

A somatic study of Stephen king's *The Shining* focusing on childhood trauma

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Abstract

Stephen King's *The Shining* (1977) transcends its classification as supernatural horror to offer a clinically resonant exploration of childhood trauma and its somatic manifestations. This paper examines how King deploys horror conventions to represent the embodied nature of traumatic experience originating in childhood, focusing on Jack Torrance's abusive past and his son Danny's victimization. Drawing upon trauma theorists Bessel van der Kolk, Judith Herman, Cathy Caruth, and Edward Khantzian, this study argues that *The Shining* presents childhood trauma as a somatic reality inscribed upon the body across generations. Jack's alcoholism functions as failed self-medication for his own childhood abuse; Danny's dissociative alter ego "Tony" represents a child's creative strategy for containing overwhelming experience; and the Overlook Hotel operates as an externalized traumatic environment that exploits these unhealed childhood wounds. By reading *The Shining* through somatic trauma theory, this paper reveals King's work as a sophisticated literary engagement with how the traumatized child's body remembers what the conscious mind cannot contain, how childhood wounds transmit across generations, and what survival might mean for the traumatized child who becomes an adult.

Keywords: somatic trauma, childhood trauma, Stephen king, *The Shining*, addiction, dissociation, intergenerational trauma, the body keeps the score, child abuse

Introduction

We inhabit bodies that remember—particularly bodies that have endured the unique devastation of childhood trauma. Before conscious thought, before language, before the narratives we construct to make sense of our lives, the child's body registers overwhelming experience. The skin flinches at a touch that recalls violation. The heart races in response to stimuli the developing mind cannot name. The nervous system becomes permanently poised for threat detection. These somatic responses constitute a form of memory more primitive and more persistent than voluntary recollection. They are, in Bessel van der Kolk's formulation, the body's way of keeping score—and for the traumatized child, the score is written in flesh that has not yet finished forming.

Stephen King's *The Shining*, published in 1977 [4], anticipates many insights that childhood trauma theory would develop over subsequent decades. The novel recounts the ordeal of the

Torrance family—Jack, a struggling writer and recovering alcoholic; Wendy, his wife; and

Danny, their five-year-old son—who serve as winter caretakers of the isolated Overlook Hotel.

The hotel, haunted by accumulated evil, exploits its inhabitants' vulnerabilities to destroy them. Yet beneath this supernatural framework lies a profound meditation on childhood trauma's somatic legacy. Jack Torrance is himself a survivor of childhood abuse, carrying in his body the memory of his father's violence. Danny Torrance becomes the next recipient of this traumatic inheritance, his young psyche and body subjected to terrors no child should endure. The Overlook Hotel is not merely a haunted building; it is an externalized representation of traumatic memory itself—a site where childhood wounds refuse to heal, where the past intrudes upon the present, where the body's memory overrides conscious intention.

This paper examines *The Shining* through the lens of somatic trauma studies with specific focus on childhood trauma, arguing that King's novel offers a remarkably nuanced portrayal of how early wounding is encoded in the body, how it manifests in addictive behavior as the child becomes adult, how it shapes the developing psyche of the child still in trauma's midst, and how it transmits across generations with terrifying precision. The analysis focuses on three interconnected dimensions: Jack's childhood abuse and his alcoholism as failed somatic regulation; Danny's dissociation as a child's containing strategy for overwhelming experience; and the Overlook Hotel as a traumatic environment that operates according to the logic of childhood trauma's return.

Objectives

The primary objectives of this study are to analyze Stephen King's *The Shining* through the lens of somatic trauma theory with specific focus on childhood trauma, drawing upon the foundational work of trauma theorists including Bessel van der Kolk, Judith Herman, Cathy Caruth, and Edward Khantzian. This analysis seeks to examine Jack Torrance's childhood abuse and his subsequent alcoholism as manifestations of unprocessed somatic trauma, demonstrating how early wounding becomes encoded in the body and emerges through addictive behaviors that function as failed attempts at self-regulation. The study further aims to explore Danny Torrance's dissociative responses, particularly his imaginary friend "Tony," as a child's psychological mechanism for containing overwhelming traumatic experiences that exceed the developing psyche's capacity for integration. Additionally, this research interprets the Overlook Hotel itself as an externalized representation of childhood traumatic memory and its operations, reading the haunted space (traumacape) as a

literalization of how the traumatic past intrudes upon the present, compels repetition, and collapses temporal boundaries for the trauma survivor. Finally, this study investigates the intergenerational transmission of childhood trauma as depicted in the novel, tracing how wounds pass from Jack's abusive father to Jack himself and threaten to pass to Danny, while also examining the possibility of resilience embodied in Danny's survival and the implications this holds for understanding healing from childhood trauma.

Hypotheses

This study proceeds from the hypothesis that Stephen King's *The Shining* represents childhood trauma as somatic inscription upon the body, thereby anticipating contemporary trauma theory's central insights regarding the physical encoding of overwhelming experience. It is hypothesized that Jack Torrance's alcoholism functions as a form of self-medication for somatic dysregulation resulting directly from his own childhood abuse, representing a failed strategy for managing the body's memory of early wounding. Furthermore, Danny's dissociative alter ego "Tony" is understood as a dissociative strategy through which a traumatized child contains knowledge too overwhelming for conscious integration, externalizing aspects of experience that threaten to shatter the developing psyche.

The Overlook Hotel itself is hypothesized to operate according to the fundamental logic of childhood traumatic memory—intrusion, repetition, and temporal collapse—functioning as an externalized environment that mirrors the internal experience of the trauma survivor. Finally, this study posits that Danny's survival, while costly and incomplete, suggests the possibility of resilience despite severe childhood traumatization, offering a counter-narrative to deterministic models of intergenerational trauma transmission.

Methodology

This study employs qualitative, interdisciplinary methodology grounded in close reading of *The Shining* and engagement with childhood trauma studies literature. The theoretical framework draws upon van der Kolk's *The Body Keeps the Score* (2014) ^[6] for somatic trauma concepts; Herman's *Trauma and Recovery* (1992) ^[2] for complex trauma frameworks; Caruth's *Unclaimed Experience* (1996) ^[1] for traumatic temporality; and Khantzian's self-medication hypothesis (1997) ^[3] for addiction analysis. Psychoanalytic concepts from Winnicott and Laing illuminate dissociation and the fractured self in childhood trauma survivors.

Discussion

The Child's Body Remembers: Jack Torrance's Traumatic Origins

The central insight of contemporary childhood trauma research is that overwhelming experience in early life is encoded not merely in cognitive memory but in the developing organism itself. When a child's psyche is subjected to events exceeding its processing capacity, experience registers somatically—in the autonomic nervous system, in muscular tension, in visceral response, in the very architecture of the developing brain. These encodings persist long after conscious repression, shaping the adult the

child becomes. As van der Kolk explains, "The body keeps the score: It continues to register the impact of experiences that the mind may have forgotten or repressed" (van der Kolk 2014 ^[6], p. 214). For the child abuse survivor, this somatic record is particularly profound because it occurs during periods of maximal neurological plasticity.

This insight illuminates Jack Torrance's predicament with remarkable precision. Jack's body carries the memory of a childhood his conscious mind has attempted, with decreasing success, to suppress. Jack's father was an abusive alcoholic whose violence left indelible marks on his son's developing psyche and, necessarily, on his body. The novel provides only glimpses of this history—glimpses that Jack himself can barely articulate—but these glimpses establish the intergenerational pattern structuring the narrative. Jack recalls his father's "terrible rages," the "beltings" he received as a child, the shame of public drunkenness, the terror of violence from the one who should have protected him (King 1977 ^[4], p. 202).

These childhood experiences have produced in Jack what van der Kolk would identify as a profoundly dysregulated nervous system—a body perpetually poised for threat, incapable of distinguishing actual danger from neutral stimuli resembling original trauma. Jack's rages, which predate his alcoholism, represent the eruption of this somatic memory: his body reenacts the violence it witnessed and endured during childhood, even as his conscious mind recoils from this repetition. The novel's most painful scenes show Jack recognizing, with horror, that he is becoming his father—that the abused child's body is overriding the adult's conscious intention to be different.

This dynamic culminates in Jack's memory of breaking Danny's arm. The scene exemplifies the dissociative amnesia characteristic of childhood trauma survivors: Jack cannot fully access his own violence because the experience recapitulates his own childhood wounding too closely. The memory is "unclaimed" in Caruth's sense—an event that has happened but not been fully experienced, returning not as conscious recall but as intrusive repetition. Jack's body, unlike his conscious mind, remembers exactly what happened to him as a child and what he did as a father. His body will, under sufficient pressure, repeat both.

The Bottle and the Childhood Wound: Addiction as Somatic Regulation

Edward Khantzian's self-medication hypothesis provides the framework for understanding Jack's alcoholism as response to childhood-derived somatic dysregulation. Khantzian argues that individuals with substance use disorders "discover that the specific actions or effects of each class of drugs can ameliorate particular states of suffering" and that addiction arises from "an individual's inability to tolerate or manage painful affects" (Khantzian 1997 ^[3], p. 231). For childhood trauma survivors, these painful effects are particularly intense because they are rooted in the body's earliest learning.

Jack's drinking follows this pattern with clinical accuracy. Alcohol numbs the rage that surges from his abused child's body without conscious consent. It dulls the shame attached to childhood memories of his father and to his own failures as a father. It provides a temporary illusion of control—mastery over an internal world that has felt chaotic since childhood. The novel traces this regulatory strategy's progressive failure. Tolerance develops; the substance

intended to manage childhood-derived dysregulation becomes itself a source of chaos; the bottle, initially wound remedy, becomes a reopening instrument.

The Overlook Hotel exploits this childhood vulnerability with predatory precision. The bar where Jack encounters ghostly bartender Lloyd represents addiction's seductive promise—relief without recovery, escape without integration, the fantasy that one can medicate childhood wounds indefinitely without paying inevitable price. Lloyd offers drinks in the house, asks no questions, demands no accountability. This fantasy, the novel suggests, is precisely what childhood trauma survivors are sold: that they can outrun their bodies' memory without ever confronting what happened to them as children.

The scene where Jack accepts Lloyd's offer is crucial for understanding addiction's somatic dimensions in childhood trauma survivors. Jack does not merely decide to drink; he feels his body relax, tension dissolve, rage subside. The relief is physical before psychological—somatic release confirming that his abused child's body has been waiting decades for this moment of apparent peace. Van der Kolk's description of the addicted trauma survivor illuminates this: "They have learned to shut down their bodies in order to escape their feelings, but shutting down the body also shuts down the capacity to feel pleasure, to engage fully in life" (van der Kolk 2014 ^[6], p. 256). Jack's drinking purchases relief from childhood pain at the cost of adult pleasure, from rage at the cost of love, from terror at the cost of genuine connection with his own son—the very connection that might break the cycle.

The Boy Who Lives in Danny's Mouth: Childhood Dissociation and the Containing Self

If Jack represents the adult childhood trauma survivor whose coping strategies have failed, Danny represents the child still in trauma's midst, still deploying creative but costly defenses enabling survival. Central among these is "Tony"—the "little boy who lives in Danny's mouth," who speaks to him, shows him things, and sometimes, in extreme danger, controls his consciousness.

Contemporary trauma theory recognizes dissociation as a common childhood response to overwhelming experience. When the child's developing psyche is subjected to events exceeding integration capacity, the self may split, creating separate consciousness centers containing different aspects of experience. This is not pathology but survival. As van der Kolk explains, "Dissociation is the essence of trauma. The overwhelming experience is split off and fragmented, so that the emotions, sounds, images, thoughts, and physical sensations related to the trauma take on a life of their own" (van der Kolk 2014 ^[6], p. 175). For children, whose sense of self is still forming, this splitting can be particularly pronounced.

Tony is precisely such a split-off fragment—a part of Danny externalized, given separate identity, entrusted with knowledge and power too dangerous for the conscious child to possess. Tony knows the Overlook's dangers before Danny consciously perceives them. Tony can show Danny the hotel's violent past. Tony can, when Danny is paralyzed by childhood fear, take over and act—writing "REDRUM" on the door, summoning help, doing what the five-year-old cannot.

The novel's representation of Tony is clinically accurate to childhood dissociative phenomena. Danny experiences

Tony as separate, external, with his own consciousness and agency. Yet the reader understands Tony is Danny—a part split off to contain what the whole child cannot integrate. This is precisely dissociation's phenomenology in traumatized children: they experience parts of self as not-self, as external presences offering protection. R.D. Laing's description illuminates this: "The individual experiences himself as being split in various ways.

The body may be felt as a core of one self, and the psyche as another self" (Laing 1960 ^[5], p. 17).

Tony's location—"in Danny's mouth"—suggests the connection between childhood dissociation and voice, between trauma and the capacity to speak what cannot be spoken. Tony speaks what Danny cannot; he articulates what must remain unspoken in the conscious child's mind. He is, in this sense, a somatic as well as psychological phenomenon—a presence felt in the throat, in the very organs of speech, in the body of a child learning that some things are too terrible to say aloud.

The Haunted Hotel as Childhood Traumatic Environment

The Overlook Hotel is the novel's most original contribution to childhood trauma literature—a representation of a traumatic environment operating according to the logic of childhood memory's return.

First, the hotel intrudes upon the present without warning, just as childhood trauma intrudes upon adult consciousness. Danny can be playing, reading, sleeping when a vision assails him—the elevator gushing blood, the corpse in Room 217. These intrusions correspond to childhood PTSD's hallmark symptom: involuntary re-experiencing through flashbacks and intrusive images. The traumatized child does not choose to remember; memory simply comes, unbidden and overwhelming.

Second, the hotel compels repetition. The ghosts are not merely present but active, seducing Jack into repeating his father's violence, tempting him to become what he most fears from his own childhood. This is the repetition compulsion that haunts childhood trauma survivors—the mysterious tendency to recreate original wounding conditions, to seek out or produce situations that repeat the trauma. The hotel exploits this, offering Jack the opportunity to become the abusive father he has struggled since childhood not to be.

Third, the hotel collapses temporal boundaries. In the Overlook, past and present coexist; events from the hotel's violent history are as present as the current moment. This temporal collapse mirrors the childhood trauma survivor's experience, for whom the past is never truly past but remains active, shaping perception, dictating response. As Caruth writes, "To be traumatized is precisely to be possessed by an image or event" (Caruth 1996 ^[1], p. 4-5). For the child who endured abuse, that possession begins early and never fully releases its grip.

Intergenerational Transmission: The Childhood Curse from Father to Son

Perhaps the novel's most devastating theme is intergenerational transmission of childhood trauma—how wounds pass from parent to child as by terrible inheritance, each generation receiving and passing on what it never asked to carry. Jack's father was abusive; Jack became abusive; and the novel forces us to confront that Danny,

despite survival, will carry wounds shaping his own adulthood.

This transmission operates through multiple channels identified in childhood trauma research:

direct exposure to parental violence—Danny’s broken arm, terror of his father’s rages; identification with the aggressor—unconscious internalization of the abusive parent’s characteristics; inheritance of dysregulation—the child’s developing nervous system shaped by exposure to the parent’s trauma-dysregulated system, primed for threat, incapable of relaxation or trust.

Yet *The Shining* also suggests the possibility of resilience in childhood trauma survivors. Danny survives the Overlook. He escapes his father’s violence. He retains, despite everything, capacity for love, connection, life. This survival is costly—Danny will carry scars, will struggle, will need decades to integrate what he experienced as a child. But survival is possible. The novel’s final image—Danny and Wendy escaping the exploding hotel, the past destroyed but not erased—suggests that while childhood trauma leaves marks, it need not be the final word.

Horror as Language for Childhood’s Unspeakable

Why does King choose supernatural horror as a medium for exploring childhood trauma’s psychological realities? Because childhood trauma exceeds ordinary language’s capacity. It is an experience resisting narration, refusing integration into the child’s developing life story, persisting as a psyche wound—present but unassimilated, real but unspeakable, particularly for the child who lacks words for what has happened.

Supernatural horror provides language for childhood trauma’s unspeakable dimension. The ghost, the haunted house, the possessing entity—these figures externalize what is internal, make visible what is invisible, give form to what is formless. They allow representation of dynamics resisting direct articulation: how childhood past intrudes upon adult present, how the abusive parent acts upon the next generation, how violence repeats across generations. For the traumatized child, these horrors are not metaphors but daily reality.

Conclusion

Stephen King’s *The Shining* emerges as a work of remarkable psychological sophistication—a novel anticipating and illuminating central insights of contemporary childhood trauma theory. Through Jack’s childhood abuse and subsequent alcoholism, Danny’s dissociative strategies, and the Overlook’s malevolent consciousness, the novel explores somatic dimensions of childhood traumatic experience with nuance and power few clinical texts can match.

The child’s body, in King’s vision, is not merely a psyche container but an active participant in psychic life—memory site, pain source, violence potential, and also, perhaps, resilience reservoir. Jack’s body remembers what his mind repressed from childhood; Danny’s body registers threats his conscious perception cannot process; the hotel itself, as environment-body, enacts childhood trauma’s repetition logic. These somatic dimensions are not secondary to childhood psychological wounding but constitutive of it. To be a traumatized child is to inhabit a body that has become foreign country—a country whose landscapes are shaped by

events the developing mind cannot integrate, whose weather is controlled by storms the conscious self cannot control.

Yet *The Shining* is not merely a childhood damage chronicle. It is also a survival story. Danny Torrance endures. He escapes the Overlook, escapes his father’s violence, escapes the fate that seemed to await him. This survival is not triumphant—it is costly, painful, incomplete. But it is real. And in this, the novel suggests what childhood trauma research has only recently fully articulated: that healing from early wounds, while difficult, is possible; that resilience in traumatized children, while costly, can be achieved; that the child’s body, while it keeps the score, can also learn new music.

The Shining thus stands as profound meditation on somatic dimensions of childhood traumatic experience—a meditation deserving recognition not merely as horror entertainment but as a serious contribution to cultural understanding of childhood trauma, memory, and healing possibilities. In giving form to the formless, in making visible the invisible, in speaking the unspeakable experiences of abused children, King’s novel performs the essential work of all great literature: it helps us understand what it means to be human, in bodies that remember childhood, in psyches that struggle, in lives that somehow, against all odds, continue.

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