although it could be argued, based on these criteria, that *Grey’s Anatomy* has hybrid-like qualities, I will be using the term *series* to refer to it and other similar shows throughout this thesis, as the term is used more widely and is more familiar to most people watching television. Moreover, the term is also used on the show’s official website (ABC 2013).

### **3.2.1. Introducing *Grey’s Anatomy***

*Grey’s Anatomy* is a medical drama series produced in the U.S. and created by Shonda Rhimes. The series can further be categorized as a primetime network drama, meaning that it is broadcasted during a time in the evening when there are the most viewers, and that it is broadcasted by a television network, in this case ABC, one of the “big three” networks in the U.S. (Prime time 2013 and Television network 2013). The pilot episode, *A Hard Day’s Night*, was first broadcasted on 27 March 2005. At the moment of writing, the series has aired for ten seasons and has been renewed for an 11<sup>th</sup> season, with each season having an average of 24 episodes with the approximate runtime of 41 minutes (excluding season one with only nine episodes) (IMDB 2014).

The series focuses on the lives of a group of surgical interns doing their residency at Seattle Grace (later, Seattle Grace - Mercy West), a fictional hospital in Seattle, Washington. Since the beginning of the series one of its major plotlines has been the on-off romance between the title character Meredith Grey (Ellen Pompeo), a surgical resident, and Dr. Derek Shepherd (Patrick

Dempsey), an attending neurosurgeon. Another significant relationship throughout the series has been the friendship between Meredith and Cristina Yang (Sandra Oh), another surgical resident.

Besides intriguing surgical cases and romantic entanglements, the series is known for its emotional and dramatic storylines that often have the central characters struggle for their own and their loved ones' lives, especially during season finales. During the span of ten seasons, the characters of the series have seen the unexpected death of several colleagues (George O'Malley, season 5; Charles Percy and Reed Adamson, season 6; Lexie Grey and Mark Sloan, season 8; Heather Brooks, season 10), family (Meredith's mother, George's father and Meredith's stepmother, season 3; Dr. Stevens' fiancée, season 2; Dr. Altman's husband, season 8; Dr. Webber's wife, season 9), in addition to which several of the central characters have had near-death experiences (Dr. Burke getting shot, season 2; Meredith almost drowning, season 3; Dr. Stevens struggling with cancer, season 5; Derek and Alex getting shot, season 6; Dr. Torres being in a coma after a car accident, season 8; Dr. Webber getting electrocuted, season 9). Many of the deaths or death-threats have been the consequence of either a natural or human-made disaster, such as a bomb inside a patient's body cavity (season 2), a ferry accident (season 3), a mass shooting (season 6), a plane crash (season 8) and super storm (season 9).

Considering all this, it is quite safe to say that *Grey's Anatomy* is not only a show about medicine and love, but about trauma and its effects on doctors and their relationships as well. Furthermore, although the characters deal with trauma on a daily basis because of their profession, the effects of first-hand trauma are not downplayed. Instead, the losses and disasters are integrated into the characters' individual- as well as general story lines in a way that aids character development. For example, Owen's character suffers from post-traumatic stress disorder after returning home from Iraq where he worked as a trauma surgeon in the U.S. army, and his nightmares and violent reactions to them define the early stages of his relationship with Cristina and his subsequent devotion to

Cristina's needs when she, in turn, suffers from PTSD. In addition, after the mass shooting in season six, several characters besides Cristina show symptoms of trauma-related stress, some of them requiring professional help for their reactions. Indeed, *Grey's Anatomy* has ample material for research on the portrayal of trauma and its consequences, with the present study providing only a glimpse into the ways the subject is treated in the series.

As the series starts, Meredith and Cristina, the two focal characters investigated in this study, are both first year surgical residents, that is, interns at Seattle Grace. Meredith is the daughter of a renowned general surgeon Dr. Ellis Grey (Kate Burton) with a natural talent for surgery but with serious emotional issues which are mostly connected to her mother. Cristina, on the other hand, is a graduate of both Stanford and Berkeley, with perfect grades and immense talent, who has dedicated her life to becoming a surgeon and advancing her career at the cost of personal relationships. In the beginning of the series, Meredith and Cristina immediately develop a casual friendship which is soon tested when Cristina blames Meredith for using the notion of her famous mother and sleeping with an attending surgeon (Derek) in order to gain access to surgeries. However, as the show progresses, they become each other's "persons", a substitute term for best friends that Cristina coins when she books an appointment for abortion in the beginning of season two and tells Meredith that she chose her as her contact person in case things go wrong.

Meredith and Cristina share several characteristics that contribute to their quick bonding in the beginning of the series. They both are competitive, career-oriented and better at their jobs than personal relationships. They both like to keep their feelings to themselves and avoid hugging and other public displays of affection. Although they do not know it in the beginning of the series, they also share a traumatic childhood that has shaped their identities and guided their decisions in life. Meredith's father left her and her mother when she was five and later started a new family, leaving Meredith without a father and alone with her mother who always put her career before her child and never failed to

remind Meredith what a burden and failure she was. To further complicate Meredith's fraught relationship with her mother, it is revealed in the first episode that she suffers from early-onset Alzheimer's and lives in a nursing home, a secret that Meredith at first tries to hide from her colleagues. Cristina, on the other hand, lost her father in a car accident when she was nine. In the episode *Rise Up* (5:07) she accounts this as the reason why she decided to become a surgeon; trying to stop her father from bleeding out, she felt his heart stop beating and watched him die, without being able to help.

As the series continues, however, it becomes clear that Meredith and Cristina also differ in many significant aspects. For example, Cristina has never wanted a traditional life for herself: she shows this in several episodes where she puts her career before her romantic relationships, acts indifferent to her upcoming wedding and tells her husband that she will never change her mind about not wanting any children, no matter how long he will wait for her to do so. Meredith, on the other hand, strives to find love and security despite her emotional shortcomings and, as the series progresses, ends up settling down with her on-off love interest, getting married and having two children. In addition, whereas Cristina is sometimes tactless and insensitive towards patients and colleagues, Meredith seems to have the skill of putting herself in other people's shoes and having empathy for people who need someone to fight for them.

Throughout the series, the friendship between Meredith and Cristina is the one relationship which endures through all the failed romantic entanglements and other challenges the characters face. Although their friendship has its standstills, they never last for more than a handful of episodes and always see a return to Cristina-Meredith sleepovers and thirty-second dance parties. The couple is often referred to as the "twisted sisters" as they share a dark sense of humor and an occasionally pessimistic view on the world. In addition, the strength of their bond often causes friction in their romantic relationships. Here is how Derek, Meredith's husband, describes their relationship to Owen (Kevin

McKidd), Cristina's husband, in *Superfreak* (7:03):

(1)

D: Did you see E.T.?

O: The movie? Yeah, years ago.

D: Remember the kid, Elliot? He and E.T. had this weird and disturbing bond. If he got sick, E.T. got sick. If E.T. got drunk, Elliot would get drunk. That's kinda like Cristina and Meredith. Meanwhile, you and I are like the government guys in the white hazmat suits. We're trying to steer them in the right direction, but in the end, we just don't understand.

(*Superfreak*, 7:03)

Both their backgrounds and aspirations make these two characters interesting to analyze in relation to the effects of trauma. They both have already experienced loss and trauma and have difficulties in establishing lasting relationships with others. Furthermore, their ambition and focus on advancing their careers have a strong influence on their actions. For the purposes of this study in particular, both their individual features and history and their extremely tight friendship provide a fruitful premise for the analysis of the effects of traumatic experiences.

### **3.2.2. Story arcs**

As already mentioned, each episode in the series lasts for approximately 41 minutes and each season has an average of 24 episodes. Partly for this reason and partly for reasons regarding the aims of the study, the data used for the analysis was limited to a smaller amount of episodes. In order to conduct a close reading to analyze the dialogue and interaction between the characters and to discover something meaningful about the characters and their relationship with each other, it would have been futile to try to analyze every single episode of the series. For the same reasons, only two central characters and their friendship were selected as the focus of analysis.

For the purposes of this study, two different story arcs were chosen for close (textual) analysis. Both arcs begin with a traumatic experience and end in some

kind resolution for one or both of the characters. The first story arc begins from the penultimate episode of season six with a mass shooting at Seattle Grace and ends in episode eleven of season seven where victims of another mass shooting are brought to the hospital. The second story arc starts with a plane crash in the final episode of season eight and ends in the fifth episode in season nine where Cristina returns to Seattle Grace after working elsewhere since the plane crash. Two episodes were left out from the first story arc and one from the second, resulting in altogether sixteen analyzed episodes. The decision on not to include the three episodes in the analysis was made on the basis of the episodes' low content of Cristina-Meredith interaction and/or trauma-related communication.

The approach of selecting two complete story arcs as the basis for analysis enables a close inspection of the ways the characters are affected by the traumatic experiences throughout the different stages of dealing with the aftermath of the trauma. In contrast, by analyzing randomly selected episodes from the ten whole seasons it would not be possible to character development to any specific event or experience. The selection of these exact story arcs is well-justified as they both deal with the aftermath of extremely traumatic experiences that affect both characters and that are central to the overall story development of the respective seasons.

### ***3.3. Analytical approach***

According to Butler (2007), there are basically two approaches to analyzing television, the empirical and the critical approach. The empirical study of television is characterized by objectivity and repeatability and the results are quantifiable in nature. In addition, the researcher treats the studied phenomenon as a complete entity in itself and believes that to understand the phenomenon, factual information on the object of analysis should be studied; in other words, a television program is interesting only for its actual qualities and not, for example, for the different interpretations about it made by fans. In contrast, the critical approach views the study of television as subjective and

unique (not replicable), and believes that to discover the meaning of a phenomenon, interpretation should be applied. Thus, the critical study of television is qualitative rather than quantitative and does not rely on facts unless they bring new interpretations to the table.

The approach used in the present study owes a great deal to the critical approach in that it is mostly subjective and interpretative and, therefore, qualitative in nature. Moreover, instead of coding occurrences of certain phenomena, this study attempts to describe and discuss the actions of fictional characters in order to increase our knowledge of “broader cultural concerns” and to “help us live our daily lives” (Butler 2007: 428). According to Butler (2007: 427-428), this is achieved by ensuring that the (subjective) analysis has internal consistency and provides sufficient evidence for its interpretations and views of the world. In this study, internal consistency stems from analyzing each episode with the same principles, in other words, focusing on dialogue including either Cristina, Meredith or both and including only examples that are connected to the processing of the traumatic experiences and their aftermath. In some cases, however, instances of monologue as well as televisual elements are included in the analysis, but only if they help in bringing forward either the processing of trauma by the characters or the series’ way of portraying this process (for example, the use of flashback editing to symbolize a symptom of PTSD). Moreover, evidence for the observations and interpretations is provided with frequent excerpts of dialogue.

The actual analysis of the data consisted of several steps. No separate data collection was needed, as all the episodes are freely available as DVDs. Firstly, the selected story arcs were watched in their entirety while paying special attention to the dialogue between Cristina and Meredith as well as their respective romantic interests. Next, notes were written down concerning any aspects of dialogue, monologue, televisual and other elements which provided some information about the characters feelings and actions as well as their friendship at the moment of/ after traumatic experiences. These elements

included, among others, talk about the trauma, instances of symptomatic behavior, non-verbal communication and flashback sequences. On the basis of these initial observations, the focus of the study was adjusted. After this, the episodes were watched again and the diagnostic criteria for post-traumatic stress disorder (see section 2.2.1) as well as Lönnqvist et al's stages of traumatic crisis (see 2.2.) were applied to the post-traumatic behavior of the characters. Culpeper's notion of explicit cues, that is, self- and other presentation (see 2.1.1), were also used to uncover how the characters saw themselves and each other after the trauma. Finally, relevant examples were chosen from the data to illustrate the analytical observations and the written analysis was structured around the examples, with the episodes appearing in chronological order. Both story arcs were discussed in their own chapters and blocks of episodes were given subheadings to illustrate the prevailing aspect of trauma recovery process. For the purposes of transcribing the examples, subtitles from the DVDs were consulted.

## 4. ANALYSIS

As described in the previous chapter, the analysis is divided into two story arcs, both of which are discussed in their own subchapters. Both subchapters begin with a description of the actual traumatic event of the respective story arc, in other words, with a summary of the episode/episodes in which the trauma occurs including observations of the initial reactions of the characters at the time of the trauma. After this I move on to analyzing, in chronological order, individual episodes depicting the aftermath of the trauma in question. This is done by describing the actions and strategies employed by the characters to survive and heal from the trauma, and the ramifications this has for their respective professional and personal lives as well as their relationship with each other. Although the processes of the two characters are discussed on an individual basis, they are continuously compared and contrasted; furthermore, one dimension of the analysis is the way Cristina and Meredith process the trauma in dialogue with each other, and, therefore, the analysis of both characters goes hand in hand instead of devoting separate sections to each character. Instead, blocks of episodes are given subheadings to demonstrate the central feature or stage of trauma recovery depicted in them. The individual episodes are referred to by their title and number of season and episode within that season, so that *Death and All His Friends*, 6:24 signals the 24<sup>th</sup> episode of season six.

### **4.1. Story arc 1 - *Death and All His Friends***

In season six, Meredith and Cristina are still 4<sup>th</sup> year surgical residents, in other words, they are not allowed to perform surgery without the supervision of an attending surgeon. Meredith is married to Derek Shepherd, a neurosurgeon and presently the Chief of Surgery at Seattle Grace - Mercy West hospital, and Cristina has just ended a relationship with Owen Hunt, a trauma surgeon recently returned home from Iraq. In *Sanctuary* (6:23), the husband of a patient

who fell into a coma following routine surgery and was eventually taken off life support and deceased, returns to the hospital and starts a shooting rampage. After word of the first victims reaches Derek, the hospital is put in lockdown, meaning that everyone needs to remain in their current positions. Cristina and Meredith, not knowing the direness of the situation, joke about an axe murderer being loose in the hospital and wander around the empty corridors talking about their respective relationships and Meredith's recently discovered pregnancy.

The killer shoots several doctors and nurses during his rampage, but his real target is Derek, who as Chief of Surgery made the decision to end life support for his wife who was brain dead. After being informed of the seriousness of the situation by Derek, Cristina and Meredith are hiding in a supply closet when the killer walks in the corridor. Cristina recognizes him as the man he earlier gave directions to Derek's office and tells Meredith that the shooter is after her husband. Consequently, Meredith and Cristina leave the supply closet and start searching for Derek. The episode ends with the shooter shooting Derek while Cristina and Meredith watch from a distance, Cristina struggling to hold onto Meredith who desperately tries to break free and save her husband.

The season finale (*Death and All His Friends*, 6:24) continues from where the previous episode ended. Derek has been shot to the chest and Cristina has dragged Meredith back to the supply closet, where she tries to convince her to stay there and hide. Meredith, however, throws Cristina aside and runs off to Derek, who is still conscious and tries to talk Meredith into hiding from the shooter, who is presently elsewhere. Meredith refuses to leave his side:

(2)

M: (panicking) Do not die. Do you understand? I can't live without you.

C: (running to the scene) I called the police.

M: (to Derek) If you die, I die.

Ok good, they're coming. The police are coming.

C: (stuttering) Mer, They're not gonna get here. They're not coming for us. Not in time.

M: (to Derek) I picked you! I choose you. You don't die on me!  
 C: (simultaneously) Oh my god. What are we gonna do? Derek needs surgery. What do we do?  
 M: (repeating to Derek) You stay awake!

*(Death and All His Friends, 6:24)*

At this point, Cristina runs off to find a wheelchair for Derek. She finds Dr. Kepner (Sarah Drew), a fellow resident, hiding behind the corner and tells her they are going to take Derek to the operating room (henceforth OR) and let Dr. Altman (Kim Raver), the head of cardiothoracic surgery, operate on him. Dr. Kepner mumbles in shock, but Cristina tells her they need an extra set of hands for lifting Derek, who is dying. When they get to the OR, Cristina gives directions to Meredith and Dr. Kepner and assures Meredith that things will go well. Meredith stays to prepare Derek for the surgery while Cristina and Dr. Kepner go out to find Dr. Altman. On the way Dr. Kepner has a meltdown and Cristina tells her sharply to stop panicking:

(3)  
 C: Mer is a mess, Derek is a mess, you are a mess, and I am in charge. And I say that no one is down here (referring to the shooter).

*(Death and All His Friends, 6:24)*

Dr. Avery (Jesse Williams), a fellow resident, comes out of an OR, scaring Cristina and Dr. Kepner. He tells them that Dr. Altman has left the hospital with Dr. Hunt (Owen), and that there are no attending doctors on the floor. Cristina begins to panic, but Dr. Avery tells Dr. Kepner to gather a surgical team for a cardiac procedure and tells her that they have a surgeon for the operation. Cristina looks down to the floor in understanding and says she will perform the surgery. Later, she stands in the scrub room, looking through the window to the operating room, when Meredith walks in and confronts her, asking whether she is ready for the operation. Cristina answers that every gunshot wound is different, and that she is very good, for a resident. She tells Meredith that she cannot be in the OR and orders Dr. Kepner to sit on the scrub room floor with her and make sure that she does not enter the OR.

(4)

M: He is my husband.

C: (angrily) Do you want me to kill him? Is that what you want?

(takes Meredith's face between her hands) I will do my very best work. But please, Meredith, I am begging you, sit down and wait.

M: (turns away and obeys)

*(Death and All His Friends, 6:24)*

Cristina begins the surgery on Derek by quoting his before-surgery mantra *It's a beautiful day to save lives* and remarks that it sounds better when he says it. When they open him up, she discovers that the bullet wound is right next to his aorta, making the operation more difficult than she had hoped. For a minute she seems panicked and unaware what to do next, but she quickly gathers herself and decides on the best course of action. Later, Owen, who has returned to the hospital to find Cristina, walks into the scrub room where Meredith and Dr. Kepner are sitting on the floor. He glances to the OR and orders Meredith and Dr. Kepner to remain where they are while he assesses whether Cristina needs any help. He then steps into the OR, where the shooter has returned and is pointing his gun at Cristina, telling her to stop operating on Derek. Cristina is sobbing aloud while the shooter shouts and waives the gun at her, but continues operating. She tells Owen that she cannot stop saving Derek, and he tells her to go on. The shooter turns the gun to Owen and says he will shoot him first, then Cristina and Derek.

At this point, Meredith steps in and tells the shooter to shoot her. She tells the shooter that her (Meredith's) sister, Lexie (Chyler Leigh), was the one who pulled the plug on the shooter's wife, and that she is like a daughter to Dr. Webber (James Pickens Jr.), who was the surgeon in charge of the case, and that Derek is her husband. *I'm your eye for an eye*, she says. When the shooter turns his gun towards her, she tells Cristina to tell Derek that she loves him and that she is sorry. Cristina tries to stall the shooter by telling him that Meredith is pregnant, and Owen lunges towards him, but gets shot in the shoulder. Dr. Avery raises his hands in the air and tells Cristina to do the same before the shooter fires his gun again. Cristina stops operating, and Dr. Avery tells the

shooter that soon the monitor will show that Derek is dead. Meredith cries helplessly and begs them to continue operating, but the monitor shows a flat line indicating that Derek's heart has stopped beating. The shooter leaves, and Dr. Avery plugs back the sensors he had secretly pulled off from Derek and his vitals come back on the screen. They continue the operation, and Cristina asks Meredith, who is still sobbing, if Owen is dead. When she tells Cristina that he is still alive, Cristina orders her to get Dr. Kepner to assist and remove the bullet from him. She says that she is trying to save Meredith's guy and that she should try and save hers. While Meredith and Dr. Kepner begin the operation on Owen, Meredith suffers a miscarriage. At the end of the episode, both Owen and Derek are saved and the shooter has committed suicide.

As can be seen from this summary, Meredith and Cristina react to the traumatic event in their own ways. Cristina is able to take point at the moment of crisis by keeping herself together and telling others what to do. Her survival mechanism is to keep all the cards in her hands as long as she can and to keep others calm as well. She is able to act even under tremendous pressure such as the gun pointed to her head, although it is clear that she is extremely afraid. However, she has no time to try to be nice and console others, but rather gives out orders for them to behave and to not let their emotions get the best of them.

In contrast, Meredith does not seem to be thinking as straight as Cristina, but instead lets her emotions control her. However, considering that her husband's life is threatened, her behavior seems normal enough. What is striking is the way Meredith puts the life of her loved-one before her own: she does not hesitate to tell the shooter to shoot her instead of Derek and even lists reasons for him to do so. After the immediate danger has passed for her husband, she is able to act rationally and even operate on her best friend's man while suffering a miscarriage. Therefore, it seems that while Meredith panics under stress more easily than Cristina, she does so rather because she is scared for the lives of her loved-ones, not her own.

The strong relationship between the two characters is already visible in these two episodes: when Meredith and Cristina experience trauma, they do not abandon each other and instead do their best to help each other and the ones they love. However, although they support each other, they do not sugar-coat things but speak their minds and are not afraid of disagreeing with each other if the situation so demands.

#### **4.2. The aftermath of the shooting**

I now move on to analyze the aftermath of the shooting on the basis of my research questions. The analysis is organized under four subheadings, each depicting a central theme of the characters' recovery process.

##### **4.2.1. Avoidance**

People's reactions to a major trauma after the initial shock has passed can vary greatly, as the person affected by the trauma tries to come to terms with what has happened (Lönnqvist et al. 2007: 280). Some might be too afraid to leave their house while others feel they are invincible and take huge risks with their lives. Still others show no visible signs of being affected by the experience. Similarly, the doctors of Seattle Grace each respond to the trauma in their own way after the initial shock period. In *With You I'm Born Again* (7:01), some time has passed, and the hospital has recruited a trauma counselor for the staff members who were exposed to the trauma, and he holds the power of clearing the doctors for surgery. While it is shown that many of the doctors are affected by the trauma and some show such symptoms of trauma-related stress as avoidance and nightmares about the trauma (Lönnqvist 2007: 290-291), after a couple of sessions with the counselor they are one by one all cleared for surgery.

Meredith and Cristina, however, are among the last ones to get permission to operate again. During the first two episodes of season seven, Meredith avoids

talking about her feelings during her meetings with the counselor: instead, she insists that she is completely fine and that the only person she is worried about is Cristina. When the counselor does not clear her for surgery, she tries to overrule his decision by talking to the Chief of Surgery (now Dr. Webber), but without success. She displays anger at the counselor for clearing everyone except her, and blames him for being unprofessional. The counselor, however, suspects Meredith is not being honest about the trauma to him nor to herself, and refuses to clear her until she talks about what really happened to her that day. As the viewers know from the season finale, the secret Meredith is hiding is the miscarriage she suffered, about which she has not told her husband.

When Cristina reads a wedding magazine in the observation gallery during an extremely complicated and advanced surgery, Meredith pulls her out of the gallery and to the corridor:

(5)  
 C: (being dragged by the arm into the corridor) What is wrong with you?  
 M: (angrily) Everything is wrong. Derek is decapitating a teenager. And April Kepner is assisting. And you're sitting reading about lilies of the freaking valley.  
 C: Well, you prefer peonies?  
 M: (emphatically) We are not better.  
 C: (looks down)  
 M: A psychiatrist, given several opportunities, has deemed me unfit to do my job.  
 C: (returns to flipping through the magazine) Well, he'll get over it. Just go back in a couple of days.  
 M: *You* are not better.  
 C: Well, in a couple of days I'll be better too.  
 M: In a couple of days, you'll be married.  
 C: (looks up from the magazine) Are you trying to talk me out of this?  
 M: Look at me and tell me you're sure.  
 C: (turns away) Ok, you know what? No, you don't get to do this, OK? All *you* get to do is help me break the tie between the lilies of the valley and the peonies. That's it. (facing Meredith again)  
 M: No, I do get to do this. Derek's the love of my life, but you're my soul mate. I do get to do this. I mean, why can't it wait six months?  
 C: (shaking her head and rolling her eyes) Please, don't -  
 M: Your flowers aren't going anywhere. You broke up with him because he couldn't choose you.  
 C: (pacing back and forth, looking troubled) Don't do this.  
 M: Why does it have to be right now?  
 C: You know, I think you should tell Derek about the miscarriage.

M: We're talking about you.  
 C: (sharply) We're talking about us not being better? Then you need to tell him.  
 M. (looking avoidant) He's not ready. He's - he's not OK.  
 C: Well you're not okay. You should tell him. (walks away and leaves Meredith standing alone)

*(With you I'm Born Again, 7:01)*

On a personal level, in this excerpt, Meredith talks about the consequences of the trauma to her and Cristina's lives. She displays frustration towards Cristina when she acts in a way that is out of character for her, arguably because she (Meredith) wants things to continue unchanged and Cristina acting the way she does is not fitting to the plan. Meredith is upset because everything is upside down and she has no control over it: she is kept from doing her job, Derek is demonstrating a god-complex and Cristina seems distracted and out of focus. The way Meredith tries to control everything and everyone in order to make life continue as though nothing happened to her during the shooting is, however, counter-productive, as it damages both her personal and professional relationships. Although she admits to Cristina that they are not fine, it is more out of concern for Cristina's behavior than because she really wants to get better. She thinks that by fixing everyone else, she will also fix her own problems.

Cristina, on the other hand, also avoids dealing with the consequences of the trauma, but in a very different way. Instead of trying to act as if nothing has changed, she is showing symptoms of avoidant behavior, a core feature of PTSD (American Psychiatric Association 2013: 271), in other words, avoiding situations that remind her of the shooting (surgery) and instead, channels her energy into her personal life by planning a wedding with a man she had broken up with only moments before the shooting. Her indifference towards the fact that the trauma counselor has not cleared her for surgery, as well as the wedding planning, are both completely out of character for the work-obsessed Cristina. For example, as accounted for by Jones (2011: 109), in season 3, Cristina is similarly getting married but refuses to plan the wedding and states *I*

*am not a bride. I am a surgeon.* This bride/surgeon dichotomy is employed in the episode at hand to demonstrate the contradiction in Cristina's identity after the trauma, and will be further discussed later in this chapter.

From the point of view of Cristina's and Meredith's relationship with each other, the excerpt demonstrates a type of interaction through which the characters process and reflect their emotions in dialogue with each other, a conflict. The conflict starts when Meredith is annoyed by Cristina's attitude in the observation gallery and confronts her about her behavior. At first, Cristina seems indifferent towards the conversation, but when Meredith questions her upcoming marriage, she strikes back and points out that Meredith is not acting very rationally herself by keeping the miscarriage from her husband. She also already hints at hidden resentment towards Meredith with the choice of words *you don't get to do this*, suggesting that if anyone should have the right to criticize the way she tries to recover from what happened, it is not Meredith. The dialogue ends with the issue unresolved but leaving Meredith, instead of Cristina, contemplating her behavior.

In the following scene, Cristina is having a session with the trauma counselor (TC). The scene begins by showing only Cristina's hands as she fingers the pages of a stack of magazines. There is a ring on her left index finger. As she remains silent, the counselor tells her they do not need to have the session if she does not feel ready. Cristina, with a fake smile on her face, asks whether she gets special treatment because she *operated with a gun to her head*. She continues by stating that the counselor can either clear her or not, (because) she is getting married. Although she asks to be dismissed, the counselor sits down in front of her and asks:

- (6)  
 TC: When you think about going into an OR, how does that make you feel?  
 C: (flipping through a wedding magazine)  
 God, the women in these magazines. Some of them are actually brides. You know, they're not all models.  
 (chuckles, looking impressed)

All smiling. It's like the only thing in the world that matters is that they find the perfect shoe to match that dress.

(smiles and shakes her head) God, you know, I knew these girls. I went to school with them. It's funny.

(looks up at the counselor) I used to feel sorry for them. They're simple girls. They just want to find the guy and get married, you know? And live. I don't know, I think you're either born simple or you're born...me.

(pauses with a contemplative look on her face, then looks up again) I want to be the person who gets happy over finding the perfect dress. I want to be simple. Because no one holds a gun to the head of a simple girl.

*(With You I'm Born Again, 7:01)*

At this point the scene shows a flashback to the shooter pointing a gun to Cristina's head as she operates on Derek. This is followed by a quick transition to a flashback of more recent events, where Owen returns home to find a panicking Cristina behind the door which she has latched with a chain. She blames him for being late, huddles on the sofa under a blanket and tells him that she does not want to be alone, appearing clearly distressed by his absence. Owen assures her that she will never have to be alone again and pulls a ring out of his pocket. Instead of smiling or saying yes, Cristina cries in relief, puts the ring on her finger and says *Thank you* over and over again. The flashback ends and Cristina looks at the counselor defiantly until the end of scene.

This scene employs a monologue, one of the show's typical devices to present a central character's internal processes. Here Cristina uses self-presentation, one of Culpeper's explicit cues (see 2.2.1.), to demonstrate the consequence that the trauma had on her, as she explicitly explains what kind of person she is not (simple), how this contributed to trauma and how she now wishes she could be that person. As a result, she is planning a wedding in order to be that simple person who does not end up in situations like the one she experienced. The contradiction here lies in the way Cristina acknowledges that "being simple" is something that a person either intrinsically is or is not, while deliberately trying to avoid her feelings about the trauma by acting as if she were that person. This results in an identity conflict, a sense of losing one's sense of self, a struggle experienced by trauma survivors in real life as well (Herman 1997: 52, LaCapra

2001: 41). The scene also includes a much-used technique in dramatic television, a flashback sequence, perhaps to simulate traumatic reliving but also to offer the viewers additional information on how Cristina came to be a bride. As can be seen from the flashback with Owen, Cristina also displays other symptoms of post-traumatic stress disorder besides avoidance: she is afraid to be alone. As a coping mechanism, she agrees to marry Owen who in her eyes is able to provide the security she needs. This flashback also provides grounds for Meredith's wariness of Cristina marrying Owen so hastily after the trauma.

Despite her doubts about the wedding, the ceremony is held at Meredith's house. On the way there, Meredith visits Derek, who has been arrested for speeding, at the police station. After his recovery from the shooting, Derek has been living his life to the extreme and has already been arrested for speeding more than once. Meredith, who has been sick with worry about him, decides to finally take control of the situation to perhaps compensate for the lack of control she had over the shooting and, instead of bailing him out, leaves Derek to spend the night in the prison cell.

When Meredith arrives at the house, Owen looks up the stairs to the room where Cristina is getting ready and wonders aloud whether she will walk down the stairs. Meredith smiles insecurely and goes upstairs to her bedroom to find Cristina standing on the bed and staring at the wall. On the wall there is a drawing of a tumor wrapped around a spine and above it, a framed Post-it - note with which Derek and Meredith "got married". As Meredith walks in, Cristina turns to look at her.

(7)

C: I never gave you any crap about your Post-it.  
 M: (smiles and climbs on the bed with Cristina) You look beautiful.  
 C: (casually) I know. How's Owen? Is he good?  
 M: Owen's perfect.  
 C: (turns serious and looks at Meredith)  
 M: (smiling) He's perfect.  
 C: Thank you.

[After the conversation, Meredith walks Cristina down the stairs

and gives her away to Owen the same way a father walks his daughter down the aisle and gives her away to the groom.]

*(With You I'm Born Again, 7:01)*

In this scene, we can see another type of interaction between the two characters: support. As Cristina stands on the bed looking at Meredith's and Derek's unorthodox wedding vows, Meredith (and the viewers) are reminded that her marriage had an unlikely beginning as well. Therefore, she decides to support her best friend in her decision to marry the man she loves shortly after the trauma. As can be seen from the short piece of dialogue the two share in Meredith's bedroom, Meredith never explicitly mentions that she has changed her mind about the wedding; rather, when Cristina seemingly asks how Owen is doing, Meredith's answer *Owen's perfect* does not merely imply that he is doing well but that he is perfect for Cristina and that she should marry him. Cristina's casual behavior would seem to suggest that she does not want or is afraid to enter a serious discussion with Meredith moments before the wedding. However, when Meredith gives her blessing to the union, Cristina is obviously relieved. It could be argued that this essentially decides the fate of the wedding: without Meredith's acceptance, and with her own doubts and preoccupations about marriage, Cristina might not have had the strength to go through with the wedding. This kind of implicit communication is typical for Cristina and Meredith's friendship, especially when they want to support each other without directly talking about sensitive issues.

*Shock to the System* (7:02) starts with Meredith faking tears at a therapy session with the trauma counselor in order to gain clearance for surgery, but without success. Cristina, on the other hand, wakes up to her first morning as a wife, glances at the ring on her finger and looks freaked. Owen quickly tells her to calm down, eat breakfast and go to work, effectively laying down an agenda for her for the day. At the hospital, Cristina tells Meredith that Owen is in charge of her now and that she is going to let him be. She even implies that Owen has figured out a way to get the trauma counselor to clear her for surgery. Indeed, Owen has decided to disregard the trauma counselor's decision of not clearing

Cristina for surgery and, together with Dr. Altman, the head of cardiothoracic surgery, he goes straight to the Chief of Surgery to demand that Cristina be allowed to operate again. After they insist that performing surgery is exactly what Cristina needs in order to heal, the Chief agrees to let her assist Dr. Altman on a risky procedure.

Before the operation, Cristina shows some signs of hesitation about the upcoming surgery, but Owen seems to be able to talk her down. At first, the surgery goes on smoothly and Cristina seems to be back to her normal self. Then, someone accidentally drops a surgical tray full of equipment, causing a loud noise to erupt. Cristina drops to the floor in panic and struggles to catch her breath. She experiences a flashback of Owen getting shot with a loud bang, and is unresponsive to Dr. Altman's and Owen's orders to stand up and continue the operation. Meredith, who is watching the surgery from the observing gallery, stands up and runs to the operating room to help Cristina. She lays her head on the floor next to Cristina's:

(8)

M: Cristina. Cristina!  
 C: (lying on the floor with an empty stare) I can't be in here. I can't.  
 M: (looks Cristina straight in the eyes) OK. So let's go. Let's get out of here.  
 C: I can't. I can't feel anything.  
 M: I know. I know. Come with me.  
 C: (sobbing) No. no. I can't move. I can't move my legs. I can't...I can't feel anything.  
 M: (hesitates) Umm, feel my hand. Take my hand. (takes off Cristina's surgical glove and holds her hand) Do you feel that?  
 C: (shaking and sobbing, looks at their hands and nods) M-hmm.  
 M: Ok. You're OK. We're gonna go when you're ready. OK?  
 C: Yeah.  
 M: So you tell me when you're ready. OK?  
 C: (nods)

(*Shock to the System*, 7:02)

This scene shows Cristina having a severe physical and emotional reaction to a stimulus reminding her of the trauma, the flashback signaling a dissociative reaction to a trauma-related stimulus (American Psychiatric Association 2013: 271). She even suffers from a psychosomatic reaction when she is unable to

move or feel. Meredith, once again, shows her support by calming Cristina down both with words and physical contact. As they walk out of the OR, Meredith still holding Cristina's hand and having her arm around Cristina's shoulder, the husband of the patient Cristina was operating on sees them and asks how the surgery went. Cristina is still so upset that her behavior alarms the husband to think that the surgery was unsuccessful; however, Meredith saves the situation.

When the surgery is over, Owen finds Cristina in the residents' lobby with Meredith. Cristina turns to Owen and asks if the patient is dead, to which Owen answers that she is fine. Cristina sighs, relieved, and asks Meredith to leave her with Owen. She sighs again, looking angry and frustrated, and tells Owen that he was wrong about everything.

(9)

O: (standing in the doorway with his hands on his hips) What happened in the OR, we couldn't have seen that.  
 C: (sitting with her back towards Owen, sobbing) I can't. I can't do it. You said I could do it.  
 O: (looking frustrated) I know. I know. I thought you were ready. (sits down) You've never not been ready.  
 C: (sniffles)  
 O: Cristina, I know what you're feeling.  
 C: I don't feel anything. I can't be in there. And if I can't be there, I don't know where I'm supposed to be.  
 O: (sits closer to Cristina) You're supposed to be here. You're my wife. You can just be here.  
 C: (turns her face away and sighs, then faces Owen) I'm sorry.  
 O: (holds Cristina's wedding ring in his palm as she leaves)

*(Shock to the System, 7:02)*

In this scene, Cristina voices out her identity crisis: she realizes that she is unable to do the very thing she has worked her whole life towards doing, that is, being a surgeon. For Cristina, being a surgeon is what defines her as a person, and now that it only fills her with fear, she feels lost. Owen tries his best to comfort her but does not understand the struggle Cristina is going through; this is evident from how he suggests it is enough for Cristina to just be his wife. Cristina, throughout the series never having been a great communicator,

chooses to escape from the situation rather than to work through it, and implies to Owen that their marriage is over.

Meanwhile, Derek meets Meredith in the corridor as she walks out of the lobby.

(10)

- D: I heard about Cristina. Is she alright?  
 M: (angrily) No, she's not all right. No one's alright. That idiot is clearing everyone for surgery like they're fine and they're not fine.  
 D: I wanna talk to you about something--  
 M: Just leave it alone, Derek. It was one night in jail. You drive too fast. Just forget about it. (looks upset)  
 D: I don't wanna talk about that. Don't worry about that.  
 M: (tears in her eyes) Don't worry about it? All I do is worry. All the time. I spend every minute of every day worrying that I'm gonna get a phone call that you wrapped your car around a pole. That's why I left you in jail. So that just for a little while I would know that you weren't dying, like you were dying on that table. That's what I think about every time you pull out of the driveway.  
 D: (smiling) I'm right here. I'm okay. We're okay.  
 M: (looks Derek straight in the eyes) I was pregnant. That day. I was pregnant and I lost it.  
 D: (speechless, shaking his head) I...You didn't say anything. I could've helped you.  
 M: If you want to help me, your driving is something you can control. Just do that.  
 D: (kisses and hugs Meredith) OK, OK.

*(Shock to the System, 7:02)*

Here Meredith, who has acted as if nothing happened to her during the shooting, finally confesses her miscarriage to Derek. She also explicitly expresses her concern for Derek's recent behavior, again demonstrating that for her, the most immediate effect of the traumatic experience is the worry she feels for the security of the people she loves. Unlike Cristina, who is scared all the time and shows physical symptoms of being traumatized, Meredith seems to suffer mostly on an emotional level as she fears that something terrible will happen to Derek and that she will be unable to prevent it. As can be seen from this excerpt, the communication between Meredith and Derek is different from Meredith's communication with Cristina; although they explicitly voice their feelings, Derek seems much less affected by Meredith's emotions and stays calm the entire time, even when Meredith tells him about the miscarriage. Finally, he seems to be able to calm Meredith down and provide her the stability she

needs.

Later, Meredith and Derek arrive home and find Cristina sitting on the couch. Derek leaves them alone and Meredith and Cristina discuss their respective relationships while lying on the floor and staring at the ceiling.

(11)

C: Fifty percent of marriages end in divorce. So between the two of us, you and McDreamy should be fine. (sighs) I thought it would fix me.

M: That's not why he married you.

C: Oh, he didn't marry me. He married a corpse. I'm dead inside.

M: I told Derek. About the miscarriage. I told him. You got married, Cristina, for better or for worse. This is the worse part. The thing is, there will be better parts. You should go back.

C: Yeah?

M: Yeah.

[There is a knock on the door and Owen bursts in, soaked wet, and gives Cristina an emphatic speech about how she does not feel nothing, how her feelings are completely normal, and that she stood by his side when he was traumatized by his memories from Iraq because she loved him, and now he will do the same for her.]

C: (stands up and slowly walks to Owen) Let's go home. (walks out the door)

M: (to Owen) I had already fixed her before you came, but...that was a nice speech.

*(Shock to the System, 7:02)*

Here is another example of Meredith supporting Cristina and giving her guidance in her love life. This is interesting, as there has been a clear change in Meredith's character throughout the series: as the series started, she was quite immature in relationships and her and Derek's romance was a typical on-again-off-again drama. However, after they got married, Meredith seems to have stabilized emotionally and is more often handing out advice than receiving them. What is also notable is how Meredith, who initially was against the marriage, is now advising Cristina to commit to it; although she always has Cristina's best interest at heart, she does not merely agree to every change of heart her best friend might have. Furthermore, as becomes evident from following the series, the relationship Meredith and Cristina share often surpasses their romantic relationships, and they value each other's opinions

more than they do their spouses. This is arrogantly pointed out by Meredith, who claims that it was not Owen's speech that changed Cristina's mind about the future of their marriage, but her friendly advice.

Regarding Cristina, in this scene she again explicitly mentions how the trauma has changed her by claiming that she is dead inside. As she obviously does feel some emotions, such as anger and fear, this could refer to her lost identity as a surgeon. In other words, as being a surgeon is such a big part of Cristina's sense of self, something that fuels her almost every action, without it she feels empty and without meaning. By saying that she thought marrying Owen would fix her, Cristina is actually saying that she thought being a wife could somehow fill that void and make her feel like a whole person again.

In the final scene of the episode, Meredith tells the trauma counselor about her miscarriage. She accounts that because of the shooting, she lost her baby, almost lost her husband and her best friend may never be the same, and that she has no control over these things, for better or for worse. Leaving the decision of clearing her for surgery up to the counselor, in other words, giving up control over her situation, she finally does exactly what the counselor has been waiting for and is cleared for surgery. For Meredith, this acts as the focal point of her recovery process from the trauma, as she accepts that some things are beyond her control and is able to move on with her life. From the perspective of trauma literature, this is interesting, as control is regarded something that trauma survivors feel lacking in and which they should regain in order to feel safe (Herman 1997: 159). However, in this case giving up control might be justified as Meredith's attempts at control do not seem to stem from fear for her own safety as is usually the case with trauma victims (*ibid.*). Instead, she uses control as a tool to avoid facing her true feelings and, additionally, to deny the changes in her and her loved ones' lives caused by the trauma.

#### **4.2.2. Disconnection**

*Superfreak* (7:03) begins with Cristina knocking on Meredith's and Derek's bedroom door in the middle of the night. The reason for the unlikely visit is that Owen is working a night shift and Cristina is still afraid to be left alone. While Derek continues to sleep undisturbed, Cristina climbs into the bed and curls up next to Meredith.

At the hospital, the attending doctors are having a meeting with the trauma counselor to discuss the present situation of the therapy sessions and the need for them in the future. The doctors keep asking about Cristina's situation and disagreeing with the counselor, who suggests she be assigned to low-stress administrative tasks for the time being. The search for best approach creates some controversy among the doctors as some think she should not be allowed near an OR after her previous episode, while others think she needs to be pushed or she will lose interest in the residency program altogether. Meanwhile, Meredith is looking into the meeting room through the glass door, commenting on the events to Cristina, who is sitting on a bench with her back towards the door. Meredith seems concerned about the meeting and the possibility of Cristina being fired from the program. Cristina, however, does not seem to share Meredith's concern for her career and states she does not care whether she will stay in the program or not.

The meeting ends with Derek, who feels indebted to Cristina for saving his life, asking her to be put on his service for the time being. Cristina, who does not want to be on anyone's service, makes a statement that is very unlike her and says that Derek should choose Meredith instead, as she is a much better doctor than Cristina. Throughout the series, this must be the first time Cristina has ever suggested that someone (of the residents) might be a better surgeon than she is. Furthermore, during the episode Cristina constantly refuses to answer Derek's questions about the best treatment protocol for their patients by acting as if she did not know the answer, and is uncooperative to the point that

outsiders conclude she is incompetent. During a surgery, the patient has a complication and Derek orders Cristina to assist him with a simple procedure. However, Cristina gets very anxious and refuses to even touch the patient, begging Derek to stop harassing her with his commands. For the rest of the surgery, she stands in the corner and, as soon as possible, asks to be dismissed from the OR.

In the following scene, Cristina has paged Owen to an on-call room, where doctors who are on on-call duty and work long hours can rest during their shift. Owen enters the room where Cristina is sitting on a bed.

(12)

O: You paged me? Is everything OK?  
 C: (stands up and makes frustrated hand movements) I have to get away from Shepherd for, like, ten minutes. He's like the KGB. He's everywhere. (lies on a bed and gets under the blankets)  
 O: He's trying to help.  
 C: Yeah, well, make him stop.  
 O: (gets in the bed next to Cristina)  
 C: (staring at the ceiling) Would you love me if I wasn't a surgeon?  
 O: (sighs) *I* would love you if you were a plumber. But would *you* love you if you weren't a surgeon?  
 C: (hesitantly) I don't know. Maybe. (turns her face towards Owen) I can't sleep when you're not there.  
 O: Then I'll be there.

(*Supernatural*, 7:03)

Here Cristina for the first time explicitly mentions the possibility of quitting her career as a surgeon. The notable thing here is that she chooses to talk about it to Owen instead of Meredith; probably she realizes that Meredith would not understand her and would try to change her mind, unlike Owen who tries his best to be a supportive husband. However, Owen understands what being a surgeon means to Cristina and demonstrates this by asking if Cristina herself would be alright with that kind of decision. Again, the hesitation Cristina displays is a sign of the identity conflict she is struggling with, as she understands that her becoming something other than a surgeon is not as easy as it sounds.

Later, Derek confronts Cristina, telling her that he is worried about her losing

her grip and that as someone who has rarely seen a resident so talented, he cannot let that happen. Cristina confesses that she all but cannot remember the operation she performed on him when he was shot, and that the little she can remember comes back to her at very inappropriate times. She feels there is nothing to be done to help her, and that is why she cannot be a surgeon anymore. On the basis of their discussion, Derek draws together a plan to help Cristina remember the traumatic operation, hoping that it would help her get back on her feet. He takes Cristina to the morgue where the deceased patients (presumably donated to medical research or teaching purposes) are kept and unbuttons his shirt to show Cristina the scar from the operation as well as to remind her where she made the first incision. Then he tells Cristina to perform the operation on a corpse exactly as she remembers operating on him; after resisting for a while, Cristina obeys. Instead of a major breakthrough, however, Derek's plan seems to backfire: when Owen comes home that evening and asks Cristina how her day was, she says she might be happy being a plumber after all. In principle, Derek's attempt to walk Cristina through the traumatic experience in order to accept it and move on is in line with treatment protocol for PTSD (see Davison, Neale and Kring 2004: 168-169); however, in this case it might have been both too soon for Cristina and not similar enough to the actual trauma. Without the pressure of the trauma, but also because there is nothing to gain control over by operating on a dead patient, the operation did not resolve anything for Cristina, but instead left her with an even stronger feeling of not wanting to continue her profession.

In *Can't Fight Biology* (7:04), Cristina is assisting Dr. Bailey (Chandra Wilson) with a patient who has digested worms in order to find a cure for asthma. The patient is so involved in his research that he resists treatment to save the worms and, therefore, to continue the research. Despite the fact that Cristina avoids the OR and chooses not to assist Dr. Bailey on the operation she has to perform to save the patient, Cristina feels sympathetic towards the patient's devotion to his work and does everything she can to help him save the worms. After the operation the patient confesses to Cristina that he will continue the research

against medical advice. When Cristina asks him why he would put himself through a potentially life-threatening situation again just for his research, his answer gives Cristina something to think about in reflection to her own situation: he says he loves what he does more than anything, and that one does not simply throw away something like that just because of a setback. This sort of patient-doctor dialogue, where something the patient says makes one of the main characters realize something important about her own problems, is a commonly used stylistic and narrative technique deployed by many contemporary dramatic series, and it is often used in *Grey's Anatomy*, as well. Furthermore, it usually leads the character in question to change her behavior or act in a way that potentially solves the problem or saves the situation. However, in this case, although Cristina undoubtedly understands the parallelism between her own and the patient's situation, it does not make her try harder to become a surgeon again. Instead, it makes her try harder for her marriage, as at the end of the episode she ends up buying a place for her and Owen which she at the beginning of the episode seemed to have no interest in but which Owen immediately fell in love with. This, of course, is another example of Cristina trying to fill the void in herself by concentrating on being a wife and avoiding her true feelings.

In *Almost Grown* (7:05), the residents all get to be attending doctors for a day. In the beginning of the episode, as the residents are handed their navy blue attending scrubs (residents wear light blue scrubs), Cristina stares at hers with a worried look on her face and Meredith assures her that the actual attendings will still be there to help them in case they need them to.

Cristina is assigned to a case where she and Dr. Kepner have to decide whether a patient should be recommended to be put on a lung transplant list by the transplant committee. Dr. Kepner wants to make a case to the committee arguing that the patient is a good candidate for the transplant, while Cristina refuses to take a stand either way. Dr. Altman, the head of cardiothoracic surgery, is frustrated with Cristina's inability to take point and tells her that it is

time for Cristina to step up or she might lose her place in the program. However, the threat does not seem to have an effect on Cristina, who tells Meredith she feels she should not be in charge of anybody.

Cristina's reluctance towards taking responsibility for the patient's life becomes even clearer when Dr. Kepner comes to Cristina with the patient's laboratory results. The results indicate that the patient is possibly facing renal failure, meaning that even if he made the lung transplant list, his kidneys might not survive the procedure. Consequently, Dr. Kepner realizes they are facing a difficult decision: if they do not recommend the patient for the transplant, he might die, and if they do, he might still die and the donated organ might go to waste. Dr. Kepner presses Cristina for an opinion of how they should proceed, but she refuses to state her opinion, making Dr. Kepner press her even harder, blaming her for not caring about the patient and announcing that it is up to them to decide whether the patient gets to live or die. While Dr. Kepner rambles on, the camera shows Cristina's face and a white noise sets in. This scene makes it apparent that it is precisely being responsible for the patient's life that Cristina is afraid of; this is perhaps because she does not trust herself after her breakdown during surgery, but also because being responsible for someone's life reminds her of the trauma she went through when she had to make the decision of operating on Derek or letting him die, while her own life was at risk too. Again, the stylistic use of white noise bears a resemblance to a symptom of PTSD, dissociation, which is characterized by subjective detachment, derealization and depersonalization (Lönnqvist 2007: 290), as it gives the impression of Cristina watching herself outside of her body, or as if through fog.

Right before the transplant team meets to discuss the case, Dr. Kepner confronts Cristina again.

(13)

K: Cardio is not my thing.

C: What?

- K: Neuro is my focus. And this is cardiothoracic, and I've had relatively little experience with cardiothoracic, and I'm pretty sure I'm gonna walk in there today and humiliate myself. --
- C: (frowning) He was admitted two days ago. Teddy (Dr. Altman) could've convened the panel yesterday, but she didn't.
- K: (nodding in comprehension) She doesn't think he's a candidate.
- C: No, she doesn't. So just say that, and you'll be fine.
- K: (scribbles to her notebook, looking relieved)
- C: Everyone will be fine, except for Roy (the patient), who will be dead.
- K: (looks up from her notebook) Wow. Way to kill a happy moment.

*(Almost Grown, 7:05)*

From this excerpt, it can be seen that Cristina is not unable to draw logical conclusions, but much unlike her character, she considers the situation also from the patient's point of view instead of strictly sticking to the medical facts. In other words, while Dr. Kepner seems to mostly worry about saying the wrong thing to the panel and humiliating herself in front of her superior, Cristina understands how the situation is not black and white, and that their opinion ultimately affects the patient more than it does the doctors. This appears to be a recurring theme in Cristina's behavior after a trauma in both story arcs, and implies a change in her ability to put herself in other people's position and to have empathy towards them, something she has rarely demonstrated in the series before.

Later, at the transplant team meeting, Cristina stands in the back of the room while Dr. Kepner presents the case to the team and concludes that in her opinion, the patient is not a candidate for the lung transplant. While Dr. Kepner struggles to reason her stance, Cristina is looking anxious, and finally opens her mouth and makes her case while staring into the distance. She remarks that the case is borderline by all accounts, and that there is no telling whether the patient will live or die based on the medical facts alone. However, she believes the patient has the will to live, and in her experience, that is what matters. In keeping with Cristina's avoidance behavior after a trauma in both story arcs, her remark of the patient's will to live draws attention to her own behavior: it could be argued that her avoidance of the OR in this story arc is a mechanism of self-defense, increased by her will to live. This would also explain why

Meredith is not afraid of operating, as she was willing to sacrifice her own life for Derek, implying that her will to live is not as strong as Cristina's.

#### **4.2.3. Confrontation**

*These Arms of Mine* (7:06) borrows televisual and narrative aspects from a different genre than the fictional drama the viewers of *Grey's Anatomy* are used to: a documentary. The whole episode is filmed to look like a documentary about Seattle Grace - Mercy West's road to recovery after the shooting with the apparent purpose of raising publicity and money for the hospital. The major televisual elements marking the change of genre include, for example, the use of a narrator, subtitling, non-diegetic music and interviews with the characters. In addition, the change can be seen in the way the characters behave, such as addressing the camera directly when they talk and having more make-up on than usually. The surgical cases are described by the characters as they come in and the camera follows the most emotional stories from different points of view such as the patient's, doctors' and the relatives'. In addition, voiceovers are used to explain the situation to the viewers while the actual procedures are taking place.

One of the up-and-close interviews that carry the documentary features Meredith and Cristina talking about their friendship and the effects of the shooting on their lives. The documentary alternates between showing the actual interview situation with clips of Meredith and Cristina in the emergency room (ER) treating a trauma victim while the subtitles offer further information about the interviewees. Colleagues are also asked for comments. From the subtitles, the viewers learn that Cristina operated on Meredith's husband during the shooting while being held at gunpoint. At first, both Cristina and Meredith seem relaxed and comfortable in front of the cameras and talk about their relationship willingly. Meredith even remarks that it was good that the shooting happened at Seattle Grace - Mercy West instead of somewhere else as they deal with trauma every day and are trained to handle it. It does not

become evident whether she refers to both physical and psychological trauma, but her statement also reminds the viewers (of the series) that the shooting was not their first encounter with a life-threatening situation.

Cristina confirms that trauma is part of their work and that they are trained to overcome it. However, in a clip showing both Cristina and Meredith assessing a trauma victim who turns out to need surgery, Cristina tells Meredith to take charge of the patient while she stays behind. In the commentary, Meredith assures that it is quite normal for Cristina to let her take the patient to surgery and take care of the next incoming trauma, stating *We're surgeons. We live to cut. It's who we are.* However, in the next shot, Cristina is filmed from behind window shades, walking into an empty examination room and laying down on a bed.

The next excerpt shows Cristina's reaction when the interviewer asks her whether people treat her differently after the shooting:

(14)

- C: Do people treat me differently now, after the shooting? Well...I mean, yeah. You're here filming me, so...I mean, people like to say what I did was heroic, but it wasn't. It was just a thing I had to do. I think people like to have a hero. (stutters) And it makes them feel better, to think that there in the middle of all that horror, you know, that there's someone special working medical miracles. But...I...I mean, I don't have super surgical powers. (frustrated hand gestures) I mean, I'm...I did what...
- M: (taking Cristina by the hand and looking calmly into the camera) Cristina is a hero. Especially to me. The truth is, most surgeons could not have done what she did that day. If you had seen--
- C: (looks down and whispers anxiously) Stop it.
- M (glances at Cristina) If you had seen--
- C: (looks up at Meredith) Stop. Please, just can you...Can you just stop this?
- M: (withdraws her hand and addresses the camera) Can we cut?

(*These Arms of Mine*, 7:06)

Here, Cristina starts to answer the question quite calmly but quickly deteriorates into anxiousness and frustration, in compliance with avoidant behavior in response to trauma-related stimuli, in other words, talking about the trauma. She acknowledges that people treat her like a hero when she does

not feel like one at all and, by her body movement and gesturing, shows how it frustrates her. By stating that her heroic actions were just something she had to do, she seems to hint that she had no choice and perhaps even blames her colleagues for making her the hero against her will. When Meredith starts praising her and her actions, it makes her even more anxious because it was in practice Meredith who made her have no choice but to be the hero. In other words, Cristina did what she had to do for her best friend and now, as a result, is at a loss with herself while Meredith is completely fine. Following Culpeper's (2001: 167) notion of explicit cues, the dialogue employs both self- and other-presentation to give information on the characters.

At the end of the episode, Cristina sits in for a one-on-one interview with the interviewer.

(15)

C: (looks straight in the camera, hands on the table) Well we went through the scariest thing a person can go through, and we survived. So now, every day is just a gift. And we're all just blessed. Blessed to be here, blessed to be doing what we do best, which is saving lives. Every day. One life at a time. We're healed, so we can continue healing others.

I: Is there any one thing you'll take away from all of this?

C: (after a long pause) Being a hero has its price.

*(These Arms of Mine, 7:06)*

The monologue is heard as a voiceover on the background while short clips of the people in the documentary are showed. Although this is a suitable ending to the documentary, fans of the series quickly catch on the insincerity of Cristina's words. It is rather clear that every day is not a gift to Cristina nor does she find herself blessed by the situation. Even her repetition of certain words (just, blessed) feels like an underlining of the lie. She is certainly not healed and, at the moment, not saving that many lives. In fact, the monologue could very well be turned completely upside down to more accurately describe Cristina's situation of being lost, hurt and not being able to do what she does best. Indeed, the final question and Cristina's answer to it effectively undermine everything she said before.

If the last piece of monologue is as untrue as it seems, what is it doing in the episode in the first place? Perhaps because the sheer stereotypicality of the monologue draws attention to it and emphasizes its meaning: we often hear how people are thankful of their new chance at life after surviving from a near-death experience (Joseph 2014), while at the same time, a minority battle with PTSD, depression or other difficulties after such horrible events (Davison, Neale and Kring 2004: 163-165). Similarly, Cristina struggles with not complying to the surrounding environment's expectations of being able to heal and move on with her life.

*That's Me Trying* (7:07) starts with Meredith and Derek walking along the hospital corridors and talking about a clinical trial they are trying to raise money for. They pass Cristina and there is an awkward greeting between her and Meredith, implying that all is not well between the two of them.

Cristina is assigned on the same lung transplant case she helped argue for in an earlier episode. Dr. Altman has received word of a donor lung and wants Cristina to monitor the patient while she flies out to harvest the organ. Although initially looking worried when she hears about her task for the day, Cristina seems relaxed enough as she checks the patient's vitals and even engages in casual conversation with him. However, as the patient abruptly starts coding and nurses run in with a crash cart to start defibrillation, Cristina once again freezes and stares at the patient motionless and in panic. The outcome of the resuscitation is, however, successful, as in the next scene the patient is once again stable and Cristina is monitoring his heart. The patient's agitated daughter is on the other side of the hospital bed and keeps bombarding Cristina with questions about her father. Instead of looking at the daughter and comforting her, Cristina keeps her eyes on the heart monitor, avoiding eye contact, and soon excuses herself to consult her supervisor, a cardiac fellow who is in surgery at the moment.

As Cristina correctly appraises the patient's status and treatment protocol, her supervisor tells her he thinks she is quite capable of handling the situation without his help. A moment later, Cristina is standing outside the hospital doors, where Owen is giving trauma certification training for the residents. She stands alone, with her shoulders raised to protect her from the wind and her hands in her trouser pockets, lost in thought, when Owen sees her from a distance and walks up to her. He asks her if something is bothering her, to which she answers that she is fine and just wanted to get some fresh air. Nevertheless, her smile is superficial and she avoids looking Owen in the eye, implying that she does not really mean what she says. Her face becomes even more telling when her pager beeps, notifying her of possible complications with the patient. As she walks back inside, Owen stops her and tries to encourage her by saying that she can do this. After she disappears behind the doors, Owen, obviously very worried about her wife, pulls Meredith out of the trauma certification training and tells her to go and help Cristina.

In the next excerpt Meredith has just come back from giving the patient's daughter an update on his father. She asks Cristina, who is monitoring the patient, how he is doing and she says he is critical but stable at the moment.

(16)

M: Great. So let me take over here, and you can go give his daughter an update.

C: No, you go. Tell her that his blood pressure is coming up.

M: She needs to hear from you.

C: He needs to be monitored.

M: Well, I can do that.

C: OK. (turns to Meredith) She doesn't need to hear an update from me. All she wants is to make sure that I know that she's afraid. (voice starts to break) And I can't hear that right now because I'm scared enough as it is. I was scared when he coded. I'm scared now that he's stable. (pauses) I'm scared walking across the lobby. I am scared all the time.

M: Well let me help.

C: (angrily) *You* cannot help! *You* can't help me!

A nurse comes in and tells them that Dr. Altman is approaching the hospital and that they have to move the patient to the OR.

C: (to the nurse) Dr. Grey can help with that. (takes off her gloves and leaves)

(*That's Me Trying*, 7:07)

Later, Meredith joins Cristina on the roof where she is waiting for Dr. Altman's helicopter to land.

(17)

C: Shouldn't you be with the patient?  
 M: He's prepped and in the OR. And now you're gonna talk to me.  
 C: (annoyed) Please just go back downstairs.  
 M: (faces Cristina and says sternly) Cristina.  
 C: (sighs, shakes her head and crosses her hands in front of her chest, then looks up at Meredith) How are you fine? How are you just completely fine?  
 M: (looks confused)  
 C: (desperation in her voice, gesturing with her hands) I'm *ruined*, OK? I am dead. I am wrecked. And you're just walking around baby-sitting me, as if you didn't go through the same thing too?! Why are *you* okay?  
 M: (shouts) I don't know!  
 C: (points her finger at Meredith and raises her voice) You were there too, you know. You were there, too, with your sad eyes, screaming at me to save his life.  
 M: (angrily) I was not--  
 C: Telling the guy to shoot you, and not giving a crap about yourself or your pregnancy!  
 M: Cristina!  
 C: (shouts) I didn't have a choice! And *you* did that! If it was anyone else on the table, if it was anyone else standing there, I would have walked away.  
 M: You would not have--  
 C: (ignores Meredith) I could have walked away! And then I wouldn't be here! (tears on her cheeks)

(*That's Me Trying*, 7:07)

Here the rift between Cristina and Meredith finally leads to a burst as Cristina tells Meredith how she has been feeling about her since the shooting. It now becomes clear that Cristina holds Meredith at least partly responsible for her situation and that she feels bitter that Meredith seems to have walked out of the trauma without a scratch in her psyche. It is quite understandable that Cristina should feel this way as it was Meredith who almost lost her husband and actually lost a baby and yet Cristina is the one who is completely torn apart and unable to go on with her life. Most importantly, Meredith can still practice her profession as a surgeon and is even assisting Cristina in her work. By stating that she is ruined, Cristina most likely refers to how she feels surgery is the only

thing she knows how to do and how without it she is incomplete. Interestingly, Meredith does not simply accept Cristina's accusations and apologize, but seems to get angry at her in return. Based on her behavior, it had probably never occurred to her that Cristina might blame her for her situation.

Indeed, this scene portrays how trauma can be experienced differently by different people and how it can have an aversive effect on relationships. Cristina's sudden outburst of anger is also symptomatic to post traumatic stress disorder (American Psychiatric Association 2013: 272). Narrative-wise, the scene acts as a turning point for both Cristina and her relationship with Meredith: Cristina realizes she cannot solve her problems while working at the hospital and also that she cannot pretend she is fine with Meredith anymore. Consequently, the episode ends with Cristina telling Owen that she has quit the residency program. She looks relieved when she tells him that she now realizes that she can still be a surgeon, but that she just does not want to do it anymore.

#### **4.2.4. Resolution**

In *Adrift and at Peace* (7:10), a couple of episodes have passed and Cristina has still not returned to work. The episode begins with Meredith's voiceover, seemingly about the importance of the "next 24 hours after the first 24 hours" after a major surgical operation.

(18)

M:

The first 24 hours after surgery are critical. Every breath you take, every fluid you make is meticulously recorded and analyzed, celebrated or mourned. But what about the next 24 hours? What happens when that first day turns to two, and weeks turn into months? What happens when the immediate danger has passed? When the machines are disconnected, and the teams of doctors and nurses are gone? Surgery is when you get saved, but post-op, after surgery, is when you heal. But what if you don't?

*Adrift and at Peace* (7:10),

Simultaneously with the voiceover, other events are already taking place. Derek has invited Cristina, who presently has nothing but free time in her hands,

fishing with him. Although Meredith assures him there is no chance Cristina will accept the offer, the doorbell rings and in walks Cristina with Owen. While Derek is gathering his fishing gear and Owen waits in the doorway, Cristina and Meredith both stare awkwardly at the floor. As Owen and Derek start loading the car and Cristina turns to leave, Meredith finally opens her mouth.

(19)

M: Cristina!

C: (turns to face Meredith)

M: (hesitating) There are no bathrooms...out there, you know.

C: (nods) I know.

(turns around and leaves)

M: (watches Cristina go and sighs heavily)

*Adrift and at Peace (7:10),*

The scene demonstrates obvious tension between Cristina and Meredith who have not spoken since their fight on the rooftop. However, their body movement and gaze suggest that they would like to talk to each other but do not know how to start. This also explains Meredith's somewhat inane comment about the bathrooms, as she desperately tries to think of something to say without mentioning their dispute. The voiceover is timed so that the viewers draw a parallel between the situation with Cristina and recovery from surgery. In other words, the symbolical 24 hours after the trauma when Cristina was still at the hospital have now passed, and she is disconnected from her friends and colleagues and trying to heal on her own. Now the question remains, what if the healing never happens for Cristina?

When Cristina and Derek arrive at the lake, it becomes evident that Cristina has done research on fishing in order to be prepared for their trip. Consequently, she overwhelms Derek with fishing advice and jargon but says she cannot help it; it is just how she is. As they reach open water, Cristina proceeds to annoy Derek by asking him to quiz her about the different baits, ignoring Derek's remark about how fishing is supposed to be a quiet sport.

(20)

C: (sitting in the boat, looking around) Maybe we should move the

- boat over to the other side of the lake.
- D: No. (casts the line into the lake) This is a good spot.
- C: For tanning, maybe. (looks bored) Is this typical? I mean, to go for hours without a bite?
- D: (reeling in the line) The only thing predictable about fishing is that it's unpredictable.
- C: (swinging her rod around) Wow, that's deep. (mockingly)
- D: You know, why don't you ponder that for a while. (emphatically) Quietly.
- C: (sits quietly for a few seconds) OK, I pondered it, but the thing is, I don't agree with the basic premise. Assuming a lake has fish in it, which this lake does, and assuming that you're using the right baits and lures, which we are, you should be able to predict getting more bites than, um, like, none an hour. (concludes her speech by turning to Derek and gesturing impatiently with her hands)
- D: (in a frustrated manner) You know –
- C: (continues her speech) Which leads me to believe that the fish are elsewhere, like...like over there or over there or over there. (turns and points to different directions on the lake)
- D: Right, and if we were over there, you would scare them away with your incessant chatter. Fishing is supposed to be quiet.
- C: (lowers her voice) And it's supposed to involve catching fish, which we could do if we moved the boat to where the fish are sleeping, or eating, or –
- D: Stop! Just stop! Stop talking, stop worrying, stop thinking. Stop.
- C: (impatiently) Can we just...? Can we just try it my way?
- D: No!
- C: (turns away) I can't stop. I can't turn my mind off.
- D: Yes, you can.
- C: But –
- D: But you can. Just fish.

*Adrift and at Peace, (7:10)*

From this scene it can be concluded that although Cristina is no longer working at the hospital, her academic approach to things has not changed. She is used to evaluating any situation critically, first familiarizing herself with the subject, then considering the evidence and finally drawing conclusions based on the evidence. As a surgeon, she is not used to sitting quietly doing nothing but solving problems and being proactive. Furthermore, due to her competitiveness and need for control, she finds it difficult to just sit back and wait for something to happen (that is, for the fish to bite). Similarly as Meredith, Cristina seems to fear losing control, in part because of her professional orientation but largely, I argue, because of the uncontrollability of the trauma she experienced. Cristina also overly admits to Derek being unable to “turn her mind off”, signaling increased arousal and agitation suffered by most trauma victims (Davison,

Neale and Kring 2004: 164). Situations that require one to be quiet and alone with one's thoughts may be extremely difficult for someone who suffers from PTSD, as the quiet moments can often lead to disturbing thoughts about the trauma, something that is usually avoided at all costs.

Meanwhile, Owen and Meredith clash in the OR over the best protocol to treat a patient. After the surgery, Meredith confronts Owen and tells him that she knows he is just mad at her because she disapproves of how he is handling the situation with Cristina, which is, letting her quit the residency program. Their dispute quickly escalates into a shouting match where Meredith blames Owen for not realizing that surgery is who Cristina is and Owen accuses Meredith of being reckless with her and other people's lives. The fight ends with Owen stating that unlike Meredith, most people are afraid and so is Cristina; Cristina is not Meredith. From their dispute it can be seen that although both Owen and Meredith are passionate about "saving" Cristina, their approaches differ greatly. Specifically, Meredith seems to project a lot of herself onto Cristina and think that whatever works best for herself is also best for Cristina. She is, however, on the right track in her statement that surgery is an integral part of Cristina and that without it she might never get better.

At the end of their fishing trip, Cristina has actually managed to catch a fish. As the fish is weighted at the pier, it turns out to be one of the biggest fishes caught that year. Cristina smiles and looks genuinely happy, and the pier keeper offers to take a picture of her holding the fish. As she holds the fish, the pier keeper asks Derek whether it is her first time fishing, and when Derek answers yes, says *She really is something*. Derek looks at Cristina warmly and says *Yeah, she is. She really is something*. Suddenly, Cristina becomes emotional and starts crying while still holding the fish. The pier keeper hesitates and tells Derek they do not need to take the picture right away. However, Derek says *Take it. We're gonna want to remember this*, and Cristina smiles through her tears, looking as if a weight has been lifted from her shoulders.

This very powerful scene seems to imply some kind of resolution for Cristina, perhaps because she feels having accomplished something and having genuinely enjoyed herself for the first time in a long time, something trauma survivors often have problems with (American Psychiatric Association 2013: 272). In addition, the company of Derek seems to add to her sense of accomplishment and comradeship. Referring to the earlier scene at the lake, it might also be the fact that Cristina was finally able to “turn her mind off” which prompted her tears of relief. From a different perspective, the tears might also signal a realization of her situation and regret for having quit the residency program. Whichever way one chooses to interpret the scene, it is evident that it serves as a turning point for Cristina’s recovery from the trauma. However, the importance of the scene is not unequivocally explained by trauma literature despite the positiveness of the experience as explained above, as the actual trauma still remains unprocessed. Instead, it seems to serve a purpose of implying to the viewers that a change is coming and that there is still hope for Cristina’s return to the OR. In addition, as the scene allows multiple interpretations for the viewers, it lets each viewer appoint the scene with a meaning of their choosing, therefore making it more personal to them and possibly helping them identify with Cristina’s character and keeping them involved in the story arc.

In *Disarm* (7:11), Cristina tells Owen she feels better and decides to go and explore Seattle, something she used to have neither time or interest to do. As she is walking down the street with a guidebook in her hands, stopping to ask a man for directions to the Space Needle, a convoy of ambulances rushes by with sirens wailing. Consequently, Cristina turns back and starts walking to the direction of the ambulances.

A couple of scenes later, the staff at Seattle Grace – Mercy West gather in the lobby to watch the news reporting a mass shooting at a local college. The location shifts to the scene of the shooting, where Cristina has just arrived. She watches the paramedics load a shooting victim to one of the ambulances and, at

first, mumbles to herself and then exclaims aloud *Someone crack his chest!*. The location shifts back to the hospital, where Dr. Webber, the Chief of Surgery, gives an encouraging speech to the staff that is shaken by memories of their own recent trauma. Then, the ambulances start rolling in from the scene. As Owen and Dr. Altman stand ready to take in the next arriving victim, a paramedic tells them that the patient has had an emergency thoracotomy performed on him. Owen asks incredulously if the paramedic really performed such an operation in the field, to which the paramedic answers that it was not him who performed the operation. At this point, the door of the ambulance opens to show Cristina sitting beside the patient with her hand inside his chest, telling the astonished Owen and Dr. Altman that she had to crack the patient's chest.

As they wheel the patient into the OR, Owen asks, with a worried look on his face, if Cristina is going in as well. Dr. Altman says Cristina has her hand around the patient's heart so she is definitely going in. Cristina agrees and tells Owen not to worry. As they arrive in the OR, Dr. Altman nonetheless makes up a medical excuse and requests an extra resident to help them with the surgery. Later, Dr. Webber comes into the OR and tells them that the man they are operating on is the shooter. While the nurses and Dr. Avery, Cristina's fellow resident, refuse to operate on the shooter and instead leave the OR, Cristina chooses to stay with Dr. Altman, thus taking control over the shooter's life.

Meanwhile, Derek and Meredith are operating on a victim with a head injury. The patient's wife is in the waiting room sick with worry made worse by her husband's fear of hospitals. Meredith acts very sympathetic towards the wife and makes sure to give her frequent updates during the surgery. This aggravates Derek, who tells Meredith she is a surgeon and not a social worker and that she should focus on the patient instead of his wife.

(21)

D: Since when are you so interested in updating the wife in the waiting room than doing this?

- M: Since I was the wife in the waiting room, Derek. I mean, honestly, do you think you and Cristina are the only two who have ever been through a trauma?
- D: Do not bring Cristina back into this. You don't get to act like a spoiled little brat in my OR.
- M: Why is it okay for Cristina to do whatever she wants, but it's not OK for me? Because I'm not hiding under OR tables or bartending?
- D: (turns away from the patient to look at Meredith) Meredith.
- M: Honestly, you and Cristina are so busy supporting each other, have you even noticed that I went through a trauma, too? I was the wife in the waiting room, Derek, and it's so hard to be the wife in the waiting room. So hard, that I walked into the OR, while the shooter had a gun to you, and told him to shoot me instead. That's how hard it is to be the wife in the waiting room. Excuse me; I'm gonna go update my patient. (rips off her surgical gown and leaves)

*(Disarm, 7:11)*

In this scene Meredith, who has seemed completely fine ever since she confessed her miscarriage to Derek and the trauma counselor, finally opens up about how the shooting has affected her. She also displays frustration towards Derek, who acts as if Cristina is the only one for whom the shooting had any consequences. While Meredith may not suffer from PTSD, the trauma has made her look at things differently and to be more empathetic towards others. Being a surgeon, this has also changed her professionally, as she can now better relate to the relatives and loved ones of her patients and take care of them as well as the actual patient. Indeed, in her last line Meredith even refers to the wife as the patient, explicitly signaling that she needs their attention as much as the husband on the operating table.

In the ending scene of the episode, Cristina and Meredith meet in the hospital corridor. When Cristina sees Meredith walking towards her, she slows down for a moment and then keeps walking. As they stop, facing each other, both are quiet for a while and just look at each other. Then Cristina hesitantly asks if Meredith wants to get a drink; Meredith, after a while, smiles and says yes. They both smile and walk away together arm in arm with Meredith making a joke about how she cannot actually have alcohol because she is trying to get pregnant and Cristina suggesting they smoke crack cocaine instead.

All in all, this episode signals Cristina's recovery from the trauma and a return to her normal self. Having already started the recovery process in the previous episode, the shooting that in many ways is very similar to the one that traumatized her, gives Cristina an opportunity to face her fears and have an alternative ending to the trauma. As accounted for in an assembly of trauma literature, for example in Davison, Neale and Kring (2004: 167) confronting and overcoming the experienced trauma is crucial for healing to take place in someone suffering from post-traumatic stress disorder, and this is exactly what Cristina does in this episode, however in a very dramatic way. The fact that she chooses to continue operating on the shooter even after she learns the truth about him gives her a sense of power over the situation and restores control to her for the first time after the shooting, something that according to Herman (1997: 159) is crucial for trauma victims. Most of all, however, her choice gives her an opportunity to realize how much she enjoys surgery and how natural for her it is. Indeed, when Dr. Altman thanks Cristina for staying with her and remarking how it must have been a tough decision for her, she tells her that it actually was not difficult at all.

As for Cristina and Meredith's relationship, the episode also signals a return to the normal. Having resolved her problems and feelings towards the trauma, Cristina no longer seems to harbor anger against her best friend. The fact that they do not hug or shed tears over their reconciliation, but instead make jokes about deformed children and cocaine only underlines the nature and depth of their friendship and shows the viewers that all is right with the "twisted sisters" again.

#### **4.2.5. Summary**

With *Disarm* (7:11) being the last episode of the first story arc, I will now give a brief summary of the ways Cristina and Meredith responded to and processed the trauma both individually and in communication with each other. For Meredith, the process was quite simple. Her initial reactions were avoidance

and an attempt to control the people she loves in order to protect them, demonstrated by her concealment of the miscarriage she suffered and her focus on Cristina's problems instead of her own. After acknowledging her miscarriage and inability to control the future, she was able to begin healing from the trauma, thereby moving to the processing phase of a traumatic crisis (Lönqvist et al. 2007: 281). In contrast, Cristina's road to recovery was much more difficult, and she demonstrated all the core symptoms of post-traumatic stress disorder, namely involuntary reliving of the traumatic events (flashbacks), avoidance of stimuli relating to the trauma (surgery, the OR) and increased arousal (fear of being alone, anger). The avoidance behavior was first demonstrated by her refusal to operate and then by her leaving the hospital altogether. Through social support from her husband and comradeship with Derek, she slowly started to accept what had happened to her and finally, after a cathartic operation on a shooter, she was able to confront the trauma and put it behind her.

The friendship between Cristina and Meredith was put to test as they both tried to recover from the trauma in their own ways. As Meredith found Cristina's reaction hard to understand, and as Cristina directed her anger about the trauma at Meredith, they suffered from a temporary falling-out that ended as Cristina returned to the OR. However, despite their rift, their friendship mostly remained a significant bond for both of the characters and a way for them to reflect their emotions about the trauma and its effects on their lives, as demonstrated by Meredith's support of Cristina on her wedding day. For Cristina, another important relationship during the recovery process was her marriage with Owen, and she seemed to seek for support as much from him as from Meredith.

Finally, to summarize the recovery process as portrayed by the series, I refer to the four subheadings of my analysis: *avoidance*, *disconnection*, *confrontation* and *resolution*. These headings indicate the central themes concerning the processing of trauma in the episodes. Firstly, the first two episodes after the trauma depict

both Cristina's and Meredith's *avoidance* of dealing with the consequences of the trauma. Secondly, a number of episodes depict the gradual *disconnection* of Cristina from her profession as a surgeon. Thirdly, the rift in the relationship between Cristina and Meredith develops into a *confrontation* between the characters and Cristina pulls farther away from her old life. Finally, in the span of two episodes, Cristina gradually starts to show signs of returning to her normal self and through cathartic experiences, both her career and friendship with Meredith are reinstated, and a *resolution* is reached.

Having now summarized my analysis of the first story arc, I next turn to analyzing the second story arc.

### **4.3. Story arc 2 - Flight**

In season eight, Cristina and Meredith are finishing their residency at Seattle Grace - Mercy West. In *Migration* (8:23), it is revealed that they are both leaving Seattle after their residency, Cristina to join a cardiothoracic fellowship program at Mayo Clinic in Minnesota and Meredith to start as an attending of general surgery at Brigham and Women's Hospital in Boston. Cristina's decision to leave Seattle is fuelled by her marital problems with Owen: during the season they have had a massive falling out over their differing opinions on whether to have children or not (Cristina declared that she will never change her mind about not wanting children), leading to Owen's consequent cheating. Meredith, on the other hand, would have wanted to stay in Seattle, as she feels it is her home, but changed her mind when Derek was offered a major opportunity to continue his Alzheimer's research at Harvard and when it became clear that she would be the only one of the residents to stay in Seattle. In the end of the episode, the doctors are preparing for a final "outing" together, as they are flying to Boise to help the local hospital on a case of separating conjoined twins. *Migration* ends with shots showing pieces of the plane smoking and scattered over the ground surrounded by woods and Meredith lying on the ground, motionless.

The season finale, *Flight* (8:24), starts with a flashback to the residents' first day at Seattle Grace (and first episode of the series) when they were given a speech by the Chief of Surgery, Dr. Webber. At the same time, flashes of the plane crash site are shown. After the flashback, the focus shifts to a close-up of Meredith who is awake but still lying on the ground. Then, from Meredith's point of view, the viewers see Cristina appearing in front of Meredith, repeating her name and shouting for her to get up. Someone is screaming on the background and Mark Sloan (Eric Dane), the attending plastic surgeon of the hospital, is wondering around aimlessly. Cristina's shoulder is dislocated and Meredith pulls a piece of sharp metal out of her thigh. Meredith keeps asking Cristina where Derek and Lexie (her sister) are and Cristina keeps repeating that she has lost a shoe, as if that is the most disturbing thing on her mind.

After a while they find Lexie stuck under one of the plane's wings. Although she seems to be in bad shape, Meredith tells Cristina and Mark that she has to go and find Derek. She leaves and Cristina asks Mark to pop her shoulder back into its socket, after which they try to lift the wing off Lexie, but without success. Cristina asks Lexie to tell her what the damage is: when she does, it becomes clear to Cristina that nothing can be done to help her, but due to Mark's incessant pleas, she still goes back to the plane to look for supplies. As she gather's the supplies from the wreck of the plane's cockpit, she also bluntly demonstrates the reality of the situation to the pilot who, stuck to his seat, refuses to admit he is paralyzed, by sticking a pen in his thigh without the pilot feeling anything. A moment later, when she is carrying the supplies to Lexie, Meredith comes back and tells her that she cannot find Derek but that she has to keep searching. Cristina, knowing how bad Lexie's situation is, looks her in the eye and tells her that she should come help Lexie instead. However, when they arrive at the wing under which she is stuck, Lexie is already dead. Meredith starts crying helplessly and Cristina sits on the ground with tears rolling down her cheeks.

Later, Cristina and Meredith go to search for Derek together. While they walk in the woods, Cristina starts recapping their trauma-filled history at Seattle Grace -Mercy West.

(22)

M: (shouts at the top of her lungs) Derek! Derek!  
 C: I don't understand how this keeps happening.  
 M: Cristina, we have to find him.  
 C: I'm serious; I do not understand how this keeps happening.  
 M: We have to find him 'cause I don't think he went for help.  
 C: We keep dying. We're in a plane crash, Mer. Like, like right now!  
 M: (in a strained voice) If he went for help, if Derek had gone for help, he would've sent a message or something. I mean, we have to find him, something is wrong.  
 C: I can tell you one thing. When we get out of here, I am getting the hell away from Seattle Grace - Mercy Death, and I'm never looking back! (shouts the last words)  
 M: (in a teary voice) Cristina...I think Derek is dead. He would've come for us by now. (starts sobbing) He definitely would've come for us by now. I think he's dead. And Lexie's dead. (raises her voice) My husband and my sister are both dead! And we're gonna die out here, too! We are gonna die out here---  
 C: (takes Meredith by the shoulder) Keep it together!  
 M: No, you keep it together!  
 C: (shouts) I'm trying! (softens her voice and strokes Meredith's hair) I know. Keep...Keep it together anyway.  
 M: (sobs and takes hold of Cristina's wrist)  
 C: (whispers) Keep it together anyway.  
 M: My sister is dead.  
 C: Keep it together anyway.  
 M: Do you think Derek is dead?  
 C: (in a desperate voice) I don't know. Maybe. But I've got PTSD, so you know I'm not reliable.  
 M: Cristina... (cries) You are still my person, even if I'm not yours.  
 C: (strokes Meredith's face) Meredith, Meredith.

(*Flight*, 8:24)

At this point, Derek appears from the woods and passes out in front of Cristina and Meredith. Once again, Cristina leaves to find more supplies to help with Derek's hand, which is badly mutilated. In the process she also manages to find her lost shoe, which seems to bring her inordinate joy considering the circumstances. When she returns, Meredith has already fashioned a make-shift tourniquet for Derek's hand: together with Cristina, they close the wound with a safety pin and tape, and consequently Derek passes out. While searching for supplies, Cristina has also found matches and they agree with Meredith that they should start a fire. Cristina calls Mark for help, but he does not answer.

(23)

C: Mark! Mark, you have to help!

Mer: I'll figure out how to get it started.

C: No, no. You know what? He doesn't get to do this. He doesn't get to stop helping. I'm sorry he lost Lexie, but she was your sister, and you're still helping. (raises her voice so that Mark would hear) He has to help because the sky is falling, Mark.

D: (waking up) Cristina.

C: (waives her hands) No, no, no. You know, if there's one thing that I've learned with all the...The bombs and the guns to my head and...And the buses running down my friends is that I'm *not* interested in dying. (emphatically) I want to get out of here, and I want to go home. And *everyone* has to help.*(Flight, 8:24)*

Cristina tries to get Mark up but he is unresponsive. She lowers him to the ground and tears open his shirt to see his chest red and badly bruised. She concludes that he has a cardiac tamponade and that they have to drain his pericardial sac to relieve the pressure in his heart lest it will stop beating. Derek, who is already awake and up, comes up with an idea of using the tube of a spray bottle for draining the sac and together the three perform the procedure successfully.

At the end of the episode, night has come to the woods and Cristina and Meredith sit huddled next to each other. All the others are asleep or on the verge of falling asleep, despite Cristina's commands to stay awake. Trying to rekindle the fire that has died down, Meredith spoils their last remaining match.

This episode once again demonstrates Cristina's and Meredith's different reactions to a traumatic situation. Right from the beginning, it is Cristina who takes charge and starts helping others and giving out orders. She does not lose her grasp on reality nor her ability for rational thinking, although she does display symptoms of a shock reaction such as fixating on a seemingly meaningless problem such as a lost shoe, as if not fully grasping the seriousness of the situation (Lönnqvist 2007: 279). As already demonstrated in the previous story arc, Cristina is the one to take point at a moment of crisis but also

demands others to contribute similarly and tolerates no weakness from her peers. Although it is probably only rational to try to keep everyone functioning at the moment of a crisis such as the plane crash, part of Cristina's coldness might stem from her difficulty to handle emotions, especially those of others. Interestingly, in excerpt 22, Cristina remarks that she has PTSD and that consequently her judgment might be impaired. Diagnostically speaking, her statement is incorrect as PTSD will only be diagnosed after the symptoms have been present for four weeks or more: a more suitable term in this case would have been *acute stress disorder* (Lönqvist et al. 2007: 290-291). Finally, Cristina's strong sense of self-preservation is displayed in all her actions and words as well as in her harshness to others.

Meredith, on the other hand, again shows her strong side only when she has someone she loves to take care of. In the beginning of the episode she is distracted and unable to assess the situation. Perhaps stemming from the fear of losing Derek at the time he was shot (see story arc 1), Meredith fixates on finding him even though her sister is badly hurt as well. After losing Lexie, her condition naturally deteriorates and she starts panicking and losing hope. However, when they find Derek, she suddenly finds the strength and calmness needed to attend to his hand with the rudimentary supplies they have access to. Furthermore, even at the time of the trauma Meredith is still thinking about an argument she previously had with Cristina, who basically said that Meredith should stop being so dependent on her, by opening up to her and confessing that she still considers Cristina her "person" even if Cristina does not.

As in the previous story arc, the communication between Cristina and Meredith is one of the focal points of the episode. As can be seen from excerpt 22, their communication at the moment of the trauma is often incoherent and one-sided, with both rambling on about their own concerns and paying little attention to what the other one is saying. However, they are there for each other and show their support with their actions if not words, as when Cristina strokes Meredith's hair or when they sit huddled next to each other by the fire.

#### **4.4. The aftermath of the plane crash**

Next, the aftermath of the plane crash is analyzed in relation to my research questions. Again, the four subheadings reflect the central themes of the recovery process depicted by the series.

##### **4.4.1. Change**

*Going, Going, Gone* (9:01) begins with Meredith's voiceover about death and how it leaves things unfinished, with other people doing your job and living in your house. Then two new interns are arguing about which one of them has to approach the scary attending they call Medusa, "a monster of mythic proportions". The focus of the camera shifts to reveal who the interns are referring to, and the viewers realize that it is Meredith, now back to work at Seattle Grace - Mercy West as an attending general surgeon. It is revealed that she has become the scary attending every intern is afraid of, impressing Dr. Bailey who remarks how she would have expected that kind of behavior from Dr. Yang (Cristina) but not from Meredith. Here, the voiceover coupled with the camera following a new, never-seen-before female character, seems to hint at the possibility that Meredith has died in the woods following the plane crash and that someone else is now doing her job. However, when we learn the true nature of the situation, the voiceover can be seen in a new light, suggesting that the death of her sister has changed Meredith and that there is indeed someone else now doing her job and living in her house - the new, colder Meredith, or Medusa, as the interns call her.

In the same scene, Dr. Bailey asks Meredith if Cristina is enjoying Minnesota, to which Meredith answers with a fake smile on her face *She loves it*. Indeed, in the next scene we see Cristina dressed in winter gear and a surgical gown, arriving at an ambulance bay at a hospital in wintry Minnesota to meet her colleagues, one of them an older man recalling a case he worked on years ago. In this way,

the viewers are introduced to the fact that Cristina has, following her initial plan, moved to Minnesota to start a cardiothoracic surgical fellowship program at the Mayo Clinic. However, as the episode progresses, it quickly becomes apparent that she is not feeling at home at her new workplace, where things are very different from Seattle Grace – Mercy West and where, as her supervisor states, there is no competition between colleagues. Due to her problems with integrating into her new surroundings, her supervisor orders her to take a few days off to see the city and to *soften those sharp Seattle edges*.

Later, a new form of communication between Meredith and Cristina is also introduced, as they share a video call on their tablet computers. Meredith talks about her new fear-evoking nickname and Cristina mentions that she will not make her scheduled flight to Seattle that night due to a rescheduled surgery. She denies canceling her flight because she is afraid to fly and tells Meredith that she will be there, just on a later flight. Owen, overhearing their call, asks Meredith if Cristina is really flying to Seattle that night, to which Meredith replies that she probably will not and that in any case she will not make it to five o'clock, a time revealed earlier in the episode to be the moment when Mark, who is in a coma due to complications from the plane crash, will be taken off life support. When they later talk again, Cristina mentions to Meredith that she does not understand why everyone is so concerned about her not being there at five o'clock, since *Mark is still gonna be gorked no matter when my plane lands*, and makes other inappropriate comments about the already mentioned older colleague's age and surgical skills as well. This kind of dark humor is often used by both Cristina and Meredith to cope with difficult situations and avoid a serious conversation about them. In this case, Cristina's bluntness also serves the purpose of avoiding dealing with her true feelings about the trauma, in keeping with avoidance behavior and numbness demonstrated in post-traumatic stress disorder (Lönnqvist 2007: 296).

When five o'clock arrives, Mark is taken off life support and only Derek and Dr. Torres (Sara Ramirez), with whom Mark has a daughter, stay with him to wish

him farewell. Meredith is sitting outside the room with her colleagues, but stands up and tells them that she cannot stand waiting there and goes to meet Cristina at the airport instead. At the airport, she comes across Alex (Justin Chambers), one of the doctors who started their residency with Meredith and Cristina and who is now leaving Seattle to join a pediatric surgical fellowship program at Johns Hopkins Hospital. Meredith confronts him for leaving just like everyone else, complaining that everything is changing, and he retorts that he cannot stay in Seattle only because Meredith cannot stand being alone. Again, there is continuity in Meredith's response to change after a trauma: after both the shooting and the plane crash, one of her biggest concerns seems to involve things (and people) changing, when she would prefer them staying the same.

Later, knowing that Cristina will never board her plane, Meredith boards one herself in an attempt to meet Cristina in Minnesota instead. She is already sitting on her seat when she starts panicking and demands to be let out of the plane, demonstrating a strong emotional and physical reaction to a stimulus reminding her of the trauma, that is, being on a plane. As stated before, this is a common symptom of PTSD but also part of the normal *reaction phase* of a traumatic crisis (Lönnqvist 2007: 280). Immediately in the following scene, Cristina and Meredith are having another video call, Cristina lying on a hotel bed drinking out of tiny bottles and Meredith at a bar, downing shots of tequila.

(24)

C: I had the boarding pass in my hand. I was...(sighs deeply) ...standing there watching them board the plane, but I...couldn't move.

M: (downs a shot) Next time.

C: We have to get past this.

M: I know.

[Alex walks in at the bar and sits next to Meredith. ]

M: (seen from Cristina's tablet) What are you doing here?

C: Hey, who is that? Point me.

M: (turns her tablet so that Cristina sees Alex)

A: (to Meredith) I'm sorry about before.

M: You should be. I'm sorry too.

C: (to Meredith) I thought you said he was leaving.

- (to Alex) I thought you said you were leaving.
- A: (moves closer to Meredith to see Cristina) The guy replacing Robbins is just gonna mess the place up. Besides, I don't even like Baltimore.
- M: (looking at Cristina incredulously, but talking to Alex) So what are you saying?
- C: (staring at the tablet with her mouth wide open)
- A: I couldn't get on my plane, okay? I couldn't go.
- C: You're saying you ditched the flight 'cause you chickened out. (shakes her head and takes a sip out of her bottle)
- M: (teasingly) What a loser. (smiles and hugs Alex)

(Going, going, Gone, 9:01)

In this excerpt Cristina and Meredith openly talk about their fear of flying since the plane crash. Although they seem to be medicating their anxiety with alcohol, suggesting a maladaptive coping technique during the *reaction phase* of a traumatic crisis (Lönnqvist 2007: 280), they quite rationally conclude that their fear is something they have to conquer. When Alex, who was not involved in the plane crash, admits that he could not get on his plane, Meredith and Cristina tease him for being a chicken, demonstrating obvious irony.

From a narrative point of view, the creators of the series have made an interesting decision of starting the ninth season from a point when three months have already passed since the plane crash. The viewers are left wondering what happened in the woods since the final episode and how the characters were eventually saved. Seeing how Cristina is working in Minnesota, as according to her original plan, it seems that the crash left her relatively unaffected but scared of flying. Meredith, on the other hand, is still in Seattle and not in Boston as planned, but that seems to be explained by Derek's hand injury which has left him handicapped and unable to do surgery for the time being. Thus, on the basis of the episode, it can be concluded that the major consequences of the trauma of the plane crash are Meredith's coldness due to her sister's death and both Cristina's and Meredith's fear of flying.

#### **4.4.2. Shock**

*Remember the Time* (9:02), however, goes back in time to shed light on all the

questions that were left unanswered by the season opening. The episode starts with Meredith's voiceover about a card memory game she used to play as a little girl, and how sometimes the pictures in the cards would not seem to add up. At the same time, we see how Meredith, covered in dirt, is rescued and taken to a hospital where she does not seem to remember anything that happened to her in the woods and keeps repeating that she has to board a plane and see her sister and husband. Finally, when her colleagues arrive with her two-year-old daughter, Zola, she calms down as she holds the child in her arms. Later, she wanders off to see Cristina in the middle of the night to her room where she is laying motionless in the bed and staring at the ceiling. Meredith lies down next to her and tells her that they will be transported to Seattle the following day by plane, and that she has asked that all of them be sedated for the duration of the flight so that they will not even know it happened. She tries to catch Cristina's attention and even grasps her by the chin and turns her head towards herself, but Cristina does not react in any way.

The next scene shifts ahead in time and shows Meredith fighting with Derek about whether they should move to Boston as they had planned before the plane crash. While Derek still wants to go and accept the offer he got from Harvard, Meredith very firmly declares that they will not be moving anywhere and leaving everything they love behind, especially at a time like that. In another scene, the group of ex-residents is eating their lunch in a patient room and talking about the casualties of the plane crash, one of them being Mark who has been in and out of coma since their rescue and another Dr. Robbins (Jessica Capshaw), who has a severe infection in her leg and might be facing amputation. While her colleagues seem to be accepting the harsh reality of the situation, Meredith insists that they are all going to be fine and no harm will come to anyone. As she repeats that they are all going to be fine, she is looking sternly at someone, and then the camera shifts and we see that it is Cristina who is still lying in the hospital bed with her eyes open yet speechless.

The next scene goes back in time again to show a heated argument between

Owen and another doctor, who has restrained Cristina to her bed. The doctor reasons his decision by stating that Cristina is violent and uncommunicative, and that she in fact should be transferred to the psychiatric ward as they have not found any physical injuries in her. Meredith is listening to the argument on the background, and when she hears the mention of the psychiatric ward, she goes into Cristina's room and once again tries to get her to communicate.

(25)

M: (turns Cristina's head towards herself) Okay, okay. It's time. It's time to get up. They are gonna take you upstairs and they're gonna pump you full of antipsychotics. And you're gonna go slack-jawed and cuckoo's nest, and you'll never be you again. Cristina, please, I am begging you. (emphatically) Please. You have to say something. Cristina, please. Do you hear me? Say something, please.

C: (stares at Meredith mutely)

*(Remember the Time, 9:02)*

Some scenes later, we finally see the state Cristina was in when she was rescued and brought to the hospital. As she is wheeled in, she fights the doctors and nurses and, consequently, has to be sedated and put on restraints. When Owen arrives, the doctors tell him that Cristina has a reactive psychosis caused by the trauma. Disregarding the doctor's advice not to open the restraints, Owen frees Cristina's hands causing her to immediately start fighting him. However, Owen holds her in his arms until she calms down. After this, the focus shifts to Cristina's point of view as she lies in the hospital bed, and we hear and see people coming and talking but their sounds are muffled and coming through a white noise. The focus shifts again, and we see the new group of interns staring at Cristina through the window in her room and joking about her condition. Cristina turns and throws a vase full of flowers at the window.

In the next excerpt, Cristina is at home and sitting in a tub, still silent, while Owen washes her back.

(26)

O: I'm gonna take a leave of absence. --- You're gonna feel stronger in a couple of days or weeks. It takes as long as it takes. And we have all the time in the world. When you're back on your feet, you'll go

back to work at whatever pace you want. You'll go back into the OR, and you can do your magic. You won't have to deal with patients or families. I'll take care of all of that. (looks at Cristina sadly) You ready to get out now?

(turns to reach for the towel)

C: (in a drawn voice) I can't.

O: (turns to look at Cristina as if not believing his ears) What?

C: (sits up in the tub) I can't get out.

O: Are you...You can. I'll help you.

C: (stares into space and starts talking slowly) I stayed awake for four days. I remember...every single minute of those four days. The fire went out. It was really, really dark. There were so many stars. I remember getting the bugs out of Arizona's leg. I put leaves on it, trying to keep them out. And Mark...Mark just kept dying. It was so annoying. I kept trying to help him, but he just kept trying to die on me. I just wanted to lie down...and sleep on him because he was warm. And I wanted to sleep. Meredith was asleep. Everyone was asleep. Arizona got the last of the water, and I remember drinking something bad. It might have been the fuel from the plane? I drank...my pee. The noises...the animal noises...fighting and growling right...next to us, right there. I kept waiting for them to come and kill me, but they didn't. And then I realized...They were fighting over Lexie. I tried to keep them off of her, I tried. But I couldn't get out. I can't get out.

O: You're out now. (hugs Cristina and kisses her forehead) I've got you. You hear me?

C: I can't get out. (turns to face Owen) Don't you see? I'll never get out.

*(Remember the Time, 9:02)*

Through these flashback scenes the extent of the impact of the trauma is revealed to the viewers, who in the previous episode were shown only glimpses of how deeply the plane crash affected the characters. As in the previous story arc, Cristina is again the one most affected by the traumatic experience, as manifested by her reactive psychosis and speechlessness, the former symptom especially linked to an acute stress reaction (Lönqvist 2007: 290). During the shock phase, Meredith similarly displays signs of an acute stress reaction by demonstrating symptoms of amnesia and incoherence (ibid.) After returning to Seattle, she resumes her ability to work, but once again resorts to denial concerning the ways the trauma has altered her life. This is evident in her refusal to admit that the trauma may have irreversible consequences for the people in her life and in her insistence that everyone and everything stay the same as before the plane crash. From this, it can be gathered that although functional, Meredith has not yet fully processed and integrated the trauma,

therefore implying that she has not yet moved on from the reaction phase of a traumatic crisis that usually lasts up to a couple of months before giving way to the processing phase (Lönqvist 2007: 280; see also chapter 2.2).

As seen in excerpt 25, Meredith, in her attempt to control the events around her, tries to talk Cristina into talking again after they have threatened to move her to the psychic ward. Her reaction implies that she does not believe in psychiatry and thinks that instead of helping Cristina, it would actually affect her personality aversively. This kind of thinking is often demonstrated by the characters in the series, with the implication that surgery is a hard science for the “real” doctors and psychiatry something that only failed physicians practice.

The people around Cristina deal with her unresponsive state in different ways. Separately from Meredith’s attempts of control and denial, Owen adopts a softer approach and treats Cristina with love and patience, almost like taking care of a child. While other colleagues of Cristina also show their concern and even act protectively towards her, the new interns, who have not had a chance to know Cristina before the plane crash, ridicule her and wonder how the other doctors speak of her like a hero. Indeed, in both story arcs Cristina is referred to as a hero by her colleagues; this underlines her ability to act during a moment of crisis, but fails to account for the motives behind her heroic actions.

Besides other people’s reactions to Cristina, her inner state is also gradually revealed to the viewers. By adopting her point of view as she is still in the hospital, we see how she is actually not fully conscious, but sees and hears everything as if through a veil. However, it is not revealed whether this is a similar dissociative reaction to the trauma as the white noise in the first story arc (see chapter 4.2.2), marking depersonalization and derealization, or just a side effect of the drugs given to her. Finally, Cristina’s monologue in the tub (excerpt 26) helps explain her psychotic state as she accounts the horrors she went through in the aftermath of the plane crash. Her fraught voice and

vulnerable state, naked in a bathtub and being washed by her estranged husband, emphasize the impact of the monologue as she tells Owen how she was the only one awake for the whole time they were in the woods and how she tried to ensure that everyone would make it out alive. These experiences finally give grounds to why Cristina was affected so heavily by the trauma while others were not: she was the only one awake to endure all the cold, dark and terror, while the others slept through most of it. Furthermore, her taking responsibility at the moment of crisis bears a resemblance to the shooting in the first story arc, in that it is indeed Cristina who is able to act in a difficult situation and who also suffers most from the consequent anxiety caused by the situation. As she tells Owen, in her mind she is still stuck in the woods and cannot get out, implying that she again displays symptoms of involuntarily re-experiencing the trauma in her head, a core feature of post-traumatic stress disorder (American Psychiatric Association 2013: 271).

#### **4.4.3. Comradeship**

Although she believes that her state is permanent (*I'll never get out*), the monologue signals a turning point in Cristina's recovery, as in the next scene we see her packing her belongings into a car. Indeed, recalling the details of the traumatic event is seen as crucial to the recovery process (Davison, Neale and Kring 2004: 166-7) and, therefore, explains the importance of Cristina's monologue for her recovery. The scene has again jumped forward in time and depicts Cristina's last moments with Meredith before she moves to Minnesota.

(27)

- M: (Opens the car door for Cristina who comes out of her apartment building with a cardboard box in her arms) You okay?
- C: Yep.
- M: (looks disapproving) Sure you know what you're doing?
- C: (impertinently) Yes. It's one highway all the way to Minnesota, through Montana, cross one of the Dakotas, I can't remember which.
- M: No, I meant by leaving. Are you sure you're okay with it? Are you sure it's the right thing to do?
- C: Meredith, not you too. Owen just tried to...
- M: Well yeah, 'cause I'm worried that you're just running away.

- C: (frustratedly) Well yeah, I am. I'm fleeing like Bambi from a forest fire, and so should you, 'cause horrible things happen here.
- M: (emphatically) No, something horrible happened, and we should stick together.
- C: (slams the car door) You know what? We have stuck together. And we've grown together, like two gnarled trees twining around each other, trying to survive.
- M: Survive what? Cristina, this is life. Bad things happen. It's hard. You find your people, you find your person, and you lean on them.
- C: (shakes her head incredulously) God love you, Mer. You know, so many horrible things have happened to you, and maybe you're okay with it, but you shouldn't be. Go to Harvard, *anywhere* except here, seeing your dead sister around every corner. Hey, your mother died here. Your husband was shot here. George died here.
- M: (interrupts Cristina) It's my life, and you were here for it, too. I mean, now you sound like the same scary loner bitch who rode in here on a motorcycle five years ago. Like the past five years has never happened?
- C: Well, you know, a part of me wishes it hadn't.
- M: (starts to lose her patience) Oh, okay. Well, then you should just go then. And you should not look back. Go. (turns to leave)
- C: Meredith...
- M: (turns back to face Cristina) No, you know, Cristina, you're right. I'm not your person. And Owen isn't your person. Your person is you, and it always has been. (turns around and leaves, and Cristina gets into her car)

(Remember the Time, 9:02)

This dialogue presents one of the rare heated conflicts between Meredith and Cristina. The subject matter, however, is quite usual: Cristina wants a new direction to her life after trying circumstances and Meredith cannot understand this and sees it as Cristina abandoning her best friend. While Meredith has dug her roots deep in Seattle and the people around her, for Cristina the surroundings matter less than the ability to move on and practice her profession to the best of her abilities. Furthermore, it seems that Meredith has found a way to accept both bad and good things as part of life, while Cristina wishes to leave all the bad that has happened to her behind and start anew somewhere else. She also comments on their relationship, implying that she perhaps feels that they are already too close and that it would do both of them good to try and survive on their own for a while.

In the end of the episode, Meredith leaves a message on Cristina's cell phone.

M: You were right...About all of it. You were right. This is a place where horrible things happen. You were right to go. You're probably escaping disaster. Look at me: I practically grew up here. And you're right. It's hurt me...In ways I'll probably never get over. I have a lot of memories of people...People I've lost forever. But I have a lot of other memories, too. This is the place where I fell in love...The place where I found my family. This is where I learned to be a doctor, where I learned how to take responsibility for someone else's life. And it's the place I met you. So, I figure this place has given me as much as it's taken from me. I've lived here as much as I've survived here. It just depends on how I look at it. I'm gonna choose to look at it that way, and remember you that way. Hope you're good. Bye.

C: (listens to the message, then dials and calls Meredith)

M: Hello?

C: You are my person. You will always be my person.

*(Remember the Time, 9:02)*

This last scene demonstrates the strength of Cristina and Meredith's friendship: no matter the issue, at the end of most days they always value their friendship above their disagreements. It also implies that Meredith's take on life is all in all quite optimistic, suggesting a rather sharp change from the "dark and twisty" Meredith in the beginning of the series. This change, which has arguably been in the making for the duration of the series, is most probably the result of the happy and stable family life Meredith finally seems to be living with her husband and daughter. Lastly, Meredith's monologue is probably her most direct reference to the traumas she has been through and to how it all has affected her.

*Love the One You're With* (9:03) is centered around a substantial settlement the airline is offering to the survivors of the plane crash, and whether they want to accept it or go to court to find out the reason behind the accident. While Meredith is ready to accept the offer and use the money for traveling and Zola's future, Cristina seems to have no opinion of the matter. As she is in Minnesota and the settlement is being negotiated in Seattle, Owen acts as her proxy and the two share several phone calls during which he gives Cristina updates on the matter and asks for her decision. Cristina, however, tells him that she will agree with any decision the rest of the survivors make. Her indifference towards the settlement can be interpreted to signal a similar sentiment as her moving to

Minnesota and not talking about the plane crash to her new colleagues, that is, trying to avoid thinking about the trauma in order to go on with her life.

In a scene close to the end of the episode, Cristina is sitting on a bench outside her new workplace and tears are rolling down her cheeks. Earlier, she has had a phone conversation with Owen where she told him not to call her anymore, as they should both go on with their lives now that they have separated. As she sits on the bench, her colleague Dr. Thomas (William Daniels), an older cardiothoracic surgeon with whom Cristina operated earlier the same day, approaches her and offers her a handkerchief. Cristina takes it and he sits down next to her.

(29)

T: You know, I was too. In a plane crash. In Vietnam. Everyone on board the plane died but me. (looks at Cristina and shakes his head sadly)

C: (looks at Dr. Thomas with tears in her eyes)

T: I never...I never have told anybody about that around here. You know, it's... (shakes his head disapprovingly, then reaches for his pocket) Would you like a smoke?

C: Oh, I don't smoke. (wipes her face)

T: Oh. Me neither. Not anymore. I mean, these things could kill you, you know?

C: (laughs incredulously) What?

T: Well, you know... It seems like... (pauses and sighs) Everything kills you these days.

C: (smiles pensively and looks at Dr. Thomas) Yeeah... (laughs) Yeah.

T: (smiles at Cristina)

(*Love the One You're With*, 9:03)

This is an unlikely and odd dialogue between two colleagues, one at the beginning and the other at the final stages of their career. Earlier, as they were operating on a patient's heart, Dr. Thomas had asked Cristina about the plane crash he heard she had been involved in, and Cristina had said that she would rather talk about the medicine. The dialogue shows how a very unlikely couple bonds over a traumatic experience and how two survivors of such experience can find solidarity out of their despair. Indeed, according to Herman (1997: 215), the company of other people who have gone through a similar experience can aid the trauma recovery process. Thus, through this exchange of words,

Cristina, who has been markedly lonely and out of place in Minnesota, finds a person who not only shares her passion for surgery but also shares and understands her traumatic past. In a later episode, she even tells Meredith during a phone conversation that Dr. Thomas is her “Meredith” in Minnesota.

#### **4.4.4. Resolution**

One episode later, *Beautiful Doom* (9:05) focuses on Meredith and Cristina as they struggle through some particularly difficult days, respectively. They are chatting on the phone while Meredith is driving to work, talking about Cristina’s patient with a major tumor and Meredith’s motherly responsibilities, when Meredith sees an accident by the side of the road and pulls over her car. Apparently, a car has crashed into a truck parked by the sidewalk, and there is a young woman trapped under the car’s front tire. The resemblance to how Meredith’s sister, Lexie, died is obvious. Meredith is able to convince the bystanders to lift the car off the woman and when they get to the hospital, she immediately starts preparing for a surgery.

Once they start the surgery, it becomes clear that the patient’s intestines are badly damaged and she is losing too much blood. Dr. Webber enters the OR and, seeing the patient’s condition, orders Meredith to pack her up and wait until she stabilizes before operating on her again, reminding Meredith how the weight she was crushed under has affected the patient. Meredith snaps to Dr. Webber, saying that she knows exactly how much that kind of weight injures a person and refuses to cease operating on the patient. However, she finally grudgingly gives in after everyone else lifts up their hands and Dr. Webber repeats his order. Afterwards, while Meredith is giving instructions to the interns on how to monitor the patient, Dr. Webber walks in and asks to speak with Meredith. He offers to take the patient from Meredith, remarking the similarity to Lexie and how it could affect Meredith’s judgment. Meredith, however, denies being too emotional to handle the case and leaves to do a check up on the patient.

Throughout the day, Cristina and Meredith spend hours on the phone talking about their respective cases, both of whom have already had surgery and are facing another one soon. The cases are important for both Cristina and Meredith, and so they end up spending the night at work, monitoring their patients and exchanging information about their condition, cheering each other on. The following morning, both patients are ready for their second surgeries. Both operations, despite being difficult, go well. However, Cristina's surgery takes an unexpected turn as her fellow surgeon and best friend in Minnesota, Dr. Thomas, suffers a stroke in the middle of the surgery. Cristina is able to continue operating and save the patient, but Dr. Thomas dies. As his body is wheeled away from the OR and Cristina is changing her clothes in the dressing room, she recalls some of his last words to her, in which he urges her to focus on her career instead of trying to make friends, as her talent is something lesser surgeons will never understand.

In Seattle, Meredith's patient wakes up and asks for her. Seeing the patient awake and hearing her say that she remembers Meredith from the accident site, Meredith gets emotional and smiles while wiping tears away from her cheeks. In the final scene of the episode, Meredith is at home having just put Zola to sleep after a hard day, when the doorbell rings. Scared of awaking Zola, she runs to open the door and finds Cristina standing in the doorway.

(30)

C: (sighs deeply)

M: (looks surprised, then grabs Cristina into a tight squeeze) Oh...

C: (slurring, still hugging Meredith) I downed the tequila bottle from my diaper bag. I can barely... (withdraws from Meredith and laughs) I don't even know what my name is.

M: (laughs, then smiles sadly) Lexie's dead.

C: (becomes serious and hugs Meredith again) Yeah. Everyone's dead.

(*Beautiful Doom*, 9:05)

With this final scene the friendship between Cristina and Meredith once again returns to normal. As in the first story arc, also here the reunion signals the

resolution of the trauma for both characters. However, differing from the first story arc, here the reunion is much more heartfelt and bittersweet, signaling both deep sorrow for the people they have lost and sincere joy for being together again. Furthermore, their warm embrace suggests character development, with a more direct displaying of feelings between the two characters than during the previous seasons. It could be argued that this change has a great deal to do with all the traumas the characters have gone through together; they have learned to not take each other for granted and to show their love for each other while it is possible.

The episode is also the final episode of the second story arc. By focusing on both Meredith and Cristina as they face emotionally difficult days, the episode signals not only a resolution but a new start to their lives after the plane crash. In other words, Meredith finally has to come to terms with losing her sister and Cristina stops running away and returns home. Although Meredith has been able to continue her life quite normally since the accident, reliving the trauma of her sister's death through successfully saving a patient in a similar condition allows her to accept what happened, gain mastery over the traumatic memory and let herself grieve her sister instead of feeling guilty of not being able to save her, in accordance with the processing phase of a traumatic crisis (Lönqvist 2007: 281). For Cristina, the death of her mentor and friend finally makes her realize that no matter where she runs, she cannot escape sorrow. Furthermore, she perhaps understands how rare it is for someone with her ambition and focus to find a friend like Meredith, and also how easy it is to lose that.

The episode also shows once again the bond between Cristina and Meredith, in that even though they are miles apart, they still communicate with each other daily and support each other in both daily responsibilities and special circumstances. Although they often give each other a hard time, they can always count on each other's support when they really need it. Moreover, the episode reminds the viewers how important their profession is for their friendship, so that they are able to exchange ideas about their cases and know

that the other one understands the pressure that comes with their line of work.

#### **4.4.5. Summary**

Before moving on to the discussion chapter, a summary of the trauma recovery process in the second story arc is in order. All in all, the process was quite different from the one seen in the first story arc: it was swifter but also less straight-forward in its depiction of post-traumatic stress disorder and the stages of trauma. This was partly due to the sequencing of the post-traumatic events, that is, the time jump of the first episode after the trauma followed by a flashback episode, breaking the chronological order of the recovery process.

For Meredith, the trauma and the events following it signified a huge change in her life, with the death of her sister and move of her best friend, Cristina. At first, she strongly objects to these changes, insisting that everything were better if she could only make people (especially Cristina) stay close to her and continue as if nothing was different. However, she gradually starts accepting Cristina's decision to leave and relies on their friendship for comfort and solidarity. In the last episode of this story arc, she also comes to accept her sister's death through a cathartic encounter with a patient. One aspect of Meredith's post-traumatic behavior, however, remains unsolved at the end of the story arc: her coldness towards the new interns, arguably stemming from the death of her sister and her consequent attempt to guard herself against new losses by not getting attached to any more people.

Unlike in the first story arc, where the topic of Cristina's post-traumatic stress disorder was dealt with in detail over the span of several episodes, in this story arc the portrayal of Cristina's symptomatic behavior is covered within only a few episodes. Once again, she demonstrates core symptoms of PTSD, namely avoidance (airplanes, Seattle) and intrusion (feeling of not being able to "get out", see excerpt 26). This time, instead of symptoms of increased arousal, such as fear of being alone, she suffers from a serious dissociative reaction to the

trauma (reactive psychosis). Although the whole progress from the psychotic state to being fully functional and deciding to move to Minnesota is not shown to the viewers, it is apparent that what triggers the change is Cristina's recollection of the trauma to Owen (excerpt 26). After this, her recovery relies heavily on her friendships with both Meredith and Dr. Thomas, her new colleague. Finally, after losing Dr. Thomas, she is able to face her past and return to Seattle to continue her recovery process with Meredith. Unlike the first story arc, this story arc does not include a cathartic resolution for Cristina, rather a silent acceptance of pain and sorrow as a part of life.

The friendship between Meredith and Cristina is once again affected by the trauma. However, in this story arc this is mainly because of Cristina's decision to move away from Seattle. Although Cristina and Meredith quarrel about the decision, their dispute is short-lived, and rather than weaken their bond, the distance makes them realize how important they are to each other. However, as was already visible in the first story arc, Cristina processes the trauma as much in communication with Owen (and, in this story arc, with Dr. Thomas) as with Meredith, her communication with Meredith being less focused on the trauma in particular.

Finally, the series' portrayal of the recovery process is once again reflected by the subheadings, which in this case also demonstrate the non-chronological sequencing of the post-traumatic events. The first episode after the trauma, depicting events that take place three months after the traumatic event, centers around the *changes* brought forward by the trauma and the characters' responses to these changes. In the second episode, flashbacks are utilized to portray the *shock* reactions of the characters after they were rescued. The next couple of episodes show how *comradeship* plays a vital part in the characters' recovery process. Finally, the last episode of the story arc ties up loose ends by bringing Cristina back home and showing Meredith accept her sister's death and moving on, thereby providing a *resolution* to the second story arc.

## 5. DISCUSSION AND CONCLUSION

In this chapter I discuss my findings in relation to the research questions, bring them together on a more general level and discuss them in relation to the existing research and body of knowledge. Firstly, I discuss both Cristina's and Meredith's individual coping strategies and reactions to trauma, as well as the effects of trauma on both characters' lives. Secondly, I discuss the role of the characters' friendship in their recovery process and vice versa. Thirdly, I discuss the implications and applications of the findings, link them to previous research and suggest alternative or further approaches to the study at hand. Lastly, I conclude my study with a summary of the key findings in relation to the research questions presented in chapter 3.1.

### 5.1. Cristina

One of the aims of this study was to describe how the characters respond to psychologically traumatic experiences and how this affects their personal and professional lives. On the basis of the two story arcs analyzed in this study, Cristina's initial response to a traumatic experience is always action. She does not seem to display major symptoms of shock or dissociation but rather maintains control of herself even under immense pressure, suggesting adaptation to the situation. However, although the subjective feeling of lack of control and helplessness at the moment of the trauma is one of the diagnostic criteria for post-traumatic stress disorder, it is possible for people to develop PTSD even after being able to act in the traumatic situation (Lönnqvist et al. 2007: 294). Indeed, in both story arcs Cristina's subsequent development of the disorder is quite clear: in the first story arc, she displays all the major symptoms of PTSD, namely traumatic reliving, avoidance of trauma-related stimuli and increased arousal. In addition to these, in the second story arc she suffers from *reactive psychosis*, a passing psychotic state sometimes seen in trauma victims during the shock phase (Lönnqvist et al. 2007: 291).

Out of this set of symptoms, Cristina's main (maladaptive) coping mechanism after both traumas is avoidance. In the first story arc this presents itself as avoidance of the place where the trauma happened, the OR, as well as of the activity she was performing at the time of the trauma, surgery. In the second story arc, in addition to the obvious avoidance of airplanes, she also chooses to avoid the place she has learned to connect with traumatic experiences, the Seattle Grace - Mercy West hospital. Cristina's feelings and actions also reflect the fluctuation between the PTSD-symptoms of intrusion and avoidance (Herman 1997: 47) with her sudden outbursts of anger and moments of complete "shutting down" as well as with her contradictory statements of feeling either extreme fear (excerpt 16) or nothing at all, as if she were dead inside (excerpt 9). In both cases, she tries to avoid dealing with her feelings towards what has happened and to channel her focus on other things, such as wedding planning or a new job, instead.

There are several factors that can explain the development of post-traumatic stress disorder in Cristina, as listed by Davison, Neale and Kring (2004: 165-166). The first is the level of perceived threat to one's life, which in Cristina's case is high especially in the first story arc. The second is Cristina's history of previous traumatic experiences, which contributes to her development of the disorder particularly in the second story arc. The third is Cristina's maladaptive coping mechanism, avoidance, meaning that she refuses to confront her feelings about the trauma. Furthermore, following Dunne's (2008) listing of individual factors such as prolonged exposure to trauma often experienced by rescue and health care workers and poor emotional intelligence, Cristina's profession as a surgeon and her seeming lack of social skills demonstrated throughout the series, could also be counted as contributing factors. I also suggest that in both story arcs, Cristina is essentially forced to take the role of a hero and to carry everyone else on her shoulders throughout the traumatic situation and, therefore, is faced with more pressure and responsibility for the trauma, increasing her stress levels and adding to her symptomatic behavior.

In accordance with how people come to terms with real-life trauma (Lönqvist et al 2007: 301; Davison, Neale and Kring 2004: 166-167), Cristina has to eventually face her memories about the traumatic experience and overcome her fears in order for recovery to become possible. In the first story arc she achieves this by taking point in another mass shooting and treating the shooter, thereby confronting her fears and gaining control over them. In contrast, the other story arc does not have a similar cathartic episode, but the death of another friend of Cristina's makes her realize that she cannot stop bad things from happening by running away. By returning to Seattle Grace-Mercy West, Cristina confronts the traumatic memories she has learned to associate with the hospital and accepts these memories as part of her life story, therefore beginning the processing phase of the recovery process (Lönqvist 2007: 281).

As noted by McCann and Pearlman (1990: 17-18), trauma essentially includes the notion of change and, as shown by my analysis, some of these changes are not directly linked to Cristina's coping mechanisms and symptomatic behavior. Rather, they are mental schemata that have been affected by the trauma, in other words, changed beliefs and attitudes about oneself and the surrounding world. In Cristina's case, these changes are best manifested in her attitude towards other people: especially in the second story arc, in her post-trauma interactions, she displays more empathy towards her friends and colleagues and is willing to defend them even when it might have aversive consequences for herself. One example of this is Dr. Thomas, with whom Cristina develops a bond and who she tries to defend against her supervisor who wants to force Dr. Thomas into retirement.

According to Herman (1997: 56), trauma victims often become dependent on the people close to them as they seek safety and comfort. In Cristina's case, this is exemplified in her dependence on Owen, her on-off romantic interest. Thus, the dialogue between Owen and Cristina often deals with the consequences of the traumatic experiences. In addition to dialogue, a monologue is the series' typical way of presenting Cristina's emotions and reactions towards traumatic

memories. They are also an example of Culpeper's (2001: 167) concept of explicit cues in that they provide explicit information on the character through self-presentation. In these monologues, Cristina recalls the traumatic events and their effect on her psyche; in fact, they are the most direct reference made to the events and their consequences by either character. This is a sharp contrast to the mostly indirect communication between Cristina and Meredith, and allows the viewers to get a glimpse of Cristina's inner feelings and to become more emotionally involved in her story. Furthermore, the strong emotional content of the monologues fulfils the genre-specific need for character-driven drama and typically reveals the central posttraumatic conflict of the character.

## **5.2. Meredith**

As shown by the analysis, Meredith's first reaction in a traumatic crisis is making sure the people she loves are safe, regardless of her own safety. However, her approach is not as rational as Cristina's, and she needs someone to tell her what to do instead of taking control of the situation. While Cristina is quite capable of handling tough situations herself, Meredith appears more (co)dependent, something that Cristina hints at in the second story arc (see excerpt 27). As can be seen in the flashback episode in the second story arc, Meredith also shows signs of disorientation and confusion, symptoms often linked with *acute stress disorder* (Lönqvist et al. 2007: 290), during the shock phase. However, while Meredith reacts more strongly to a traumatic situation than Cristina, she does not develop a diagnosable post-traumatic stress disorder in either story arc. Apart from her stronger support network through her stable marriage, it is difficult to analyze the reasons for Meredith's better coping after the trauma, as she shares many of the predisposing factors (see section 6.1.) with Cristina. In fact, her unstable childhood and tendency towards self-harming behavior (see, for example, season 3) are even further predisposing factors towards developing a post-traumatic stress disorder (Davison, Neale and Kring 2004: 165).

Although Meredith does not develop a post-traumatic stress disorder, she does display some maladaptive coping mechanisms that recur in both story arcs. The most notable of these are reliance and codependency and, consequently, her attempt to control the people around her. To elaborate, Meredith's reaction to trauma is to take care of everyone else except herself and to think that she knows best what is good for others. Her fear of losing the people she loves leads her to trying to control them so that they would not get hurt, without her realizing that she is preventing them from moving on with their lives. In addition, she resists the inevitable change trauma often brings about in both people and circumstances, and wants everything to stay the same as before the trauma. As an explanation to this behavior, we have to look back to the biographical knowledge we have on the character from earlier seasons: psychologically, Meredith's codependency and need for control could be said to stem from her abandonment issues and unstable childhood.

In compliance with her less severe reactions to traumatic experiences, Meredith seems to reach resolution in a fewer episodes' time span when compared to Cristina. In the first story arc, the resolution is reached already in the second episode after the shooting, when Meredith confesses her miscarriage to both her husband and the trauma counselor, and admits that there are things that are out of her control. In the second story arc, resolution presents itself in the form of a surgical case reminding Meredith of her sister's death and allowing her to overcome her guilt and begin the grieving process. Interestingly, larger scale changes in Meredith's behavior in response to trauma differ between the individual story arcs: in the first story arc, Meredith becomes more empathetic towards her patients and their families, but in the second story arc she grows colder towards her interns, to the point where she earns the nickname "Medusa". One explanation could be that while there is a threat towards a loved one's life in the first story arc, in the second story arc an actual death occurs, resulting in a stronger reaction. Furthermore, in the second story arc, Meredith's history of previous trauma might trigger a sense of self-preservation in the form of denying herself from becoming attached to any more people she

could possibly lose. Thus, although Meredith is able to work through her feelings towards her sister's death, the trauma appears to leave a permanent mark on her interaction with new people.

### **5.3. *The twisted sisters***

One of the aims of my analysis was to investigate how the traumatic experiences affect Meredith and Cristina's friendship and how they negotiate their feelings towards the trauma in communication with each other. The findings implicate a pattern or a fluctuation in the status of their friendship throughout their recovery from trauma in both story arcs, as well as some types of communication that occur frequently.

At the moment of the trauma, Cristina and Meredith act together, supporting each other through both verbal and non-verbal communication, such as telling each other to "keep it together" or by touching each other. However, their support is not patronizing or sugar-coated, but direct and fact-facing. After the immediate danger has passed, during the shock phase, they mostly avoid talking about the trauma and its consequences altogether. When they do start talking about the trauma, however, they face some disagreements over how to best handle their feelings and their future after the trauma. These disagreements mostly stem from their different approaches to dealing with trauma, but also from their extreme closeness that sometimes leads especially Meredith to think of them as a unit instead of two separate individuals, leading her to assume that what she thinks is best for her is also best for Cristina.

The types of communication between Meredith and Cristina that reoccur in both story arcs are support, conflict and reconciliation. Although their friendship goes through some difficulties in both story arcs, their communication is mostly supportive, involving topics such as marriage, career and post-traumatic stress. When a conflict occurs, it usually arises either from Meredith's codependency, demonstrated by her attempt to control Cristina and

Cristina's consequent frustration and even anger, or from Cristina's avoidance behavior. These conflicts seem to be connected to the experienced traumas, and are resolved once the healing starts. This leads to the third type of communication, reconciliation, which interestingly does not involve an apology by either party, but instead a more indirect communication of mutual acceptance and forgiveness. This indirectness is something that marks most of the post-traumatic communication between Cristina and Meredith, perhaps signaling their attempt to avoid talking about the trauma, but also their general tendency to avoid talking about their feelings directly. From the point of view of production, this could also be considered a stylistic and/or strategic choice, allowing for multiple interpretations on part of the viewers. Through appointing their own meanings to the characters' behavior and communication, the viewers are able to identify with the characters and to project their own emotions on them, thus making the viewers more involved in the characters' story and giving them the power to see a glimpse of themselves in the characters.

#### ***5.4. Implications and applications***

One aspect of my analysis was describing how the characters' recovery process is portrayed in the series. Considering the structure of the series' portrayal of the recovery process, four distinct themes were identified in both story arcs, respectively. Interestingly, I found that the themes differed between story arcs and, thus, no single way of portraying the trauma recovery process could be identified. However, through a closer inspection of the themes, similarities between the two story arcs can be found. The four themes brought forward in the first story arc were 1) avoidance, 2) disconnection, 3) confrontation and 4) resolution. In the second story arc, these themes were 1) change, 2) shock, 3) comradeship and 4) resolution. If the themes are compared, then, it can be seen that in both story arcs, the first two themes refer directly to the effects of the traumatic experiences, therefore implying that the first episodes after trauma center on the explicit portrayal of the post-traumatic reactions of the characters.

After this, the third theme in both story arcs refers to the social dimension of the trauma, in the first story arc to the aversive effects of trauma on relationships and in the second to the importance of social support in the recovery process. Finally, the last theme in both story arcs, resolution, refers to the way how the series' portrayal of the recovery process has a clear and recognizable ending point where the conflicts aroused by the trauma are resolved. Keeping these themes in mind, I now move on to a discussion on the implications of portraying traumatic experiences in television and in *Grey's Anatomy*, in particular.

As noted by Reyes, Elhai and Ford (2008: 441), on the one hand filmed presentations of traumatic experiences and their aftermath can have a powerful effect on the viewers when they are successful in demonstrating the true impact of such phenomena. On the other hand, they can also offer misguided representations of the complex subject matter by oversimplification or – dramatization of post-traumatic behavior, or by including unrealistic, cathartic revelations as the focal scenes of their stories (ibid). On the basis of my analysis, both of these statements ring true for *Grey's Anatomy*, as well. As suggested in chapter 4, the portrayal of traumatic experiences such as technological or human-made disasters can be a safe way for viewers to negotiate their feelings towards real-life traumas often broadcasted by the media. In *Grey's Anatomy*, the genre of medical drama already dictates that these representations are an intrinsic part of the viewers' experience of the series. In addition to the everyday drama and trauma of the hospital's surgical unit, the traumatic events experienced by the central characters add to the emotionally heavy story line and involve the viewers on a more personal level, due to their *identification* with the characters (for a discussion on identification with media characters, see Cohen 2001). Thus, the two story arcs analyzed in this study have ample potential to impact their viewers both positively and negatively.

Indeed, on the basis of my analytic observations, there are both (potentially) positive and negative implications in the show's portrayal of traumatic

experiences and their effect on the characters. On the positive side, the series offers a rather realistic portrayal of post-traumatic stress disorder by having Cristina's character display all of the major symptoms of the disorder and by showing the consequences these symptoms can have on a person's professional and social life. In addition, by highlighting Cristina and Meredith's friendship as well as their marital relationships, the series acknowledges the importance of social support in the post-traumatic recovery process. On the negative side, in compliance with its genre, drama, the series also provides a highly dramatized portrayal of some of the post-traumatic problems and suggests that some sort of cathartic revelation is needed in order for instant healing to take place, instead of a slow process where the traumatized person gradually learns to accept what has happened. Traditionally, the "cathartic cure" is portrayed in films depicting traumatized characters rediscovering repressed memories in the presence of an empathetic therapist (Reyes, Elhai and Ford 2008: 441). Such simplistic portrayal of the recovery clashes with the premise of current therapies available for PTSD, and can lead to unrealistic expectations on part of patients who seek help for their post-traumatic stress (Gabbard and Gabbard 1999, cited in Reyes, Elhai and Ford 2008:441). Furthermore, the series' portrayal of psychological treatment and intervention mostly in a negative light might suggest to the more susceptible viewers that seeking psychological help for their problems is a sign of weakness. For example, in excerpt 25 (see section 4.2.2) Meredith displays concern as Cristina's doctor suggests that she be moved to the psychiatric ward; Meredith is afraid that Cristina will never be herself again, implying that psychological intervention can change people into someone else. Furthermore, in the first story arc, the trauma counselor, brought in for crisis intervention after the shooting, is seen by most characters, including Cristina and Meredith, as the uninformed villain who wants to keep them from doing their jobs, and his authority is undermined even by the Chief of Surgery who overrides his decision to not let Cristina operate until she deals with her post-traumatic stress.

Considering the flow of narrative as well as character identity, the portrayal of

traumatic experiences and their effect on central characters is the series' way of offering excitement and continuity to the viewers and making it possible for the characters to grow and evolve. For example, going through a trauma makes Cristina and Meredith better doctors in the sense that they are able to relate to the patients' and their families' feelings of fear and loss and to be more compassionate towards them. At the same time, it brings them authority through life experience. Moreover, it allows the characters to grow more multi-dimensional and relatable to the viewers through their emotional struggles. As complete story arcs, the characters' journey from trauma to resolution also offers an alternative twist to a series that is mostly about medicine and romance, engaging the viewers to follow what happens to their favorite characters.

As noted in section 2.1., popular culture can tell us about the current state of our society by reflecting its concerns and attitudes. Although fictional, *Grey's Anatomy* abides by the code of realism (see section 2.1.) by having the events take place in the present-day U.S. and by making reference to real-world events such as the war against terrorism. If we look at the findings of the present study in this light, we can identify some central themes reflecting the way the American society perceives trauma.

Firstly, the nature of traumatic experiences depicted in the series (mass shooting, plane crash) reflects the present-day concerns of the U.S.; that is, traumatic events that affect a large number of people simultaneously. Although these types of disasters affect people in all parts of the world, in the U.S. their presence seems especially pronounced for three reasons: the past, the present and the media. The historical significance of slavery and its echoing throughout the history of the American society in the form of racism and the civil-rights movement has intertwined collective trauma deep into the American mindset, making the American society more sensitive towards such topics. It must not be forgotten either that the very diagnostic term of PTSD was introduced to describe the symptoms demonstrated by American troops in the wake of the

Vietnam War. Recently, this sensitivity was further heightened by the new collective trauma of terrorism in the wake of the 9/11 attacks. Indeed, looking at the mass of research and fiction written on the effects of the attacks, it does not seem completely inappropriate to say that America is obsessed with trauma. Furthermore, with the evolution of mass and social media, information about national disasters reaches citizens in real time, with news channels providing live footage on the events as they unfold and Twitter users receiving uncensored first-hand reports from the scene, thus bringing the trauma closer to the viewers and further enhancing its collective effect.

Secondly, the characters' post-traumatic reactions are perceived as a communal problem and are discussed openly instead of considering them as the victims' personal struggle. Again, America's obsession with collective trauma raises its head. Considering the war on terrorism, it seems appropriate that the nation be unified in its stance as a victim of trauma. However, this obsession is not limited to trauma in particular: instead, the dwelling on people's real or imagined problems as the problems of the society essentially reflects the *medicalization* of the American culture. According to Conrad (2007: 5) medicalization is the process where a human problem, such as over-consumption of alcohol or a short attention span, becomes defined as a medical disorder such as alcoholism or attention-deficit/hyperactivity disorder (ADHD). Therefore, a challenge faced by an individual becomes an illness which can and must be treated by the society, thus making it the society's concern. With the growing number of and public attention towards disorders, then, it is understandable that contemporary television reflects the public's need for awareness on these issues. In fact, in addition to *Grey's Anatomy* and its portrayal of PTSD, several contemporary American drama series portray characters with psychological disorders such as autism (*Parenthood; Touch*, FOX 2012–2013; *Bridge*, FX 2011–), bipolar disorder (*Black Box*, ABC 2014) and antisocial personality disorder (*House, M.D.; Dexter*, Showtime 2006–2013).

Lastly, although the importance of social support is underlined in both

analyzed story arcs, the recovery process is portrayed as essentially individualistic, differing from one person to another. In sharp contrast with the notion of collective trauma, this reflects both the individualistic culture of the U.S. in which the uniqueness of each person is valued, and the notion of the diversity of people's psychological make-up, consisting of both environmental and biological factors. Thus, while the series stresses the communality of a traumatic crisis, its individualistic portrayal of the characters' recovery process enables the series to appeal to a large number of people with varying backgrounds and attitudes towards trauma.

As noted in chapter 2., previous studies on characterization and character identity in television are scarce, and the existing research has mainly focused on quantitative analyses on generic character roles or features. Similarly, while fictional portrayals of psychological trauma and its effects have been studied extensively in literary criticism, in television studies the topic is largely underrepresented. Furthermore, most research on trauma fiction has traditionally focused on analyzing fictional portrayals of historically important traumas, such as slavery, the Holocaust or the 9/11 terrorist attacks. Thus, the present study successfully narrowed down a gap in the existing body of research by analyzing and describing character and its development with the help of a qualitative approach, and by describing the effects of fictional trauma on the fictional characters in a contemporary drama series. Moreover, by presenting the characters of a medical drama series as both trauma victims and medical professionals, this study builds on a more multidimensional view on doctors portrayed in fictional television than the simple good/bad dichotomy presented in many previous studies.

### ***5.5. Limitations and suggestions for future research***

Considering the descriptive approach of the present study, its findings are mostly subjective in nature and cannot be considered to reveal a single, inherent truth about the series or its concept of trauma. Therefore, this study does not

suggest a model for the portrayal of trauma on television, but rather offers an interpretation on the potential ways to explore such a subject. Furthermore, the focus of this study was on analyzing the dialogue of fictional characters for the purpose of describing character development in the wake of traumatic events. In order to shift focus from the study of the effects of trauma on character to the study of the uses and implications of trauma in contemporary television, one could analyze the meaning and function of the portrayal of traumatic experiences for the series, or the televisual presentation of trauma and choices of production and narration. For this kind of research, it could be useful to use data from more than one series in order to compare and contrast the ways traumatic experiences are portrayed and to reach a more general conception of trauma in contemporary television. The findings of such a study could be then used to discuss the nature and characteristics of dramatic television in closer detail, or to compare how trauma is portrayed in different genres.

Considering the medicalization of the American culture, it would also be interesting to analyze psychopathological behavior of fictional characters on a more general level. Using *Grey's Anatomy* as data, this could be done by analyzing Meredith's abandonment issues and consequent emotional instability, for example by including a story arc from season three, in which Meredith's problems with her Alzheimer's-ridden mother lead her to engage in self-destructive behavior. By analyzing data from other (American) series as well, the portrayal of different psychological disorders could be compared.

## **5.6. Conclusion**

The purpose of this study was to identify and describe the ways two central characters, namely Cristina Yang and Meredith Grey, respond to psychologically traumatic events in the medical drama series *Grey's Anatomy* and how this is portrayed in the series through televisual and narrative elements. In addition to discussing the characters' individual coping strategies and symptomatic behavior, the role of their friendship in the recovery process

was assessed. The analysis utilized concepts from television studies and studies on characterization as well as literature on psychological trauma and the diagnostic concept of *post-traumatic stress disorder*.

Two separate story arcs were analyzed for their portrayal of trauma and recovery. On the basis of analytic observations and illustrative examples from selected episodes, individual response patterns emerged for the two characters. In both story arcs, Cristina's character presented symptoms of a diagnosable post-traumatic disorder which affected both her personal and professional lives to a significant extent. In contrast, Meredith's character responded to the traumatic events less intensely and was able to continue her life rather normally, showing only some signs of post-traumatic stress, such as avoidance and need for control. As expected, the analysis revealed that the friendship between the two characters was both affected by the trauma and instrumental in the processing of their recovery. In addition, Cristina's romantic interest played a role in her recovery process in both story arcs.

The series' portrayal of post-traumatic behavior and challenges was mostly in keeping with current knowledge of post-traumatic stress and its manifestation: however, some inaccuracies as well as a suggestion of a "cathartic cure" were also observed. Central themes in both story arcs were the portrayal of the effects of trauma on both personal and social level, as well as a clear resolution in the end of the story arcs. Compared to earlier research on both television characters and trauma fiction, this study increased the knowledge on televisual depictions of fictional traumas and their effect on character development. In the future, this information could be used for comparing depictions of fictional trauma in different genres or for a deeper understanding of the concerns of our time. For therapists and health care workers alike, this study can serve as a way of recognizing stereotyped presentations of trauma as well as for using the responses of fictional characters as a sounding board against which actual patients can reflect and negotiate their emotions.

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