

Nurses, mothers, sisters: Relational resilience and healing vulnerability in Emma Donoghue's *The Wonder* and *The Pull of the Stars*

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The Irish-Canadian writer Emma Donoghue (born in Dublin in 1969) is known for her award-winning novels, among them the acclaimed *Room* (2010), together with historical fiction that explores late-Victorian times and lives. In *The Wonder* (2016), an English nurse is sent to the Irish Midlands in the 1850s – a land ravaged by famine and poverty – to watch over a fasting girl, Anna O'Donnell, whose parents claim she is living without any food. Trained by Florence Nightingale herself during the Crimean war, Lib is torn between her duty as a hired nurse and her growing concern for the child, leading to consequences that will alter the lives of both. Although still lacking scholarly attention, *The Pull of the Stars* (2020) shares important elements with the previous novel. Set in 1918, it evokes the havoc caused by the Great Flu and the Great War in Dublin, while it describes three days in a maternity quarantine ward where nurse Julia, Dr. Lynn, and a young volunteer named Bridie struggle to keep their patients alive, at the same time they find it increasingly hard to remain detached from them and from each other.

Dealing with common themes, such as pain and the limits of the body, nursing and healing, the experience(s) of motherhood and the oppressive patriarchal systems of control, whether religious or medical, these two novels attest to the importance of the notions of resilience and vulnerability in Donoghue's body of work, beyond the well-researched case of *Room* (Borham-Puyal 2020; Jaime de Pablos 2022; Morales Ladrón 2017). Specifically, building on previous work on psychosocial resilience, as well as on physical and social vulnerability, it will be contended that these works illustrate two opposing forms of resilience and vindicate vulnerability as a path to healing. On the one hand, Donoghue's novels expose an individual resilience based on notions such as endurance and duty, triggered by professional standards or a religious zeal, in which vulnerability is conceptualized as a negative trait, the equivalent of weakness or incapacity. In this conception of resilience, the trauma of war or sexual abuse is forcibly silenced, and individuals are required to survive and adapt. However, Donoghue's novels display the ways in which the human body and psyche rebel against this forced adaptability and show the signs of their corporeal vulnerability to cope with that trauma. On the other hand, as she had previously done in *Room*

(Borham-Puyal 2020, 86), the author explores the potential of vulnerability, understood as a *relational* quality, to facilitate greater resilience and to challenge the above-mentioned individualistic conceptualization of it. Finally, these two ways of understanding resilience and vulnerability will be proven ideologically charged and highly gendered, as they become associated with endemic systems of control exerted mainly by men or by women who have assimilated the patriarchy – priests, husbands, brothers, doctors and even mothers or nurses – or with subaltern or othered forms of relationality performed by women on the margins – professional women, suffragettes, *unnatural* mothers, or lesbians.

OPPRESSIVE RESILIENCE AND THE PATRIARCHAL NARRATIVES OF THE FEMALE BODY

The term *resilience* is well established within psychology, with varying approaches from a physiological to a psychosocial perspective, and multiple applications from individual interventions to social vindications (Denckla et al. 2020). Despite this multiplicity, there seems to exist a certain consensus on some dimensions of the concept: it involves some form of adversity or risk, it triggers resources to face these adverse situations and their effects, and it results in some form of positive adaptation (Berástegui and Pitillas 2021, 272; Denckla et al. 2020; Windle 2011). This idea of adaptation under or after duress, inherited from physics or environmental studies, has recurrently been appropriated by liberal discourses to emphasize individual responsibility for one's wellbeing, given that "with a focus on the individual, larger entities and social structures do not have to take responsibility" (Denckla et al. 2020, 12). Nevertheless, an individualistic reading of resilience has been challenged from the very field of psychology to those of ecology and social justice (Fraile-Marcos 2020, 3), and this critical questioning can be seen in literature as well.

The Wonder and *The Pull of the Stars* both offer pertinent examples of how resilience narratives that focus on individual responsibility in the face of risk or adversity are used with the intention to free "larger entities and social structures" from being held accountable. This is particularly evident in the latter novel, set amid the influenza pandemic of 1918. The reader encounters public messages from the government, which include advice in imperative capitalized form: PURGE, CONSERVE, KEEP, EAT (Donoghue 2020, 39), as if it were a recipe for good health. Contagion and illness then point at the individual failure to comply with these recommendations by the authorities. More explicitly, these posters remind citizens that "WAR-WEARINESS HAS OPENED THE DOOR TO CONTAGION. DEFEATISTS ARE THE ALLIES OF DISEASE" (10), "INFECTION CULLS ONLY THE WEAKEST OF THE HERD" (39), "WOULD THEY BE DEAD IF THEY STAYED IN BED?" (257), thus equating illness with lack of will, and health with strength, patriotism or enough resources not to work. These posters echo not only the class subtext in the narrative of liberal resilience, where self-care often requires the means to afford it, but also the motifs of many self-help books that revolve around the power of the will. In doing so, they diminish the influence of what has been termed *situational* vulnerability, that is, the socio-economic context in which resilience is meant to be exerted, and which

“renders some humans more at risk than others” (Mills 2015, 47–48). In Judith Butler’s conceptualization this corresponds to the notion of “precarity” (2009, 3), “a politically induced condition” in which “failing social and economic networks of support” can make certain populations more vulnerable (25) by having their common or universal vulnerability, their intrinsic embodied needs, denied or exploited.

Exemplifying the opposition to this liberal understanding of resilience which blames the population at risk, the protagonist, nurse Julia Power, reacts in anger to the insensitivity and implicit hypocrisy of these messages, and must refrain from tearing one down and maybe commit an act of treason, while mentally listing everything that could be to blame for those deaths, including the lack of hygiene and the war (Donoghue 2020, 257), elements which fall under the responsibility of the same government that requires resilience from its citizens. On the other hand, *The Wonder*, also framed within a time of crisis in Ireland, sees the country resort to forbearance to face hunger, disease, and death, fuelled by religious narratives surrounding fasting as regulating the “cravings of the body” (2016, 24) or a misplaced pride at such endurance, expressed in a lack of appetite or greed (162). In both novels, class plays a very important role when it comes to building resilience and even surviving – hunger kills the poor; the poor Catholic mothers at the ward have undergone more pregnancies than the rich Protestant ones – which again relates to the notion of a situational vulnerability read systemically as a lack of resilience if these individuals fail to comply with what is expected from them. As a political notion, situational vulnerability is relevant given the time frame of *The Wonder* and Donoghue’s Irish origin: the whole country is described as under required endurance caused by the “hungry season” (5, 7). In what will become an echo of the O’Donnell household, Ireland is described as an “improvident mother” (23), at first despised by the English Lib as maybe “impervious to improvement” (5), without considering the historical role played by her own nation in Irish impoverishment.

Significantly, beyond class, the main narratives of individual resilience revolve around gender. In both novels discourses on the need for (female) endurance in the face of hardship are embodied by the representatives of the Irish Catholic church and the unfeeling, or even incompetent, men of medicine. *The Wonder* portrays religion as a potential source of resilience and hope, as a “shield of consolation” (200), recalling findings that confirmed that “religious involvement, measured at the individual level is a resilience resource” (Denckla et al. 2020, 8). Nevertheless, this is only possible if true faith is not confused with “morbid nonsense” (Donoghue 2016, 268), which in this case means superstitions that place blame and pain on the female body, requiring it to be cleansed, chastised, and even finally erased. Convinced by her older brother to engage in an incestuous relationship, Anna has been burdened with her own shame, as well as her brother’s sin, for he died without confession. Lin Pettersson has convincingly argued that Anna’s fasting body is a way of communicating the trauma of incest, attempting to escape the imposition of silence, and implicitly of overcoming the burden that both Church and family, as its representative, have imposed on her (2017, 4). First father Thaddeus, who hears her confession and entreats her to silence (Donoghue 2016, 316–317), and then An-

na's mother, Mrs. O'Donnell, who accuses her of lying and forces her to conceal it (308), impose the narrative of shame and then atonement that lead to Anna's fasting. Mrs. O'Donnell, one of those Irish mothers who became the enforcer of the Church's code in the home (Pettersson 2017, 13–14), does indeed become an agent in maintaining the charade of a miracle and later giving up her daughter by stating that "she had made her choice" (Donoghue 2016, 308).

Within this system of constant vigilance, restraint and self-denial, Anna somehow regains control of the body and life that had been taken from her, first, by her incestuous brother, then by the priest and mother who suppressed her trauma and even allocated the sin within her. She does this by attempting to control her body narrative, telling a story that is forced into silence: her "wrecked body" an "articulate testament" (286) that "told another story" (137) from the official version of endurance fostered by faith and filial duty. In the end, facing incomprehension and silence, she abandons her will to live, in that way assimilating the religious discourse of guilt and atonement, acting as a "sin-eater" and offering herself for her brother's sins (Šlapkauskaitė 2020, 250). For this expiation of her attacker, her vulnerated body is forced to become increasingly and painfully vulnerable by fasting, almost to the point of disappearance.

Also, evincing the connection of vulnerability to ecstasy as anchored in the body, especially associated to fasting (250), it is significant that Anna's performance of her vulnerability takes place within the context of a deeply Catholic context, given that this church sanctions as saints those women who renounced themselves, who were consumed by physical sacrifice, or displayed miraculous endurance in the face of torture. In other words, it extolls women's endurance in vulnerability, yet performed individually, often in isolation, thus transforming the female ecstatic body into a sight of spectacle (Donoghue 2016, 91, 129) and, finally, into a disembodied saint. Donoghue's novel, in fact, builds on the life of two such Irish fasting girls, a true phenomenon in the 19th century, in which "religious faith and medical science" prove "destructive forces" (Pettersson 2017, 13). The latter is represented by Dr. McBrearty, who willingly forsakes his Hippocratic oath to exploit Anna's body, forcing it to endure the prolonged watch to fulfil his scientific and hubristic aspirations to fame (Donoghue 2016, 287), blind to her pain and approaching demise despite the nurse's warning. More harrowing is Anna's examination at the hands of a reputed doctor from Dublin, who exposes her whole body, unfeelingly examines it, diagnoses hysteria, and recommends forced feeding "above or below" (124–126). To this suggestion Lib reacts standing between him and Anna, hoping to protect the girl from another instance of patriarchal control over her already pained body to *force* its endurance, because he reads her fasting as a whim and not a manifestation of deeper trauma. The forceful introduction of food is also an infringement or new violation on the hospitable body, who should willingly open to receive food, becoming then vulnerable to medical violence and stressing the "structural (a)symmetries and ideological conflicts of Victorian society distilled into the novel's underpinning dichotomies of *mind/body*, *male/female*, and *religion/science*", which Šlapkauskaitė associates to the stories about *anorexia mirabilis* (2020, 244).

In *The Pull of the Stars* both institutional forces also share their control over the female body and expect its resilience based on its *natural* inclination towards giving birth, supported by the religious principle of not preventing pregnancies in any way. First, doctors perform all manner of unnecessarily dangerous procedures on women's bodies while in labor, with little concern about the pain or the risks, beyond not hurting the uterus for future pregnancies (Donoghue 2020, 193). These include the use of forceps (217) or "rough handling" (192); symphysiotomies, that is, the division of the ligaments holding the pubic bones together; and pubiotomies, which involves sawing through the public bone (193); all procedures which, as the book tells us, were performed until a couple of decades ago (294). A particular scene shows a male physician, McAuliffe, immediately suggesting surgery based on statistics, rather than approaching birth with more natural options, as Julia does by following Dr. Lynn's advice, with success and less traumatic results (193–194). Secondly, medicine builds a narrative of endurance around the future mothers, solidly founded on Irish Catholic culture: "*She doesn't love him unless she gives him twelve*" (24), a saying goes. The description of the exhausted, injured, torn bodies before, during or after birth is a graphic image of the expected resilience of the female body at the service of state and church (24–26), as well as of the narrative of *bad womanhood* associated with the desire to limit one's physical sacrifice in endless pregnancies (77). To this narrative and practice that pushes women's bodies to their limit, rendering them even more vulnerable, Dr. Lynn, a New Woman, strongly objects throughout the narrative (100), while Julia compares these mothers to the soldiers in the trenches: paying the "*blood tax* since time began" (180). Like them, they are asked to endure for their country and God. Lib also conjures this image when she compares Anna to a "stoic soldier" (2016, 84).

Moreover, it significantly recalls the nurses' own training and their role in war-torn contexts, or their motto to "soldier on" (17). In this sense, Lib and Julia have internalized the type of resilience required from nurses, which prevents bonding and potentially thwarts an effective sorority with their female patients: both constantly quote the rules of no attachment, no questioning, and self-sacrificial endurance in the face of duty, thus denying their own bodily needs such as food, rest, or sleep – the epitome of the liberal notion of resilience. Despite this initial alliance with institutionalized narratives of resilience, these female care professionals will seek more ethical ways to approach the female body, and by standing up to doctors and priests will also attempt to build a relational bond, a sorority, to oppose the patriarchal rule.

BUILDING A SISTERHOOD: RELATIONAL RESILIENCE AND THE HEALING OF VULNERABILITY

Contrary to the aforementioned individual understanding of resilience, in his early observations Norman Garmezy (1993) already attested that, in children exposed to risk factors, their family relations had an enormous impact on the development of "resilience mechanisms" in traumatic situations. This supports the need to adopt a *relational* view of resilience, one that "assumes the centrality of supportive relationships in positive adaptation to adversity [...] by encouraging their [the individ-

uals'] potential to overcome stressful challenges and by supporting their best efforts to make the most of their lives" (Walsh 2021, 256). Froma Walsh, in fact, develops the notion of *family resilience*, which she defines as "the capacity of the family [immediate or extended], as a functional system, to withstand and rebound from adversity", with the basic premise that "serious crises and persistent life challenges have an impact on the whole family, and in turn, key family processes mediate adaptation (or maladaptation) for individual members, their relationships, and the family unit" (256). Beyond its individual potential, Ana Berástegui and Carlos Pitillas also acknowledge that a relational understanding of resilience has a social component, as they claim that "resilient attachment relationships may facilitate resilience across development, and promote healthier, more resilient societies at different levels (extended families, schools, neighbourhoods, cultures)" (271–272). Donoghue's novels, in fact, offer positive and negative models of this form of resilience, also challenging normative understandings of "family".

A lack of healthy family resilience, indeed, illuminates the malfunctioning of Anna's family faced with the trauma of incest and loss, especially when considering her mother. Mrs. O'Donnell plays along her daughter's religious self-sacrifice not to face the revelation of her rape by Pat, upholding the church's narratives on and regulation over the sinful female body, and thus failing to provide the needed relational processes of support or to challenge societal rules that hurt her daughter. Lib, in fact, recognizes the O'Donnells as one of those families who not only thwart resilience, but "amplify suffering" (Berástegui and Pitillas 2021, 274), comparing the mother to a bird that turns against her chicks and concluding "they're no family" (Donoghue 2016, 311). The same could be said of the priest or religious *father* (316–317): while sympathetic and undecided on the miraculous nature of the fasting, he only offers consolation not salvation, he preaches silence and endurance not addressing Anna's trauma as a vulnerable body and psyche. In contrast, Lib's adoption of Anna and her establishment of an unconventional family literally and metaphorically saves the girl, while it also heals Lib's trauma after the loss of her own child. Their escape to Australia significantly marks the possibility of a new beginning, the birth of new identities, more resilient selves.

In *The Pull of the Stars* another eccentric family unit proves the more positive context for resilience building: Julia and her brother Tim, queer orphans caring for and supporting each other, display strong relational bonds that help them cope with the effects of war and the death of loved ones which cannot publicly be mourned (2020, 291). Her brother's trauma points at another secret – the death of his lover – which manifests itself also with physical symptoms in his muteness. Against this silence, Julia advances telling him all about Bridie and what had happened to them (291): this communication within the family could prove healing, as part of the relational processes of resilience.

In line with these ideas around families, another important concept to understand relational resilience is *attachment*, a notion directly related to that of vulnerability. According to Berástegui and Pitillas, attachment relationships can be seen not only as "mediating" factors "between adversity and its impact", or even a "source

of protection in the face of hardship”, but as a “resilient mechanism in itself” (2021, 271). Or, in other words, the “caregiver-child dyads, as bipersonal, dynamic systems of interaction and meaning-making, may themselves show resilience when exposed to adversity” (271). Attachment resilience becomes conceptualized as the “processes by which the attachment relationship [...] is capable, when subjected to a certain degree of adversity, of preserving levels of affective connection, and of maintaining its functions as a safe and secure base for exploration” (273).

While the above mentioned scholars speak specifically about early attachments and family bonds, which would apply to Anna and Julia, it can be contended that other relational experiences could be defined in a similar way – dynamic, meaning-making, created or tested under duress – and have comparable effects in terms of resilience when they serve the function of maintaining security or “restoring [it] after damage or rupture”, or even of entailing “a more solid sense of interpersonal connection, a reinforcement of the experience of safety and effective interactions”, all characteristics of attachment resilience (274).

In Donoghue’s novels the family unit is often replaced by some form of surrogate relation, as Lib replaces Mrs. O’Donnell as maternal figure (2016, 346) and nurse Julia becomes surrogate mother to another orphan, or when her relationship with Bridie evolves from professional to sentimental, both sources of attachment resilience springing in the midst of adversity and when trauma is caused precisely by the “deterioration of attachment relationships, their absence, or their character as negligent or abusive” (Berástegui and Pitillas 2021, 274). That is, when their family attachments “amplify suffering” rather than serving “as a buffer and a growth-promoting factor in the face of adversity” (274), a fact symbolized by the malnourished or violated bodies of Anna and Bridie, who have been failed by those who oversaw their protection.

Moreover, a characteristic of Donoghue’s novels is the depiction of a potential community of women who replace dysfunctional families or patriarchal structures of control. In *Slammerkin* (2000) it was the friendship among two prostitutes, in the *Sealed Letter* (2008) New Women but also the two protagonists’ bond suggested the possibility of this alternative communitas on the margins of society. While these sororities prove far from successful or free from hardships and pain, in *The Wonder* and *The Pull of the Stars* there are examples of these female attachments or surrogate sisterhoods that do enable resilience. In the latter, sisterhood is indeed embodied in Kathleen Lynn, a suffragette and doctor, who is also a “lady rebel” and Sinn Féiner, member of the nationalist political movement Sinn Féin (2020, 60). Based on the real-life Lynn, Donoghue’s character demonstrates her concern about her female patients and colleagues, and the general well-being of women in Ireland, standing up not only to medicine and church, but also to the governmental forces. By so doing, she becomes vulnerable, precarious, for she will be persecuted and finally arrested by the police, yet her good work and example build hope for the future. The same can be said of Lib and Julia, and the attachments they will form with their patients: they expose themselves and their stories, they listen to Anna’s and Bridie’s silenced narratives, and thus create a healing relation in which traumas can be overcome.

For instance, Lib can finally address her own loss and sense of inadequacy so as to take action and save Anna, while Julia can experience love in her own terms with Bridie. By becoming vulnerable to each other, they also come to be stronger. Lib and Julia also acknowledge the particular manner in which Anna's and Bridie's vulnerability is evinced by forms of sexual violence, which triggers in this case modes of resistance, which can happen when the fallacy of control is burst (Butler 2004, 28–29; Butler, Gambetti, and Sabsay 2016, 1).

In this sense, the novels play out Butler's notion of vulnerability as a defining characteristic of human beings, who are "socially constituted bodies" open to experience love and loss (2004, 20). Embodiment becomes the locus of reciprocal vulnerability, for it is "[t]hrough the body" that we are "exposed, opened onto the world and to others even as for others we are the ones to whom they are exposed and vulnerable" (Gilson 2011, 42). That is, relationality or vulnerability must be understood as having a "double edge", for humans are "constituted by and through relations with others but also dispossessed" by them (Mills 2015, 41, 43). It is then important to acknowledge the ethical promise of vulnerability as a relational concept. This idea of relatedness resonates with the notion of vulnerability as a means to build empathy towards the other, replacing liberal and individualistic ideas around resilience with an emphasis on "interdependence and responsibility", which can set the foundations of "sociality, justice or politics, manifested [...] in an ethics of care or based on a theory of recognition" (Petherbridge 2016, 589–591, 593). In Butler's words, the "recognition of shared precariousness introduces strong normative commitments of equality", while it also "seeks to address basic human needs [...], and other conditions for persisting and flourishing" (2009, 28–29). As illustrated by Donoghue's novels, vulnerability is perceived as a negative trait within the societal context in which the protagonists live, yet it has the potential to be transformed into an enabling condition, a "condition of openness", in particular "to being affected and affecting in both positive and negative ways, which can take diverse forms in different social situations", including bodily, psychological, emotional, or legal vulnerabilities, among others (Gilson 2011, 310).

Where this recognition is not developed, an ethical commitment to resistance is lacking. Interestingly, the enforcers of the abovementioned institutional observance over the female body are also women under such medical or religious authority, which points at a failed notion of sorority, embodied in the "Sisters" in both books. In *The Wonder*, a nun and a nurse, Sister Michael and Lib, are called in by a panel of men who represent secular power, religion and medicine to observe Anna, the eponymous wonder, for two weeks to certify whether her fasting is miraculous or a hoax. This dyad is reproduced in the later book, with nurse Julia working with Sister Luke to observe and care for the women in the quarantine maternity ward. Sister Luke, in addition, works at the institution for destitute children, for fallen women and their babies, a space that comes to represent exploitation, abuse, and dehumanization, a "motherhouse [...] without a mother in the place" (Donoghue 2020, 137), which signals at its patriarchal nature and lack of emotional nurture. At one point, Lib highlights this acquiescence to the patriarchy by pointing at the nun's assuming

a male saint's name "as if giving up womanhood herself" (2016, 17), also hinting at her own compliance as a nurse by evoking that "awful nurse in *Jane Eyre*, charged with keeping the lunatic hidden away in the attic" (11).

Like her religious colleague, Lib commences her watch reminding herself of the detachment required for the job, and the need not to become invested in the child's fate. She then reduces her charge to measurements, data, and forgets some of the principles of a caregiver: observe, listen, understand what the patient needs. In fact, according to Šlapkauskaitė, it is her lack of empathy which at first calls into question "the role of nursing in the ethics of vulnerability" (2020, 246). At first, Lib echoes the idea that the *heart*, and personal closeness, must be rejected to be a proper nurse (Donoghue 2016, 127); yet as the novel advances she will become painfully aware of Anna's physical and emotional vulnerability, consequently distancing herself from the nun's compliance and desperately trying to save the girl's life. Moreover, Lib admits her own vulnerability as a witness to the horrors of war, but more significantly as a false widow and a mother who lost her baby because of a problem with her breastmilk, thus becoming doubly stigmatized as a woman (312). As the reverse to Mrs. O'Donnell and her intentional starvation of her daughter, Lib cannot feed her own child but decides to save Anna by nourishing her body and self-esteem. She can then build an attachment with Anna, becoming resilient together: they can experience adaptive success because of their bonding.

Julia also challenges doctors' and nuns' authority to adopt a motherless destitute baby in honor of Bridie. Barnabas is the son of a fallen woman, Honor White, a victim of common and situational vulnerability; a condition she passes on to her son given his hare lip and illegitimacy (2020, 228, 231, 287). Julia decides to create this resilience attachment to help the baby survive and thrive, but it could also be argued that, implicitly, she does it to establish a caring family that might help heal their own traumas: her brother's war PTSD or the loss of their respective lovers. She brings a "frail baby home to [...] my frailer brother" (290), but trusts that common vulnerability to be a bond, so that the "nurturing" nature of her brother will rise to the occasion (291). It is that recognition of vulnerability, this openness to others, that has triggered the transformation in Julia. First, by listening to Bridie's story of physical, emotional, and legal vulnerability, then by establishing a relationship with her. Finally, by becoming exposed to harrowing personal loss with her death. Bridie, on her part, has scars on her body that speak of her previous abuse; her corpse tells a bodily tale of exploitation and malnourishment (283), while she considers her body "dirty" by its sexual violation (254). She has been reduced to *existing*, which recalls Butler's statement that "under certain conditions, continuing to exist, to move, and to breathe are forms of resistance" (2016, 26).

However, Bridie's true mode of resistance comes by relational resilience: by bonding with Julia, using her own body to give and receive affection from her (Donoghue 2020, 250), as well as to maternally care for the vulnerable women at the ward (90). She claims that her relationship with Julia "[m]ade [her] matter" (249), which could also be said of Anna's with Lib. In these two cases, as well as in those of the suffering mothers at the ward, Donoghue's discourse around the female body proves far

from simple. In *Room* she had already “complicate[d] received bodily constructions by turning binary opposites such as able/disabled, productive/unproductive, or assertive/submissive into porous and malleable categories” (Zarranz 2017, 50), challenging “a simplistic interpretation” of the victim of abuse’s “role as one of strict submission” and instead suggesting “a potential for unruliness and dissent” (50), which can be seen in Anna and Bridie, whose bodies are sites both of vulnerability and resilience, fighting against erasure (Donoghue 2016, 332; 2020, 278, 281).

By befriending these younger women, and recognizing the trauma read on Anna’s and Bridie’s bodies, Lib and Julia create a resilient attachment and become carers more attuned to the ethics of vulnerability. Their professional and personal experiences of recognition of vulnerability bring pain, yet also create deeper connections with those around them and finally trigger their own self-awareness to their emotional needs and desires. When they recognize their charges’ vulnerability and *care* for them both nurses can find healing to their own pain, whereas relational resilience motivates them to move on and be reborn as new foster mothers. This new maternal role, in turn, brings a new form of vulnerability and relational dependence, which opens them to pain or loss, but also to attachment and hope. Motherhood in particular serves well this dual reading of vulnerability – both embodied and situational, empowering and weakening (Borham-Puyal 2023) – and features predominantly in Donoghue’s two novels in all its forms: biological, adoptive, or by proxy, in the case of nursing. At one point, Julia reflects on this duality surrounding maternity: “*Woe unto them that are with child. Also joy. Woe and joy so grown together, it was hard to tell them apart*” (Donoghue 2020, 286). Lib channels in her care for wounded soldiers her trauma at losing her baby, while Julia has acted as mother to Tim after their biological parent died shortly after his birth. They are both accused of conflating their role as nurses with a latent maternal instinct; however, they defy conventional notions of biological motherhood – something Julia, for instance, cannot imagine herself going through (44, 81) – and in the end they both do become adoptive mothers who truly develop family resilience. Together with female friendship and the care of the nurses – in the novels a woman’s profession defined by *care* and observance, rather than theoretical and detached knowledge – motherhood in which vulnerability is acknowledged and shared becomes opposed to the endurance expected from the female body and preached by detached institutions of control, namely state, church, and western medicine.

CONCLUSION

Asked about her neo-Victorian body of work, Emma Donoghue claimed that she hoped to give voice to “the ones who had been left out – like the nobodies, women slaves, people in freak shows, servants –, the ones who are not powerful” (Lackey and Donoghue 2018, 121). In these two novels she has certainly provided visibility to the tales of those women who were subjected to forces of abuse and control, and who reclaimed their bodies by exerting, first, a form of individual resistance which gained agency to their no-bodies: in her metaphorical death and re-birth, Anna can reclaim her violated self, while Bridie is finally seen beyond her na-

ture as a refuse child lost in the cracks of the system. Secondly, these young women achieve the final overcoming of their trauma by forming an attachment with other dispossessed or vulnerable women who assume a role as care-givers: an abandoned wife and childless mother as well as a woman of science who stands in opposition to the Church and finally rejects the very tenets of non-involvement entailed in her profession, and a lesbian who is also not a biological mother, who in this case even literally struggles with a representative of religion – standing up to Sister Luke to save Barnabas – and the unfeeling rules of obstetrics, aided by a third liminal woman, Dr. Lynn, a radical New Woman. These women’s development of relational forms of resilience by caring for each other and thus becoming emotionally, physically, and socially vulnerable – for Lib loses her job and is burnt, Julia moves further away from an acceptable heteronormative female standard and grieves the loss of Bridie, Anna must sacrifice her old identity and become a fugitive, and Bridie dies – constructs a narrative around these modes of sorority and love as subversive forms of relationality performed by women on the margins, which challenges patriarchal forms of endurance that are endemically imposed on their bodies.

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Nurses, mothers, sisters: Relational resilience and healing vulnerability in Emma Donoghue's *The Wonder* and *The Pull of the Stars*

Ethics of care Imagination. Attachment. Endurance. Motherhood. Sorority. Liberal resilience. Emma Donoghue.

Discussing two novels by acclaimed author Emma Donoghue, *The Wonder* (2016) and *The Pull of the Stars* (2020), this article hopes to attest the ways in which these works illustrate two opposing forms of resilience and vindicate vulnerability as a path to healing. On the one hand, it will discuss how Donoghue's work exposes an individual resilience based on notions such as endurance and duty, triggered by professional standards or a religious zeal, in which vulnerability is equated with weakness or incapacity. In this conception of resilience, the trauma of war or sexual abuse is forcibly silenced, and individuals are required to survive and adapt. On the other hand, it will address how she explores the potential of vulnerability, understood as a *relational* quality, to facilitate greater resilience, even if it exposes humans to pain and loss.

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