

READING ABNORMAL PSYCHOLOGY IN CONTEMPORARY FICTION

*A Dissertation submitted to Dibrugarh University in partial
fulfillment of the requirements for the award of the
Degree of Master of Philosophy (M. Phil) in
English*



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CERTIFICATE

This is to certify that Gaurab Sengupta worked under my supervision for his M.Phil Degree in the Department of English, Dibrugarh University. His M.Phil Dissertation titled “**Reading Abnormal Psychology in Contemporary Fiction**” represents his original work at the Dibrugarh University and it has not been submitted wholly or in part for a degree or diploma elsewhere.

The researcher has fulfilled all the requirements relating to the submission of a dissertation for the M.Phil degree under Dibrugarh University, including the standard related to plagiarism.

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DECLARATION

I, Gaurab Sengupta, do hereby declare that the dissertation titled “**Reading Abnormal Psychology in Contemporary Fiction**” submitted by me to Dibrugarh University for the Degree of Master of Philosophy (M.Phil) is my original work and that it has not been submitted, in part or whole, to any institution, including this University for any degree or diploma. I also declare that this research work contains no materials that has been previously published or written by another person, except for the due references that has been made in text.

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Annexure- I



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Certificate of Originality

The research work embodied in this thesis entitled “**Reading Abnormal Psychology in Contemporary Fiction**” has been carried out by me at the Department of English, Dibrugarh University, Dibrugarh, Assam, India. The manuscript has been subjected to plagiarism check by OURIGINAL software. The work submitted for consideration of award of M.Phil is original.

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Name and Signature of the Candidate

Annexure- II



Dibrugarh University, Dibrugarh Department of English

Date: 01/10/2021

Student Approval Form

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Gaurab Sengupta

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INTRODUCTION

The human mind is one of the most complex substances in nature. The mind shapes not only the behaviour of an individual but also affects the society as a whole and thus, the human mind can be defined as the most complex circuit in the human body. Moreover, the human mind, even in the present era of scientific development remains largely unexplored, and medical science and psychiatry are working relentlessly to explore various facets of the mind. The National Institute of Mental Health (NIMH) estimates that almost 28.47% of the human population has issues when it comes to mental health as compared to other health-related problems. The WHO is of the same opinion that mental health issues surpass other chronic diseases such as cardiovascular disease or cancer. Mental disorders are a part of the human condition. For over a century, psychologists have studied these conditions in terms of 'abnormal psychology'; while others have used the term 'psychopathology'. Abnormal psychology studies the disorders related to the mind, mostly in the clinical context which takes into consideration a wide range of psychological disorders like depression, personality disorders, mood disorders, bipolar disorders, Obsessive Compulsive Disorders (OCD) to name a few. Abnormal psychology looks into the atypical or unusual way the mind works or the factors which leads to the improper workings of the mind. Psychopathology on the other hand also takes into consideration the abnormal and improper workings of the mind. Like pathology which studies the nature of disease in the human body-causes, outcomes and the ways to deal with these shortcomings, psychopathology too studies the same in relation to the human mind. Although both 'abnormal psychology' and 'psychopathology' has the same function and meaning, psychopathology is more sensitive and less stigmatizing term. Both the terms takes into consideration the three components, generally known as the 3Ds:

- **Dysfunction:** It takes into consideration how the thought processes of human being are not at tune with reality and what are the factors that lead to this dysfunctionality. This dysfunction may be related to the breakdown of cognition, emotion or behavior of an individual.
- **Distress or Impairment:** Distress is the result of excessive suffering. Both abnormal psychology and psychopathology takes into consideration how prolonged stress can create a negative impact in the mind of the bearer. Excessive distress leads to impairment where an individual loses the capacity to perform in real life and undergoes a disabling condition in personal or social occupation.
- **Deviance:** The word ‘abnormal’ itself brings into focus the idea of deviance. This relates to the idea that something is deviated from the ‘normal’ standard. Though the idea of the word ‘normal’ in itself is elusive, yet abnormal psychology and psychopathology studies how an individual undergoing mental illness deviates from the norm because of dysfunctionality, distress and impairment.
- **Dangerousness:** The DSM-V has come up with a fourth D in relation to the 3D’s of abnormality. According to many psychologists and psychiatrists, patients undergoing abnormalities in the mind, can often show dangerous behavior which can come as a threat to the safety of others. This extends the notion that mental illness is confined only to the person undergoing the duress. It can hamper people in various degrees who are in relation to the one suffering.

What is generally termed as ‘madness’ has been present in the human society since times immemorial. However, throughout history the reception of madness has undergone various changes. Though madness presents abnormality of thought and action, the idea of ‘abnormal’ is permeable and contested. Since there are no parameters to judge the ‘normal’ therefore establishing what constitutes the abnormal is elusive. Like other diseases of the

body, science cannot measure the degree of madness that an individual has. Andrew Scull in *Madness: A Very Short Introduction* (2011) observes that contemporary psychiatry and biochemistry can only state that parts of the brain are disfigured or there is “an excess or deficiency of certain neurotransmitters” (Scull 4) in the brain but arriving at a consensus on the actual range of abnormality is not possible. Scull states that there exist no PET scans or X-Rays or any laboratory tests to determine the status of ‘being mad’ within individuals. Though this dissertation relies heavily on *Diagnostic and Statistical Manual* (DSM-V) of the *American Psychiatric Association*, which is considered the Bible of psychiatric practice all across the world, even it has failed to define what constitutes the ‘normal’ and how the ‘abnormal’ deviates from the normal.

Over the years, people related to this field have also tried to figure out the idea whether madness is ‘mental’ or a ‘physical’ disability. Andrew Scull notes that two centuries ago William Lawrence, a renowned Bedlam doctor associated madness to problems in the brain. Like other diseases of the body which are related to specific organs, for instance indigestion and heartburn are related to the abdomen, cough and asthma to lungs, madness finds its relation to the brain. It is the brain and its dysfunctionalities that bring out madness. However, in the nineteenth century, it was argued that the aspect of madness is not only related to the brain but also to the overall composition of the body. The brain gets dysfunctional due to certain hereditary factors which are spread across the body, leading to an inferior and deformed brain, to madness and insanity. The twentieth century’s research into madness claimed that it is not only associated with internal dysfunctionality within the body, but is equally affected by the external environment. This dissertation therefore takes note of such factors – mental illness manifesting the body not only because of hereditary factors, but also because of the external environment.

Andrew Scull brings out an important observation when it comes to the diagnosis of mental illness and madness. He states that despite the advancements of psychiatric sciences, cognitive neuroscience and medical sciences in recent years, till date no breakthrough technology or inventions have come about, which could address these mental issues. Though medicines are known to provide temporary relief to existing conditions, madness and mental illness continues to persist in “multitude of forms” (Scull 6). This aspect of mental illness is evident in the novels undertaken for study of this dissertation. Though the characters exhibit abnormal symptoms, and in some cases, have to depend upon medical supervision, the abnormality persists, manifesting in sporadic bursts in various forms.

The notion of mental illness was evidently divine during ancient times. From the Greeks, down to the Romans and the beginning of Christianity, it was the general assumption that individuals became mad because they were possessed by the Devil or were cursed by God. Madness became a major trope in the Hebrew Bible as well as in the New Testament. Stories in the Hebrew Bible and the New Testament are replete with images and ideas of madness and insanity. However, Hippocrates and Galen of Pergamum pointed out the humanistic turn in this field. A paradigmatic shift was seen when both Hippocrates and Galen mentioned that the root of mental illness lies within the body and no supernatural forces have its control over the same. At the core of their findings was the theory that the human body is a composition of various elements, known as fluids which were constantly in interaction with each other and the imbalances in these fluids lead to various effect on the body and the mind.

The body, according to Galen was comprised of four basic elements: blood, phlegm, yellow bile and the black bile. Though every individual has a composition of all these four elements within the system, the proportions of these elements vary across people, which in turn give rise to different temperaments. And the key to good health is to maintain

equilibrium among these body fluids. When an individual fell ill, it was the task of the medical practitioner to figure out which body fluid had become disproportionate and then use various therapies at his disposal to restore the balance of the fluids. It was Hippocrates and Galen who emphasized that the body is affected by the external environment in which an individual is situated. Though they emphasized on seasonal variations affecting the mind of an individual, they also focused on the role of the environment in maintaining a healthy life state.

Besides science and psychology, literature is one such field which has constantly been dealing with the problem of abnormal psychology since times immemorial. From the pages of Shakespeare to motion pictures, themes ranging from insanity, lunacy, psychosis to mental illness have been dealt with. Madness is something that frightens and fascinates everybody. Michel Foucault in *Madness and Civilization: A History of Insanity in the Age of Reason* (1961) mentions, "On all sides, madness fascinates man" (Foucault 20). However, despite madness arresting our attention to its reality, mental illness is still not an acceptable term to use in polite company. The primary aim of this dissertation is to analyze forms of mental illness, abnormal psychology and symptoms of mental ill-health, as projected in the writings of English fiction writers.

The study aims to adopt an interdisciplinary mode of inquiry from cognitive and psychological studies to that of literature. It was C.P. Snow who in 'The Two Cultures' (during 1959 Rede Lecture) made some interesting observations on two cultures – science and humanities, indicating the increasing friction between the two and the importance of bridging them for the progress of the society. Snow, who was a scientist as well as a literary enthusiast, saw the importance of bringing these two fields together for the cause of advancement of both. Keeping this in view, literature in the contemporary scenario has produced works which try to bridge the gap between the sciences and the humanities. The

Science fiction- Sci-fi for example is an interesting take in this field. Sci-fi presents the readers a world where aliens, non-human characters and extraterrestrial creatures are a part of the narrative. Though the setting of these works may be an alternative world, but the plot centers on science and technology to a large extent. They are inspired by the natural sciences like physics, chemistry and astronomy or take its ideas from psychology, anthropology and medical sciences. Most importantly, sci-fi brings together ideas from science and incorporates them in the literary narratives.

Discourses concerned with human health and well-being are emerging in the domain of literary studies. The field is generally termed as 'Medical Humanities'. Medical Humanities is an interesting field of study which takes into consideration the humanities, social sciences, art, literature, creative writing, music, philosophy, etc. in order to study and understand ideas related to medical science. Literature and medical science is an interesting branch of study which not only incorporates the ideas of medical science in literature but also promotes the following:

- Heightens awareness by bringing issues of medical science in focus.
- Brings stories of patients undergoing severe crisis and writing about their experience.
- Creates critical thinking and promote empathetic awareness about various moral issues in relation to medical practice.

'Medical Humanities' as Douglas Robinson mentions in his book *Translationality: Essays in the Translation-Medical Humanities* (2017) is an act of 'translationality'. For the scholars dealing with 'translation' in general, translation is the art of transferring textual features from one form to another. But in general sense, translationality can be considered as

any form of transformation, transference and conveyance from one place to another. Translationality is the process by which things and events change in a due course of time, the process of evolution of old regimes and systems along with the inclusion of new set of laws and principles, the incorporation of something new in the existing norm and the emergence of a newer concept. Thus, translationality includes the old and the new, which gives rise to novel and innovative designs, bringing in newer forms of knowledge in the existing system. The incorporation of something new in the system is the transition and change occurring in the existing pattern.

Translation is not just the art of changing one form of language to another and expressing what has already been expressed. It extends beyond the general idea of change of language groups and narrating something in some different languages. The *Merriam-Webster Dictionary* observes 'translation' as "a change to a different substance, form or appearance" and also states that translation is "a transformation in which new axes are parallel to the old ones." Translationality in the existing corpus of study therefore is the inclusion of psychology and psychological analysis of characters and patients within the existing spectrum of literary studies. This is how Medical Humanities work which brings together aspects of literature and medical studies together on a same plane. In this way, translation gives a new form and appearance by changing the existing form of study. Literature and Psychology is the form of study which draws from psychology into literature and incorporates medical sciences into the humanities thus forming a branch of Medical Humanities (MH) as a field of study. Translationality is thus a change, a force and an impact of one form of study influencing the other. There have been various attempts to bridge the gap between medical science, health care and humanities because of which many other disciplines are merging together in the same platform, giving it an interdisciplinary form and coming up with new areas of study.

The interdisciplinary study of Medical Humanities is variously defined. Brian Dolan in his book *Humanitas: Readings in the Development of the Medical Humanities* (2015) states the importance of Medical Humanities in medical education. For Dolan, “everyone teaching Medical Humanities in medical schools needs to answer repeatedly” (Dolan, x). In other words, Medical Humanities are a primary part of medical education in every medical school. Every future medical professional needs to be ‘humanized’ - that is, taught to engage humanistically not only with patients but also with themselves as a whole. And when it comes to Medical Humanities as curricula keeping in mind the translational aspect of the study, it takes into purview medicine in literature, narrative medicine, disability studies, illness narratives and so on coupled with the humanities and social sciences background. Rather than merely speaking about the notions of disease and illness with a medical jargon, Medical Humanities takes within its ambit a wider socio-cultural perspective on health and disease, moral compass of the patient-doctor relationship and experiences thereby making the readers aware of the complexities, and promoting empathy in the mind of readers. This approach put forward by Medical Humanities bolsters the reader’s ability to understand the plight of people undergoing the crisis. Most importantly, it enables the reader to suspend his notion of reality and enter into the reality of other characters, thereby promoting moral sensibilities. The discipline of humanities – in this case, literature – promotes knowledge of the medical sciences through narratives. Rita Charon in *Narrative Medicine: Honouring the Stories of Illness* (2006) states about narrative medicine:

If narratives are stories that have a teller, a listener, a time course, a plot, and a point, then narrative knowledge is what we naturally use to make sense of them. Narrative knowledge provides one person with a rich, resonant grasp of another person’s situation as it unfolds in time, whether in such texts as novels, newspaper stories and

movies, and scripture or in such life settings as courtrooms, battlefields, marriages, and illness (Charon 9).

Charon observes how narratives of this kind provide a rich knowledge and lucid understanding of complex matters through various narratives, such as, the novel, newspaper stories, movies and other forms of literary and visual narrative.

Charon's view on the necessity and importance of illness narratives promotes C.P. Snow's vision of bringing the two cultures together to promote living by generating awareness in the minds of the readers. Therese Jones, Delese Wear and Lester D. Friedman in the Introduction to *Health Humanities Reader* (2014) states the importance of promoting subjects like that of the health humanities in today's world. The practice of carrying out an interdisciplinary approach like that of the health humanities is important because of the following reasons:

- Medical Humanities makes critical concepts of the medical sciences accessible and available to a wider audience. Concepts which were previously available solely among medical practitioners have now been incorporated into the humanities.
- By using plot, character and setting, Medical Humanities demonstrate how multidisciplinary perspectives can be adopted in exploring complex issues like disease, illness, health, disability, patient-doctor relationship and so on.
- Medical Humanities is thus a touchstone for both medical professionals and literary scholars since it ultimately aims at bridging the gap between the two fields of study.
- Ultimately, Medical Humanities aims at disseminating knowledge about concepts related to science and medicine by using various modes of narration, thereby promoting accessibility and empathy in the minds of the readers or audience.

Arthur W. Frank in the article titled 'Being a Good Story: The Humanities as Therapeutic Practice' published in *The Health Humanities Reader* (2014) state how the humanities have immense potential to bring forth the notions of abnormalities of the body through stories. Firstly, Medical Humanities have immense potential to tell good stories. This takes us to the next point. Medical Humanities not only help ill people to narrate stories about themselves but by telling stories about themselves, they also tell stories to their physicians, their loved ones and these stories become a part of the society. Medical Humanities thus looks into aspects of illness and disease by placing the affected individual at the center. But it does not neglect the people that remain associated with the person who is affected. The study of Medical Humanities thus takes a larger canvas in consideration. Arthur W. Frank observes that "stories are good because they are interesting. Illness can be an interesting story" (Frank 32). Frank also brings in an important aspect of understanding wherein he tries to establish the meaning of two words – 'Illness' and 'disease' – which forms an important base of this study. Illness as Frank states is an 'experience' whereas disease is a 'condition of the body'. Where disease can be reduced to biochemistry, illness includes biography and takes into consideration not only the affected individual but multiple relationships as well as institutions. This brings into consideration the involvement of 'others' in the scenario when it comes to managing illness and disease.

The study of Medical Humanities also foregrounds two matters-- the tension between the provision of treatment, and the offering of care. Frank states, "Treatment is provided as service; care is offered as a gift. Treatment can be expressed in monetary value; one can buy more attentive treatment but not true care" (Frank 34). 'Treatment' of a disease is thus more impersonal, more professional, more profit oriented. But, 'care' provided to overcome illness is not always professional. Further differences between treatment and care are outlined thus by Frank:

- Treatment is one dimensional. It is provided by one who has an insight in the field of medicine. Care on the other hand does not require medical insight. It can be provided by anyone and everyone. Care giving involves emotion as well.
- The treatment provider uses the body of the patient as an instrument to be operated upon. The caregiver on the other hand feels the suffering of the one who is cared for.
- Treatment providing has a subject-object demarcation. Providing treatment clearly demarcates the one who is providing treatment and the one who is treated upon. The patient can become the object of treatment in the hands of doctors or specialists. This is not same with that of the care givers. The boundary between the care giver and the patient gets dissolved because here, care givers and patients are both subjects since the care giver is also emotionally attached to the patient's dilemma.
- In providing treatment, there is a power dynamic that works throughout the structure. Here, one party gains autonomy and exercises its power over the other. Whereas, on the other hand, care giving is endlessly sensitive and is asymmetrical to power dynamics. Here, both the patient and caregiver become one in undergoing loss and overcoming the same.

The novels taken for study maintains the above when it comes to the understanding of disease and illness on one hand, and the aspect of care giving and treatment on the other.

Corpus of Study:

- a) *Enduring Love* by Ian McEwan. (1997)
- b) *The Echo Maker* by Richard Powers. (2006)
- c) *Trauma* by Patrick McGrath. (2007)

Objectives:

- a) To study how these novels approach the theme of '(Ab)normal Psychology'.
- b) To study the matters of abnormal psychology from a post-positivistic point of view.
- c) To study how characters are affected because of traumatic experience and departures.
- d) To study how 'lived experience' gets affected in mental illness.
- e) To study the notion of reality construction and its subsequent shifts during mental illness.

Methodology:

The study is conducted by undertaking the following methodologies:

- A rigorous scrutiny of the texts mentioned above.
- Applying ideas of psychology, psychoanalysis and phenomenology for understanding and analysis of the texts.
- Chapter One looks into the idea of personality construction and the characteristics of being 'abnormal'. For this, it, firstly, takes the framework of the Five Factor Model for the analysis of personality trait provided by Costa and McCrae in 1985. Taking the help of the DSM-V and ICD-10, the Chapter builds on the concept of 'neurodiversity' by charting out the saliences of different mental abnormalities. This Chapter is a positivistic take on matters of psychology since it uses the framework provided by medical sciences in the field of psychoanalysis.
- Chapter Two takes ideas from trauma studies in the field of medical science and then builds up on Sigmund Freud's seminal essays, 'The Pleasure Principle' and 'Beyond the Pleasure Principle' to investigate how the mind gets affected by single events. It then uses Cathy Caruth's theory of trauma explored in *Unclaimed Experience: Trauma, Narrative and History* (1996).

- Chapter Three shifts from a positivistic angle of looking at mental illness. Though the positivistic viewpoint gives a description of mental illness and its characteristics from a scientific angle, yet it misses out the lived-experience and the first-hand experience of mental illness. It looks at illness as a disease and ignores the deeper emotional ties. This Chapter therefore, delves into the subjective experience of individuals undergoing mental illness. It looks at mental illness from a subjective viewpoint, placing the affected characters at the center. For this, the Chapter builds up on the ideas of phenomenology – understanding the world, placing the being in the world and understanding how experience of the being gets affected during mental illness. The Chapter takes some of its ideas as outlined by Edmund Husserl in *Ideas* (1913) and Martin Heidegger in *Being and Time* (1927).

Research Questions:

The research will focus on some of the following questions:

- What is the present status of mental health?
- What is the ‘normal/abnormal’ phenomenon when it comes to defining abnormalities of the mind?
- How does trauma-- both direct and indirect, affect the human mind?
- What constitutes ‘reality’?
- How is reality construction differently in the mind of individuals undergoing mental illness and how does it differ from the grand narrative of reality?

Research Outcomes and Relevance of the Study:

In the present era, the problem of mental illness and abnormal psychology is a significant topic. As mentioned in the very beginning, mental health issues have topped the

list of all chronic diseases in the world. This study will, therefore, deal with this theme and will thus try to figure out the causes and effects of abnormal psychology.

Chapter Plan:

The dissertation aims to include three core chapters, apart from an Introduction and a Conclusion. These have been summarized below:

Introduction

This Chapter will put forward the ideas related to madness, mental illness and Medical Humanities as a field of study. It will attempt to highlight why and how Medical Humanities is becoming an important area of inquiry. The Chapter deals with some general ideas related to the problems of an individual when his/her psychology is not in a normal state. This Chapter also provides the basic framework for the study of abnormal psychology.

Chapter One: The Mind and its (Ab)Normalities:

One chief aim of psychological studies is to figure out character traits that define the personality of individuals. The notion and construction of personality, its various traits and idiosyncrasies have always been a major thrust of interest in general life as well as in academic research. The ways in which a human subject is understood in contemporary society is an ongoing area of study in the humanities, arts and everyday culture as a whole. As a part of the society's quest to precisely understand the ways in which different individual identity is constructed, is similar to and different from the identities of others, there are certain means of organizing and processing the data collected. An individual is therefore 'compared to' and 'contrasted with' others while trying to figure out the traits of the personality. This Chapter investigates the construction of personality and understanding of the same using certain parameters from psychology and psychiatric sciences and look at what

constitutes the deviant and abnormal-- the 'dis-ordered', 'ab-normal' and 'dys-functioning' identities within characters and individuals. Characters in the novels taken under consideration have personality traits which do not confine to the 'normative' traits of the people living in society because of which they are mostly considered 'abnormal' in thoughts and actions. Characters Ian McEwan's *Enduring Love*, Richard Powers' *The Echo Maker* and Patrick McGrath's *Trauma*, portray personality traits which are not considered 'normal' and are thus labeled as 'abnormal' by the people and other characters in the novels concerned. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) is one of the principal authorities for describing various psychiatric issues. Likewise, the ICD-10- *The International Classification of Mental Behaviours and Disorders: Clinical Descriptions and Diagnostic Guidelines* also provides guidelines to define and characterize personality traits. This Chapter looks into the abnormalities of the mind from a 'positivistic' and 'normative' point of view with the help of DSM-V and the ICD-10 scales to figure out the normal-abnormal dichotomy of the characters concerned. This Chapter also into account Michel Foucault's seminal works *Abnormal: Lectures at the College de France 1974-75* (1975) and *The Order of Things: An Archaeology of the Human Sciences* (1989) to deal with certain theoretical stances while dealing with the issues of abnormal psychology in the society.

Chapter Two: The Mind and Trauma

One chief condition and criteria which might have a heavy impact on the personality of an individual or may change the normal workings of the human mind is the influence of an outside unpleasant effect which may cause a misbalance in the human mind. This prolonged state of helplessness is generally known as 'trauma'. According to traumatologist, author and international speaker, Robert Scaer, MD, trauma is defined as "any negative life event that occurs in a position of relative helplessness." Trauma studies look into the account of how one particular event, or a series of events, can have a deep effect on living. Sigmund Freud in

the year 1911 figured out how the human mind is strongly associated with events that provide delight to the mind thus repressing all negative instincts. This he termed as 'The Pleasure Principle'. However, later when he formulated the theory of 'repression' in 1915, there came in several changes in the working model of the pleasure principle which was elaborated extensively in his 1920 essay 'Beyond the Pleasure Principle.' Although the human mind willingly wants to enjoy serenity and pleasure, yet the repressed instincts, memories and unpleasant desires which remain repressed in the unconscious part of the human mind show up from time-to-time causing displeasure and discontent in living. In due course of time, this might take a turn to traumatic neurosis. This Chapter deals with the aspects of a disorganized personality from the point of view of trauma and how certain events continue to have a negative impact on the mind thus shattering what Freud terms the 'pleasure principle'. Ian McEwan's *Enduring Love* projects the complexities of a neurotic who takes an active role in dwindling the harmonious relationship of a married couple thus traumatizing their married life and harmony. Richard Powers' *The Echo Maker* deals with the life of Mark Schluter after the accident thus receiving a head injury and subsequently inducing trauma. Patrick McGrath's *Trauma* too presents the life of a psychiatrist who underwent problematic childhood which produced psychological disorder generally known as Post Traumatic Stress Disorder. All the novels taken for study have one thing in common—the theme of trauma and its effects on various characters. This Chapter will also look into the theories put forward by Sigmund Freud in his essays 'The Pleasure Principle' and 'Beyond the Pleasure Principle' along with Cathy Caruth's major work on trauma studies *Unclaimed Experience: Trauma, Narrative and History* (1996).

Chapter Three: The Mind and its Varied Realities:

The aspect of mental aspect basically has two dimensions and can be investigated from two different points of view. Firstly, it is a group of people associated with the one who

is suffering the cause and ailment. So on one hand, we have the family members and society who though not directly related with the happenings and feelings of the one undergoing the stress and disorders, yet is somehow related to or affected by the same, though in varying degrees. This is the positivistic and the normative approach to mental illness from the objective point of view of an outsider, distanced from the one who is undergoing the suffering. But, very often while taking a positivistic or normative approach; we often miss out on the third important dimension of mental illness- the subjective approach. While Chapter One tries to deal with and define abnormal personality traits of the characters based on the DSM-V and ICD-10, this Chapter takes the subjectivity of the affected characters as the prime locus. Living with mental illness means living with a changed experiential reality which becomes an important point of consideration while undertaking the study on mental illness and abnormal psychology. How a normal person finds meaning in daily life is altered in the minds of the affected ones. Thus while taking a positivistic and normative approach; the phenomenological viewpoint is missed out. This Chapter takes the phenomenological aspect into consideration while dealing with the construction of 'realities'- the division between 'macro-realities' and 'micro-realities'. Phenomenology which focuses on the manifestation of subjective experiences is the basic framework of this Chapter. In the process of experiencing mental illness, the structure of human existence itself is disturbed which posits a change in meaning-making process which is evident in the novels taken for study. Jed Perry in McEwan's *Enduring Love* is undergoing 'De-Clerambault's Syndrome' also known as 'erotomania' which is characterized by the delusional idea that a person of higher social or professional standing, is in love with the person who is undergoing the psychosis. This creates a different reality for himself where he takes Joe Rose as his lover. Mark Schluter in Richard Powers' *The Echo Maker* too, constructs a different reality for himself. Mark considers his sister Karin as an imposter. This particular situation is known as 'Capgras

Syndrome’ which characteristically a neurological disorder is causing an inability to recognize the people that are close to the victim. Here too, the reality is altered. Taking the theoretical framework from Edmund Husserl and Martin Heidegger, this Chapter builds on the idea of how existence is affected during the process of mental illness. The Chapter delves into the aspect of not only the affected individual but also the community that he is a part of getting affected.

Conclusion:

This Chapter will conclude the study and will put forward various findings from each chapter.

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CHAPTER ONE

THE MIND AND ITS (AB)NORMALITIES

Everybody knows there is no such thing as normal. There is no black-and-white definition of normal. Normal is subjective. There is only a messy, inconsistent, silly, hopeful version of how we feel most at home in our lives.

Tori Spelling. *sTORI Telling*.

The notions of the human mind, the composition of personality and its constructions bring into focus the ways in which a human subject is understood in contemporary society. It is the individual trait of one person based upon the set behaviours, emotional patterns, biological and environmental concerns which contribute towards the construction of what we call 'personality' of an individual at large. The identification of personality traits and the characterization of these traits as favourable and unfavourable attribute to personality is a central concern in various academic research in the humanities and sciences along with cultural and everyday discourse. Understanding personality and labeling individuals as 'fine' or 'poor' based upon the traits of their individualistic characteristics brings into focus how different individuals have shades of character traits.

Since understanding the notions of personality has become a central concern in daily life and academic research, as a part of the human mind's quest to understand and have a grip on the subject of personality and its shades, every individual is constantly compared and contrasted with every other individual to figure out the standard levels of what constitutes the normal. The basic means therefore to organize and process data is to compare and contrast on individual with the other and reach to a definite conclusive point about normal/abnormal dichotomy. This way of identifying the notions of 'normality' and 'abnormality' only

complicates the notion of individuality and individual personality traits by placing someone in the relation to the other.

A close examination of this comparative method reveals the fundamental process of creating a center with notions of normalcy and pushing off individuals that do not conform to the characteristics of the ongoing discourse of normalcy. Taking the novels into consideration, this Chapter will have a look into the characteristics of the 'abnormal' mind focusing on the fact how abnormalities can be complex and yet subtle.

The Royal College of Psychiatrists (2013) defines personality as "the collection of characteristics or traits that makes each of us an individual. These include the ways we think/ feel/ behave." This definition brings into focus the importance of certain traits which makes everyone an 'individual'. The meaning of the aforesaid definition brings out the essence and importance of 'individuality' and 'individual personality' which is the distinctive and idiosyncratic characteristics of each person. However, though the definition puts emphasis on the construction of the individual personality and its expression but does not bring into focus any standard 'norm' or 'trait' in accordance to which any one should be labeled as 'normal'. It is thus revealing to note then that despite personality traits being representative of individuality, the notions of normal-abnormal dichotomy and construction still dominates the daily discourse. And interestingly, 'abnormal personality' is also configured in terms of individual behaviours and expression of attitudes. Thus, in order to formulate the comprehensive understanding of the abnormal, it is vital to take into consideration first what constitutes the normal, the basic core, from which the deviation towards abnormality takes place. Understanding 'normality' will thus help one to formulate a comprehensive understanding of the characteristics of abnormality and figure out the traits from which the abnormal deviates.

However, a greater challenge that can emerge while dealing with the nomenclature of the 'normal' is that it does not have a definite classification and taxonomy. Though the notion of 'abnormality' and 'abnormal personality' lies in the psychiatric, medical and clinical domain, yet a little or no reference has been made in the context of what constitutes the normal. Abnormality in one sense would therefore signify the lack of the 'normal'. In an attempt to determine the characteristics of personality bringing out the normal/abnormal dichotomy, Richard Gross in his book *Psychology: The Science of Mind and Behaviour* (2005) defines:

A useful definition of personality would be: those relatively stable and enduring aspects of individuals which distinguish them from other people, making them unique, but at the same time allow people to be compared with each other (Gross 731).

The above definition by Gross brings out the essence of personality and its chief characteristic feature by evoking two distinct perspectives which in turn brings in the paradox of personality. Firstly, personality can be taken as a set of behaviour which is unique to one individual, which distinguishes one character from the other. Secondly, Gross wants us to focus on the notion of understanding personality. Even though personality according to Gross is "relatively stable and enduring" (Gross 731) to one individual yet he questions the very act of distinguishing people from others which again destabilizes the notion of personality traits being unique to one individual only. Thus, even though we talk in concrete terms about personality being fixed to one individual, yet in a larger context, comes in the idea and concept of 'comparison' which Gross brings into focus. Instabilities and inconsistencies of personality traits would therefore drop in due to this act of comparison. Thus, from this point of consideration, normality and abnormality is a social construct. Gross further goes on to figure out whether personality and its traits are permanent and enduring, focusing on the

individual traits which makes one a unique being which he terms as the 'idiographic approach' or whether personality is comparative against the traits of others which he terms as the 'nomothetic approach'.

The idea of the 'abnormal' has been there in the society and civilization since times immemorial but Michel Foucault in his series of lectures on abnormality and the society compiled in the book entitled *Abnormal: Lectures at the College de France 1974-75* (1975) has laid forward the notions of abnormality and how people in the society perceives the abnormal. Foucault calls it an Eighteenth Century phenomenon which brings forth the figure of the abnormal person in absolute terms. Here too, Foucault relates the concept of abnormal in relation to the overall power structure of the society and what it subverts and challenges. Any force and any person that challenge the normal workings of the self, the family and the society as a whole is taken to be abnormal because their acts are against the normal workings of the society. This happens because the 'abnormal' person does not conform to the normal workings of the society and thus deviances from the set norms and conditions of the civilization are seen as a threat to existence due to which the 'normal' is challenged. Foucault brings in three domains to justify how the abnormal within the normal has gathered a position in the society on the basis of the three elements. Foucault notes:

These three elements begin to be distinguished and defined in the eighteenth century and then come together in the nineteenth century to give rise to the domain of abnormality that gradually over lays them, appropriates them, and, as it were, colonize them to the point of absorbing them (Foucault 55).

Thus, though the abnormal has been an existing phenomenon in the civilization since times immemorial, yet in the initial years of existence where abnormality was seen as a force alien to that of existence, however, from the Nineteenth Century onwards it became a force

present in every social order and culture and becomes a part of the 'normal' or emerge from the 'normal'. In *Madness and Civilization* too, Foucault notes how the insane were removed from the society and later confined to prison cells but later they were incorporated into the main stream society.

Foucault goes on to describe the existence and characteristics of these abnormalities and divides them into three parts ranging from the individual self, to family and society at large. Keeping a frame of reference in context, Foucault charts out how these figures of abnormal beings affects the normal functioning of the society. The first of these figures is what Foucault calls the 'human monster'. The frame of reference for the human monster is law. Foucault mentions about this monster and its ability to create anxiety within social structures by violating the law and disrupting peace within a given space. What defines the human monster is its ability to defy laws put forward not only by the state but by nature at large. The human monster is known by its ability to violate societal norms and defy all legal notions of survival. Foucault however, states that this human monster might be an extremely rare phenomenon because he is not available everywhere in a large number. Alongside violating societal norms and rules, the human monster is also known for combining the impossible and the forbidden through his act of violence and want to subvert normality. The nature of the human monster is thus paradoxical in nature from the point of view of not accepting societal norms and working against the grain by breaching, violating and breaking the law.

The second figure in the genealogy of abnormality is the 'individual to be corrected'. The frame of reference for this individual to be corrected is much narrower than that of the monster. Where the monster's frame of reference is that of the nature and society at large along with the systems of laws of the community, state and nation at large, the frame of reference for the individual to be corrected is much narrower compared to the large scale of

reference of the monster. For the individual to be corrected, it is the family in which he lives and interacts with. The individual to be corrected has conflicts with the family and the people with whom he resides. The monster according to Foucault is an exception because he does not emerge everywhere. On the other hand, the individual to be corrected is an everyday phenomenon and an individual who seems and acts so normal on the face of the society but in reality has a conflicted nature. He is a person who is not able to find peace in his family and living, thus revolting with people surrounding him. Foucault mentions, "He is so much an everyday phenomenon" (Foucault 58) because of which it becomes a hard task to chart out his abnormality. And since the individual to be corrected is a regular phenomenon in the society and civilization, there is a kind of familiarity with his existence and it is very difficult to define him. Since he is so familiar with everyone around, we do not have definite evidence that a character of this type might be an abnormal entity existing in the society. This is the first ambiguity to the existence of the individual to be corrected. And since there are no relatable proofs against this individual and his abnormal behaviour, it becomes difficult to demonstrate that this individual is beyond normal and thus incorrigible to some extent at large. The second ambiguity related to the existence of this individual to be corrected is that despite using all techniques, procedures and attempts undertaken by the family to correct this individual, they have failed sufficiently to bring him back on track. Foucault rightly mentions about the chief characteristic of this individual, "What defines the individual to be corrected is that he is incorrigible" (Foucault 58).

And finally the third figure in the genealogy of the abnormal is the figure of the 'masturbator'. Though the field of appearance of the masturbator is in the family, the frame of his reference is much narrower than that of the individual to be corrected. For the masturbator, the frame of reference becomes the bedroom, the bed and the body of the individual. The figure of the masturbator is a universal figure and individual. Foucault states

that it is because of the act of masturbation to which one attach oneself to the practice and the doctors in the eighteenth century state that illness of the physical, nervous and psychiatric defects occur due to this practice of over indulging in the act of masturbation which again gives rise to the abnormality in living. Foucault mentions, “The fact that almost everyone masturbates explains why some suffer from extreme illness that affect no one else” (Foucault 60). This in turn gives rise to paradoxes in sexuality and sexual abnormalities in the coming centuries.

The dichotomy between the ‘normal’ and the ‘abnormal’ also is an act of classification and brings forth the way human mind classifies and divides groups, beings and organisms into different parts. It is through observation, figuring out characteristic principles of various organisms and species that the human mind has been able to demarcate between and bring out the differences amidst varied occurrences. For classification to be done, one needs to observe a particular structure, organism and species in greater details and then figure out the forms of these structures, organisms and species thus arranging them into various groups and classifying them into various boxes. Classification is done majorly on the basis of resemblance of elements, organs and characteristic features that could be seen and examined through a systematic observation and inspection. Michel Foucault in *The Order of Things: An Archaeology of the Human Sciences* (1966) has mentioned the ways in which classification can be done and is carried out by the human beings in the world of various organisms inhabiting a given space. According to Foucault:

To write the history of a plant or an animal was as much a matter of describing its elements or organs as of describing the resemblances that could be found in it, the virtues that it was thought to possess, the legends and stories with which it had been involved, its place in heraldry, the medicaments that were concocted from its

substance, the foods it provided, what the ancients recorded of it, and what travelers might have said of it (Foucault 140).

Classification thus takes into account not only scientific lens and observation but also takes into account how different tales of the past has been constructing a way we look into things and observe differences in the world. Thus classification is often shaped by observation, fables and documents according to Foucault.

What is interesting to note in this matter of classifying different species and organisms into different divisions is the use of language as well. It is through the use of language and because of language that we have been able to demarcate the world into various parts and classify species into parts. But Foucault mentions, how before the application of language, the thing itself appears with its own characters and it is already been patterned from the very outset before naming and classifying them into various parts. And thus, Foucault mentions the ways classification can be done by the human brain.

The first way to deal with the method of classification is to observe things as they appear to the eye of the observer. “To observe, then, is to be content with seeing- with seeing a few things systematically” (Foucault 146). This is the first process of categorization because with the act of seeing, comes recognizing and thus with recognizing comes the act of naming where language plays a vital role in naming and cataloguing which is only secondary. However, the act of classification is more complex than it seems. Classification can be of varied types. The first where different species are categorized into various parts in accordance to the ways they appear to the eye. And second, within a given set of species too, different given parts are being specified and categorized to bring out the functioning of a given object, species or organisms. Foucault brings out the analogy of a plant in this matter. When someone studies the reproductive organ of a plant, it becomes an indispensable task for the

observer to look not into the plant as a whole but must specifically look into the stamens and pistil of the plant and record the absence and presence in order to determine the workings of the reproductive system of the plant. Thus classification rather becomes complex when we seek to classify parts of the same organism into different division and fraction. Moreover classification is just an act of the human mind to perceive things in a structured manner with introducing divisions amongst all organisms. Foucault rightly quotes Buffon from his *Discours sur la maniere de traiter l'histoire naturelle* where he mentions:

The more we increase the number of divisions in the productions of nature, the closer we shall approach to the true, since nothing really exists in nature except individuals, and since genera, orders, and classes exist only in our imagination (Buffon 35-36).

This definition provided by Buffon describes how classification into different groups, again goes back to the idea that collections and assemblies are an act of the human mind because in reality nature and its components act as a singular entity supporting and holding up each other in a given space. The divisions made by us are thus purely nominal they represent no more than “means relative to our needs and to the limitations of our knowledge” (Buffon. *Contemplation de la nature*. 35-36).

Framing the conception of the ‘normal’ and the ‘abnormal’ and classifying a group of human beings with the label of ‘abnormality’ is also at-tune with what Buffon states in the above definition. The division is again made by the human mind in relation to what is acceptable, standard and satisfactory for the civilization and society to function at large. Anything that challenges and falls beyond the bound of what is satisfactory; fall beyond the central domain, towards the periphery of the unacceptable and the abnormal. The notion of normality is thus taken as a central framework in which an individual must perform. Any act that goes beyond the working of this framework is considered abnormal. Though there is

definitely a wide ranging variety of personality types existing within the society but there is no clear and definite model of what constitutes a 'normal' personality.

In the context of psychiatric sciences *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) a handbook for medical professionals tries to highlight all traits of personality types and characteristics of existing abnormalities but fails to establish a benchmark around which normality can be comprehended. DSM-V thus makes a little or no reference to a definite model of what can be the 'normal' and the 'ideal' against which the idea of 'abnormality' can be constructed in absolute terms. According to the DSM-V, personality disorder is the way by which the lived experience and behaviour of individuals deviates and undergoes a change from the general norm and expectations of culture and society. On the other hand, the ICD-10- *The International Classification of Mental Behaviours and Disorders: Clinical Descriptions and Diagnostic Guidelines* provided by the World Health Organization tries to bring forth the idea and definition of 'dis-ordered' personality where it defines that 'disorder' is not an exact term, but it is clinically a recognizable set of symptoms and behaviours which creates dysfunction of the human being in day to day life thus shattering the balance between the ability of a balanced life state. According to the ICD-10, personality disorder is:

A severe disturbance in the characterological condition and behavioral tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption.

To classify human beings and their personalities into normal and abnormal categories, Daniel Nettle in his seminal thesis entitled *Personality: What Makes You the Way You Are* (2007), brings forth some distinct parameters to chart out the personalities of individuals based on a scale which is known as the Five-Factor Model which summarizes the benefits

and costs of each of the personality traits that were originally outlined by Costa and McCrae in 1985. Though this Chapter is based on certain structures of personality analysis and therefore looks at mental illness from the objective view point, yet it does not take into account the first hand, lived reality of the characters. For this purpose, Chapter Three takes into consideration the subjective view point and the first hand experience of the characters concerned from a phenomenological view point.

The following table states the Five-Factor Personality Traits put forward by Daniel Nettle:

<u>Dimension</u>	<u>Benefits</u>	<u>Cost</u>
Openness	Artistic Sensibility, Divergent Thought	Unusual Beliefs, Proneness to Psychosis
Conscientiousness	Planning, Self-Control	Rigidity, Lack of Spontaneous Response
Extraversion	Increased reward pursuit and capture	Physical Dangers, Family Instability
Agreeableness	Harmonious Social Relationships	Not Putting Self First, Lost Status
Neuroticism	Vigilance, Striving	Anxiety, Depression

Table 1: Personality Dimensions and their Benefits and Costs

The above table shows the personality traits which are present in all people which classifies them and characterize them into different groups of normalcy and abnormality.

- The openness to experience trait relates to the idea of people who are curious of the world around them and are comfortable trying out new things. These people tend to enjoy creative activity and are more inclined to explore different areas of life. People

who score low on this scale usually do not break out of their comfort zone very often and new activities and different routine can make them feel uncomfortable at places.

- People who are more conscientious tend to pay more attention to detail and they put more energy to organize their everyday activity. On the extreme end, some people with high conscientiousness possess Obsessive Compulsive Disorder. On the other hand people who score low in the level of conscientiousness let things happen without a greater action plan or organizing and these set of characters may be impulsive.
- Extraversion or extroverts on the other hand feel more comfortable mingling with a host of people in a public space. People who score low on this level are termed as introverts who do not feel comfortable in public gatherings and focus more on their internal stimuli.
- People who score high on the level of agreeableness are more patient with others and can sacrifice their likes and wants just for the sake of others. The extreme side of this trait is competitiveness because not many people would want to label the opposite of agreeableness as disagreeable.
- Neuroticism is also known as emotionality. People who score high on this part face higher feelings of paranoia, anxiety and depression as well as aggression. This creates a large impact on the way a person behaves and perceives the world around them.

While the Five-Factor Model table provides its benefits and costs parts, yet standing high on a scale does not mean a positive level and standing low on a scale does not mean a negative state. It might vary in accordance to the environment and community a person is living and adapting to. Sometimes standing high on the benefits scale might mean a negative personality trait and sometimes standing low on the costs scale might mean a positive situation and vice versa.

This Chapter takes into account the classification of abnormalities and presents the characteristic views of neurodiversity. 'Neurodiversity' is the idea that there are people with neurological differences and disorders that makes them different and distinguish them from the neurotypical category of mental disorders. The idea which lies behind the fact is that mental disorders and abnormalities cannot be clubbed together under one heading. Every person undergoing a set of abnormality will differ from every other person undergoing the same amount of abnormality. This Chapter will look into the characteristics of the types of abnormalities that occur in psychology that are portrayed in the novels taken for study with reference from the characteristics outlined by the DSM-V and ICD-10. Moreover this Chapter will be a take on the characteristics of abnormalities in psychology from the positivistic and normative point of view, an objective take on matters based on the characteristics provided by the DSM and ICD-10 regarding the abnormalities in psychology.

Ian McEwan's *Enduring Love* brings in the dynamics of delusional disorder which is known as de-clerambault's syndrome or erotomania. The DSM-V places this abnormality of the mind under the heading and sub-type of the delusional syndromes. In de-clerambault's syndrome, the person who is undergoing this delusional dysfunction is under the grip of thought that another person is in love with the individual undergoing the delusion. The DSM-V states:

In erotomaniac type, the central theme of the delusion is that another person is in love with the individual. The person about whom this conviction is held is usually of higher status but can be a complete stranger (91).

McEwan weaves a modern day tale which rather seems bizarre to take place in real life. The characters and events taking place in *Enduring Love* bring into focus how

abnormalities can disrupt the normal lives of others and thus hamper the private space of people related to the individual undergoing the delusion.

The story revolves around a married couple – Joe Rose, a science magazine writer and Clarissa Rose, an English Professor, married happily for seven years and the tragic incidents occurring in their life, shattering the conjugal bliss of the couple. In the opening chapter of the novel, the readers encounter a ballooning accident. During that event both Joe and Clarissa along with a third character is introduced in the plot. He is addressed to the readers as Jed Perry. Jed is a psychotic, who suffers from de-clerambault's syndrome. To fulfill the delusion, the psychotic person starts sending signs and messages to the other person, thus keeping the delusion completely alive and ongoing till the end and beyond. In the novel, Jed is a loner who has no friends and is not related with other people in the society till he meets Joe during that very day when the ballooning accident takes place. The sudden obsessive love of this character is directed towards the main protagonist of the story- Joe which creates havoc in his personal life. As the novel proceeds, we find Jed hanging around Joe's apartment and in a state of absolute infatuation, starts sending him signals over phone calls and through letters and he also keeps an eye on Joe wherever he goes. Since no physical crime has been committed by Jed to Joe, he is not able to take up the case to the police. Even Clarissa becomes suspicious of Joe's actions. This entire idea and act of stalking, by one character towards the other, creates disturbances in the life of Joe and Clarissa. Joe becomes Jed's 'object of obsession' and this continues till the end of the novel where Jed tries to remove Clarissa from Joe's life by killing her so that he can win the 'object of obsession' which he desires to achieve. The narrative also posits the idea of what constitutes reality and how the psychotic's mind perceives a different reality, thus deconstructing what other people perceive to be real.

Taylor et al in 'Erotomania in Males', characterizes the components of de-clerambault's syndrome under the following components:

- The presence of a delusion that the individual is loved by a specific man.
- The woman has had little or no contact with the man.
- The man is unattainable in some way, because he is already married or because he has no personal interest in her.
- The man is perceived as watching over, protecting or following the woman.
- Despite the erotic delusion, the woman remains chaste.

Though Taylor et al mentions the affected individual's impact on women, but men too can be a target which is dealt by McEwan in the novel. On dealing with the subtypes of de-clerambault's syndrome and erotomania, the DSM-V outlines various sub-categories under which one can categorize the subtypes of the delusion. There might be some specific features to look at de-clerambault's syndrome or it might be an admixture of various subtypes constituting one single entity. According to the DSM-V, erotomania can be divided into the following four types:

- Grandiose type: In such type of delusion, the central theme of hallucination is that the individual has a special relationship with a prominent individual or a prominent person. Grandiose delusions may have a religious content where the person thinks everything taking place happens because of religious ordination.
- Jealous type: The central theme of this delusion is related to the idea of an unfaithful partner. The individual undergoing this delusion usually confronts the spouse or lover and there is an attempt to interfere in the imagined infidelity.
- Persecutory type: The central theme of this delusion involves the individual's belief and attempt to be conspired against, spied on, cheated upon, followed, poisoned or

harassed. The affected individual may take necessary steps to go beyond law and may resort to violence against towards the one he is hallucinating about.

- Somatic type: The central theme of this delusion is the belief that certain parts of the body of the individual emit a foul odor or certain parts of the body has a parasite operating underneath the skin. There lies a belief that certain parts of the body are misshapen or ugly and some parts of the body are not functioning.

The narrative starts with a beginning, simple to mark, a ballooning accident taking place one fine day where Joe and Clarissa went for an outing one fine day. Amidst the daily humdrums at the picnic spot, a man's shout and a child's cry happen to shake the existence of people present on the place. Though the narrative opens with a mishap taking place on the very day of the outing, the events leading to the ballooning accident becomes complex because this takes a toll on the lives of many characters involved. McEwan, placing Jed Perry on the picnic spot brings in the association of the delusional psychotic patient to that of Joe Rose's married life. The delusional personality and identity of Jed, which Joe is unaware of in the beginning, becomes haunting as the narrative proceeds. From coming in terms with one another during the mishap taking place at the picnic spot to spying the existence of Joe and following him like a shadow to wherever he goes, Jed manages to disrupt the private space of Joe to an extent where the affected individual is ready to take lives of the person his delusion is attached to.

Though a greater deal of the beginning part of the narrative focuses on the ballooning incident where people are trying to save a child from the overwhelming mishap, minutes later after things pacify, a new situation aggravate soon which comprise the entire narrative till the end of the book. Recounted in the first person narrative, Joe recalls the moment his interaction with Jed happened on the spot of the accident where he too is taking part in saving the child from the mishap that is taking place. Though during their first meeting, Joe could

not make out about the existing abnormality in Jed's personality, he explains how Jed's clear grey-blue eyes provided the congratulatory warmth at first glance. Only later when he recalls the glare, Joe comments, "Had I known what this glance meant to him at the time and how he was to construe it later and build around it a mental life, I would not have been so warm" (McEwan 20). The observation made by Joe foreshadows the complexities that are about to drop in soon with the acts of Jed and his ongoing delusion and brings into light how the problem lies in mental health of the victim. As mentioned, the ballooning incident brings in more complexities when Joe finds it uncomfortable for a stranger and his glance following him everywhere, the entire time they were present on the picnic spot. Taking a deep interest in Joe's presence, initially Jed's ongoing glance at Joe becomes an eerie matter for Joe. Later on he comes to know from his wife Clarissa that Parry had come over to introduce himself in the absence of Joe and went aside to follow Joe back down the hillside. Though Clarissa said nothing about Joe, she took it in a rather normal act of the two having an acquaintance with each other.

And since the ballooning incident also leads to the death of Logan, an acquaintance of Rose, the situation gets grimmer and people flock around the corpse discussing the proceedings. At that point, Joe is approached by Jed and states, "Actually, I think there is something we can do" (McEwan 24). To his utter surprise, Jed lowered himself down on his knees and urged Joe to join him for a prayer service. Confused, Joe rejects the offer; being a man of scientific bent of mind he sees no reason to join in faith. This is when Jed makes the weird comment, "Look, we don't know each other and there's no reason why you should trust me. Except that God has brought us together in this tragedy and we have to, you know, make whatever sense of it we can" (McEwan 25). This is the 'grandiose' sub type of delusion that the DSM puts forward. The statement and declaration made by Jed towards Joe made no sense to him at this moment because Joe has little sense of the delusion Jed is undergoing and

has no idea that the victim of Jed's delusion and imagination is Joe himself. Naturally an obscure situation, Joe decides it is better to leave the mentally unstable person at that point and move out of the conversation and thus evade the situation. While he is about to leave, Jed again stops him on the way and asks him not to dismiss this statement and consider the declaration, believe in the superpower and accept things as they appear on the plate. Joe, for the moment is however able to evade the situation by stating that there is no one "up there" (McEwan 26) who is listening to them and there is no superpower that has ordained them to continue being there and accept Jed's words. Based upon the Five-Factor Model discussed, Jed falls into the general category of a neurotic personality type, since people standing high on this scale perceive the world in a different sense altogether. For him, the reality that he constructs later on in the novel is rather complicated. First, he thinks that God has brought him together with Joe and the divine ordination wants him to continue the bond of affectionate love. Second, the relationship becomes complex as both Joe and Jed are males, a sense of homoeroticism drops in the narrative but on a separate dimension where the 'object of love' and 'obsession' becomes a matter of violence and destruction. This is the first and basic characteristic that is also put forward by the DSM-V where the infatuation with someone becomes so high that the person hallucinating thinks that romantic love is reciprocated by the other person as well even though the person has never met each other or has not come in terms with each other before.

One chief characteristic of de-clerambault's syndrome as put forward by the DSM is persistent watching over, protecting and following the man or woman by the person undergoing the delusion. Though Joe successfully happens to evade the situation of his first strange meeting with Jed, yet in reality he is not able to overcome the continuous stalking that Jed starts from the next day. On returning back home, a feeling of guilt pervaded over Joe's mind because as he was not able to come out of the thought of Logan's death since the

ballooning accident, according to Joe could have been evaded and Logan's life could have been saved. While undergoing the dilemma of the death and catching up with the restlessness in his mind, Joe receives a call out of the blue from a man seeking to talk to him during odd hour of the night. On addressing himself as Jed and uttered a few words which came as a shock to Joe, piling up his dilemma to a greater height. On receiving the phone, Jed states, "I just wanted you to know, I understand what you're feeling. I feel it too. I love you." (37) On listening to Jed's words, Joe hangs up the call because that was the only option left for him to carry out during the odd hour, a situation which he felt was not necessary to narrate to his wife Clarissa as well.

Situations worsen when the following day Jed follows Joe all the way and shows up at the library he went in for his research on a scientific article. This is the continuation of the characteristic of de-clerambault mentioned above. While browsing through books and figuring out materials to write on, aligning his thoughts on the piece to be written, Joe again feels a glare following him up to the reading room where he was seated for his task. His response to it has been instant. A fear grips up his sleeves as he was unsure what to expect of the events that cropped up all of a sudden. After the incidents taking place on the picnic spot and the call he received the other day from Jed, Joe's grounding on reality has been shattered. Though he could sense someone following him up to the library, yet he was confused of the ongoing situation. Joe narrates:

I was afraid of my fear, because I did not yet know the cause. I was scared of what it would do to me and what it would make me do. And I could not stop looking at the door (McEwan 44).

As matters worsened, Joe decides to narrate the ongoing events to his wife, Jed's call the night before and his following to the public library and the following discomfort and

apprehension he had regarding matters. What concerned Joe about Parry was the fact that if he had followed him the other day all the way to the library, he might then very well know about his whereabouts and place of living. And if he had not followed him at all, Joe's mental state would have been frail then since he was unsure whether Jed actually followed him up to the library. Joe thus places everything in front of Clarissa in order to make her know about the ongoing terrible events taking place in the life of Joe ever since the ballooning incident took place. Joe puts, "Do you remember, the day it happened, just as we were falling asleep the phone rang?" (McEwan 56). To which he narrated what Jed mentioned over the call and the immediate event taking place after the very call the next day. Quite excitedly, Clarissa takes it to be "a secret gay love affair" (McEwan 57) standing out to be quite interesting for her. Though she tries to lighten the mood by taking it otherwise, Joe elucidates his fear and apprehension cropping out of Jed's existence. Jed continues to ring Joe and once again, surprisingly, shows up near Joe's residence with an aim to meet him at his place. On meeting him hesitantly, Jed puts up, "You love me. You love me, and there's nothing I can do but return your love" (McEwan 63). On asking if Jed was following him the other day to the library; he looked away which Joe took it as a confirmation to the fact. Since the object of delusion is unattainable in some way, as he is already married and has no interest on the person undergoing the delusion, the hallucinating person tries violent ways to get the attention and love from the object of delusion.

Jed continuously insists Joe not to deny their relationship, to see behind things and believe in what God has to say in this matter.

Don't deny what we have. And please don't play this game with me. I know you'll find it a difficult idea, and you'll resist it, but we've come together for a purpose. To bring you to God, through love. The purpose is to bring you to the Christ that is in you and that is you (McEwan 65).

Matters getting worsened with the acts of Jed spying and trying to get a hold of Joe because of the ongoing illusion, Joe takes the case to legal matters and the police for him to get protection from the actions of Jed and the harm that he might cause in the coming days. But since Joe possessed no proof to the ongoing dilemma, the police officers turn down the case. The only evidence he has to offer to the police is narrating Jed's actions of calling him very often, trying to meet him, discuss religion and share notions of romantic love with him, thus trying to bring him to the ways of God. The police officer comments, "I'm sorry caller. This is not a police matter. Unless he harms you, or your property, or threatens the same he's committing no offence. Trying to convert you is not against the law" (McEwan 74).

Jed continues sending elaborate letters to Joe where he narrates about his life, his work and the entire existence of his being but his urge towards Joe for putting up with him continues in whichever way he tries to reach out to Joe. While Joe too, getting paranoid about Jed's actions at large, this affects his relationship with Clarissa. The conjugal bliss is affected with Jed's interference in his life. While thinking and figuring about what can be done to deal with the anomaly, Joe almost shuts him from reaching out to Clarissa and sharing his fears with her about the matter. Clarissa notes, "You're so alone in all this, even when you speak to me about it. I feel you're shutting me out" (McEwan 103). According to her, Jed is only a figment of Joe's imagination. He might be an imaginary character created in Joe's mind because of some post-traumatic stress disorders. However, this element of doubt resolves quickly.

By the time Joe starts to collect more information about Jed's complex behaviour and the ongoing abnormality, the relationship Joe shares with Clarissa becomes sour to a greater extent. Clarissa in fact starts doubting the mind state of Joe taking his actions into consideration thinking he has been losing the balance. Though Joe has been able to figure out about Jed's condition and the existence of de-clerambault's yet he is not able to produce

strong evidence to prove his words. Joe observes, “the literature shows that when he realizes that he’s not going to get what he wants, there is a real danger of violence” (McEwan158).

In accordance to Michel Foucault’s categorization of the ‘abnormal’, Jed falls under what Foucault considers to be “the individual to be corrected” (Foucault 58). Though Jed seems to be a normal person with no ‘visible’ abnormalities in him because outwardly, he acts in a proper manner, yet, originally because of the persisting hallucination, he is as Foucault terms, the ‘incorrigible’ individual. And accordingly, it is not possible to define him as abnormal since there is always a kind of familiarity with this kind of individual within the society and he seems to be typically a regular individual with no anomalies to be charted out. But since Foucault mentions there is a kind of ambiguity associated with this individual to be corrected, this is where we can fit in the character of Jed Parry whose delusion adds up to the abnormality he possess. Moreover, as Foucault outlines, this character type needs correction but have failed to achieve any kind of rectification because all procedures and attempts of modifying his character have failed to a large extent. Thus, out of the three existing models of abnormality, Jed falls into the category of Foucault’s ‘individual to be corrected’ type. Also he belongs to the category of the ‘human monster’ here since by the end he adopts violent means to remove Clarissa from the scene, he violates the law as well.

McEwan, in relation to the characteristics of the delusional disorder of de-clerambault syndrome as outlined in the DSM-V, brings in the persecutory type of character through Jed’s outburst of violence towards the end of the narrative where he wants to remove Clarissa in order to take her place and become the love object for Joe becomes evident. On Joe’s absence, Jed visits his residence and with violent outrage points out a gun to Clarissa in order to harm her life and existence. As Jed makes the final call to Joe, he rushes to the spot where a de-clerambault person was threatening his loved one. Jed’s only explanation to the situation when his encounter with Joe took place was the same description which he repeated time and

again. But this time he also added, “If you wouldn’t return my love, I thought I’d rather have you dead” (McEwan 212).

Richard Powers’ *The Echo Maker* brings out the complexity occurring in the personality of the central character in the novel, Mark Schluter. Though abnormality occurring in Ian McEwan’s *Enduring Love* has no specific point of origin, Powers in the novel charts out the point of deviation from which Mark gets his abnormality and is perceived as an anomaly after that. Powers through Mark and other characters centering around his existence brings out the authenticity of emotions and projects how a single event can weigh down upon the entire set of people associated with the victim. A rather complicated case, Powers in the book presents Mark as the victim of Capgras Syndrome which again is a delusional disorder occurring from close headed trauma.

Asli Enzel Koc and Cicek Hocaoglu in the essay on Capgras Syndrome ‘What is Capgras Syndrome? Diagnosis and Treatment Approach’ deals extensively with the idea of Capgras, its meaning, characteristics and understanding of the delusion. Capgras syndrome can be understood as a complex psychopathological disorder which is related to the idea of misidentification and false beliefs and thus represents true delusion. Capgras syndrome falls under the category of Delusion Misidentification Syndromes (DMSs) as well like that of de-clerambault’s syndrome. Delusion Misidentification Syndromes or delusional disorders, previously known as paranoid disorder, is a mental illness where the individual undergoing this delusion cannot demarcate the real from the make-belief or unreal.

The real and the unreal intermingles together to give rise to a state of make-belief which the affected individual think and carry to be the ultimate truth for existence. Delusions are the main symptoms of Delusion Misidentification Syndrome. They are thus unshakeable beliefs which can operate in the mind of the individual thus blurring the real from the weird

and fantastic in some cases. Though delusions are a part of normal day to day living as well, but there can be other types to it. From this point, having delusions does not always mean a person is undergoing DMS. Day-dreams, thoughts and ideas that could happen in a given situation are also examples of mild delusions. They are not bizarre and it has the capacity to negotiate with the real and go back to the repressed state of mind. Sometimes mistaken perceptions and opinions can also come under the category of delusion.

A bizarre delusion by contrast, is something that does not exist in real life, that could never happen in real life and has no existence in reality at large but occurring only in the mind of the individual undergoing the situation. A person who undergoes severe delusion almost for a longer period of time falls under the category of a bizarre delusion and can thus come under Delusion Misidentification Syndrome. Cases of extreme Schizophrenia falls under this category of delusion disorder which is a rare occurrence but a complex case to handle.

In Capgras Syndrome which the DSM-V puts under the category of Delusion Misidentification Syndrome, the individual constantly misidentifies people, places objects and events and hallucinates that a known person, object or event has been replaced by an imposter. The term 'l'illusion des sosies' or the 'illusion of doubles' is used to describe the phenomenon which is related to the idea of how various doubles have replaced the originals inside the mind of the victim only. Thus, one essential feature of Capgras Syndrome is the denial of identity of someone known by the victim and the delusional state of belief that someone has been replaced by another character, person and an imposter. The victim undergoing Capgras thus treats situations and people as an echo or replacement of the original by something and someone similar which finds a voice in Powers' *The Echo Maker*.

Koc and Hocaoglu mention four characteristics and conditions which can serve as a model to delineate the characteristics of someone suffering from and undergoing Capgras.

- First, the patient misidentifies the ‘significant other’ and treats them as replacements made by someone and presented in front of the victim and this misidentification continues for a long run.
- Second, though the victim is in a delusion that the significant other is the ‘echo’ of the real, or a replaced image and mirror image of the real, the significant other is not given any identity by the victim. No identity is thus attributed to the double in this case and is not given any name or existence.
- Third, for the victim, the double acts as an imposter, pretending to be the original they are replacing. They thus become an echo of the real.
- Fourth, for the victim, the original has disappeared and his/her absence can be lifelong depending on the complexity of the case and thus it might also remain unquestioned.

Although a delusional disorder, Capgras Syndrome is so rare that it does not find proper mention in the DSM-V handbook and is only mentioned under delusional syndromes. The emergence and causes for this delusion is also lesser known though in many case it may be related to a close headed trauma, post-traumatic stress disorder and dementia which can occur for a longer time period. Schizophrenia too, remains the most common co-occurring mental disorder associated with Capgras syndrome as well. *The Echo Maker* takes up these complex issues in the field of cognitive neuroscience thus bringing forth the experiences of Mark Schluter’s existence and experience to the readers. One central idea of the narrative is the way the human mind frames meaning out of a given structure and how this may be altered with varied circumstances. The novel also questions the way the human mind differs all

across individuals which again brings into focus how individual personalities are constructed thereby enriching neurodiversity amidst the given population.

The main plot of the story focuses on the idea of finding a meaning in life, rather constructing reality in one's head. The 'meaning' that is constructed in/through the mind of a psychotic patient- who has undergone brain injury in an accident. The novel is about ordinary people placed in a sudden extraordinary circumstance, trying to figure out a way from the bleak spiral they find themselves trapped in. The story is about Mark Schluter, a man in his mid-twenties who faces a car accident one night in a small town in Nebraska. After a brief period of Mark's coma, when he regains his consciousness, he is unable to recognize his sister Karin who returns to Nebraska after the tragic accident. He considers Karin as an imposter. Though Karin becomes the chief narrator in the novel, the plot is also written from the perspective of Mark, who has undergone severe traumatic injury. The narrative focuses on the nature of the human consciousness and what constitutes reality. And again puts forward the question about how the human mind constitutes reality. Here, reality in Mark's world changes after the accident and thus he could no longer accept Karin as his sister because of the ongoing delusion. Thus, the brain, after the traumatic experience, changes the way objective reality is perceived and Karin becomes a mere imposter. Richard Powers uphold the familiar versus the defamiliar nature of the human mind and how they can shift places in order to make meanings and the way human beings are not so concerned with the meanings of things as they are but how the human mind is interested in the fabrication of meaning and thus give a particular object its meaning. This is the exact case happening with Mark after the accident. Reality and meaning making of the external world shifts its centrality. This ultimately culminates to an extreme point where Mark considers him to be a ghost. He thus loses meaning of his entire existence. And then we are introduced to the neurosurgeon in charge, taking up the case of Mark. Dr. Gerald Weber, who is a brain

surgeon and writes books on brain trauma and injury, is brought into the scene. But he finds the case too complex and this pushes him towards existential crisis. Dr. Gerald faces crisis of confidence that leads him to question his profession as well. The rest of the novel focuses on how Mark tries to recover from the trauma, helped by his sister Karin and Dr. Weber as well.

Based on the Five-Factor model of personality, Mark falls into the cost category of openness with his unusual belief about Karin and the ongoing delusion about Karin's existence which Mark is not ready to accept. The accident and close headed trauma has made his reality go bizarre with that of Karin and he takes his sister only as an imposter coming up to serve Mark during the time of need.

Though in the opening chapter of the novel it is described about Mark's skill as a driver, "a near-professional driver" (Powers 6) that he was for a long time, working with cars in the garage he was employed at, the rolling off from the road during one winter night comes as a shock to Karin when she receives the news about the accident of Mark because Karin could never have imagined Mark driving off road in Nebraska and falling off from the road with his truck. The reality for Karin shatters at the point when she receives a call from The Good Samaritan Hospital about her brother's near-dead accident. This was the time when she felt she should rush to the spot because her brother needed her.

Karin, who has left Nebraska Central long time back now settled in Sioux since she found employment elsewhere, had no plans to revisit and settle back at Nebraska but then one phone call from the Good Samaritan Hospital brings her back to her roots only to deal with a shattered reality that she has to undergo from now onwards. On gathering the news of Mark's accident, her existence was numb and it was as if she was the one lying out there in the February night, undergoing and facing the life-death pull. Karin always pictured her brother

as a headstrong, independent and happy individual from his childhood onwards and now she falls headlong into the dark.

On finding her way to the Good Samaritan Hospital, she comes in contact with the trauma doctor who mentions it in a rather passive manner Mark's condition and his being 'lucky' enough to have been able to make it to the hospital at least. "He kept saying moderate severity, stable and lucky" (Powers 7). On enquiring what 'moderate severity' and 'lucky' means, the doctor explains Mark was lucky enough to be alive and have survived. The condition that he was found in the previous night by the firemen was rather appalling and deplorable. They had to cut him out of the truck and fetch him to the hospital. There was every possibility he would not have been seen by anyone lying down off road, confined against the world and would have passed out the life then and there had it been too late.

Though Karin gets a view of Mark inside the hospital room, she could only see her brother's skull and the sprouting wires everywhere and amidst all complexities, Mark struggles to inhale in his oblivious state. On calling him from a distance, the eyes opens at the call but nothing moves, the eyeballs remaining still until he tries to utter something from his mouth but without a proper sound. "His face knew her. But nothing came from his mouth except a tickle of saliva" (Powers 8). She was only exciting the patient in this present manner what the nurses had forbidden her to do. Existence in this room only meant an artificial way of regaining consciousness and striving to come in terms to life. On Mark's side the only attempts he was successful in making were the meaningless groans that seemed to escape from the sealed mouth.

When the nurses made her leave the space, she discussed the matter with her employer about the accident and the complex situation of Mark which needs her presence throughout

the upcoming treatment. But soon, luck and stability was gone and the Mark's corporeality again reduced to a mere body struggling to come in terms with life.

When they let her see Mark again, she no longer knew him. The person they took her to the second time, lay comatose, his face collapsed into some stranger's. His eyes wouldn't open when she called his name. His arms hung still, even when she squeezed them (Powers 10).

Mark's gradual descend into nothingness is emphasized by Powers in the above scene. He remains fixated between the strange pull sandwiched between life and death. On gathering account about Mark's alcohol consumption before the accident, it was found that he was within the Nebraska limit of consumption-three beers in the hours before he rolled off his truck and nothing else was noticeable in his system. His truck underwent massive destruction. But the present state of Mark would necessitate the need of a brain surgery for which Karin has to stay back for a time period she knows nothing about. All she knew was that nobody and nothing in Sioux needed her. The one that really needed her at the moment lay nearly dead in the hospital with no one from the family to look after him. Karin receives a note lying by the side of Mark's bed inside the room. On enquiring the entire trauma unit about the note, all she gathers is about its appearance on the bedside stand shortly after Mark's admission into the hospital room. As Karin tries speaking to Mark after his being in coma, he shows no sense of consciousness, no sign of hearing and understanding.

Mark's attending doctor in the Good Samaritan Hospital, Dr. Hayes while talking to Karin confirms how nine-tenth of the closed-headed trauma victims never gain their actual state of consciousness and there lies a greater risk in the long run to keep their living state alive if the complexities continue to show up after fifteen days of the accident. The fifteenth day, according to Dr. Hayes is "the point of no return" (Powers 20). However, the fact that

Mark has gained his consciousness is good news for his existence. Dr. Hayes explains it to Karin that the hippocampus and the amygdala seems intact. Both the hippocampus and the amygdala are responsible for engaging in long-term memory and emotion of individual. A greater part of the narrative deals with Mark's treatment to overcome this syndrome's experiences and the way he tries to piece himself back together. At the outset, when Mark gains his consciousness initially, images and thoughts from the past floats into his consciousness. He can picturize exactly a time period when he was four years old, his father teaching him to swim, "Flying, then failing and falling" (Powers 23). He can think of a time when he was a happy being, free from all troubles and now when he gains back his consciousness, he can understand that his house was "remodeled" (Powers 23) that he is in a different space, surrounded by wires where words were. Mark however regains much of his consciousness two weeks after the accident takes place. Karin is the only person remaining next to Mark for most of the time during his initial stage of recovery in the hospital. She watches him return hour by hour to a state of recovery.

As outlined by Koc and Hocaoglu, Mark's delusion starts off soon after he comes out of the operation unit. Though it takes time from him to recover fully and gather back his actual consciousness, yet when he regains his consciousness, he can no longer recognize Karin as his sister. The greater problem steps in when because of the head injury; Mark has lost his ability to recognize his only sister-Karin who has been providing Mark with all the necessary care after the fall. After days of his initial recovery, Mark can no longer recognize his sister Karin. Pointing towards his sister, Mark comments, "What are you doing here anyway? Who sent you?" (Powers 74). On affirming the fact that Karin is his sister, he replies back, "My sister? You think you're my sister? If you think you are my sister, there's something wrong in your head" (Powers 74). This changes Mark's entire conception of reality. Days later, when the situation started becoming worst, Dr. Hayes tries to explain the

situation to Karin. It is because of the close-head trauma; Mark is undergoing a situation known as 'Capgras Syndrome'. "Your brother is manifesting a condition called Capgras Syndrome. It's one of family misidentification delusions. It can occur in certain psychiatric conditions" (Powers 75). Though Mark knows he has a sister and remembers about Karin, yet he cannot associate the face of his sister with that of Karin. However, one characteristic of the Capgras syndrome is that the victim refuses to acknowledge the face of one acquaintance but the victim can still remember the voice of the acquaintance. This is proved when the authorities in the Good Samaritan Hospital decide to engage Karin and Mark in a conversation, not face to face but through a telephonic call.

On receiving the call, Mark's "arm shook and he shouted, "Hello? Who is this? Oh my God! Where are you? Where have you been?" (Powers 204). But things get back the complications when Karin steps out of the telephonic booth near Mark. He refuses to know Karin again. Along with this Mark doubts every action that Karin undertakes. As the therapy in the hospital was taking more time, it was finally decided that Mark should be shifted back to his home where he can stay under the supervision of Karin till things get back to normalcy. On returning back home, Mark refuses to acknowledge the road back to his home as real. He further refuses to acknowledge his pet dog Blackie as his dog and thinks it is an imposter as well. "Look at this pathetic thing! It doesn't even know who it isn't. Somebody trained it to be my dog, and now it doesn't even know what else to be. What am I gonna call you? How about Blackie Two?" (Powers 251). Mark's Capgras escalates to a point where he no longer can identify his own self. He considers his body to be an alien, an echo, a double of what reality should have been. "I died. I passed away on the operating table, and none of the doctors noticed" (Powers 502). This extreme form of Capgras where the person undergoing it faces a misidentification delusion of his own self is known as 'Cotard's syndrome'. This form of misidentification syndrome is related to the victim's idea that the actual self has perished,

it is a feeling of unrecognized death and a belief that the present persona is a ghost of the dead.

From the Foucauldian lens, Mark falls under the category of the 'individual to be corrected' type of abnormality. Though he seems alright for the society and his behaviour to the external world as well as the people, except for the significant other, is extremely correct and proper, yet the abnormality that he projects seems bizarre for the external world. Although people undergoing Delusion Misidentification Syndrome generally suffer with a bizarre reality, yet they can function normally, apart from their subject of delusion in real life and most of the times they may not behave in an odd and bizarre manner. In *The Echo Maker*, Mark's reality only breaks down when he comes in contact with Karin because for him, she is the echo of the real and her existence, in relation to the characteristics of Capgras Syndrome is equal to nothing. Karin's identity is thus reduced to a nonentity for Mark and no identity is attributed to this double and also no identity is attributed to her existence.

Patrick McGrath in *Trauma* brings out another complexity in personality which is termed as Post-Traumatic Stress Disorder- PTSD. The DSM-V deals extensively with this syndrome and a great deal of the characteristics of PTSD is mentioned in the DSM-V manual. Following are the characteristics of Post-Traumatic Stress Disorder as outlined in the DSM-V:

- An exposure to high threat, serious injury, sexual violence, often occurring in childhood years, creating a negative impact on the mind and repeated episodes of trauma occurring at regular intervals.
- Recurrent, involuntary and intrusive distressing memories of the traumatic events.
- Recurrent images of the traumatic event emerging in dreams.

- Dissociative reactions occurring in the individual affected in which the individual feels that the traumatic event is recurring again and again.
- A general effort to avoid and repress the depressive episodes and distressing memories, thoughts and feelings associated with traumatic events.
- Feelings of detachment and estrangement from others.

Patrick McGrath's *Trauma* deals with the life of Charlie Weir, the central protagonist of the story around whom the plot revolves. The narration done from the first person point of view deals with how Charlie who is a psychiatrist dealing with trauma patients, deals with his patients on one hand and on the other deals with a fragmented family affecting his mental health and living. Though Charlie is seen to provide an amiable environment to his patients to overcome the trauma of the past, yet in his personal life, he is caught in the grip of the past because of which Charlie is unable to deal with the present circumstances in a proper manner. McGrath, through the character of Charlie projects Post-Traumatic Stress Disorder commonly known as PTSD in the medical jargon. The Diagnostic and Statistical Manual of Mental Disorders, DSM-V, published by the American Psychiatric Association states PTSD as, "Exposure to actual or threatened death, serious injury, or sexual violence in a certain way." (271) Based on the Five-Factor Model of Personality, Charlie falls under the cost category of Neuroticism since he is prone to long term anxiety and depression leading to the context of PTSD. Moreover, based on Foucault's three term labels of abnormality, Charlie too, like that of Jed and Mark falls under the 'individual to be corrected' type.

McGrath projects how a set environment can have a greater impact in the mind of the individual. Through the narrative we get a glimpse of Charlie's childhood, a set of broken relationships within the family dynamics which comes up as chronic trauma for his present. Moreover, it is not only about Charlie but being a trauma psychiatrist; the traumatic lives of

other patients also emerge on the narrative. However, what becomes important here for consideration about Charlie is the way he has dealt with his environment during childhood which contributes much towards the abnormality he undergoes at present. Living with a drunken father who abused his wife every day and night, his parents underwent divorce which in fact affected the childhood stage of Charlie. In the opening chapter of the novel Charlie states, “My mother’s depressive illness occurred when I was seven years old” (McGrath 3). This comes in relation to the events he mentions in the upcoming chapters where Charlie establishes his childhood and the environment he grew up in. From his account of the past we come to know how because of the failed relationship of the parents the children too were not able to form a good bond with the family and the society in larger terms. This is precisely the reason Charlie had to look after his mother and decides to become a psychiatrist at the later stage of his life.

From the very beginning, Charlie takes care of his mother’s depressive bouts which continued life-long till her last breath. The novel thus brings into focus a pessimistic environment, the environment of the home which turns out to be a restless place for the inhabitants because of whom they seem to move away from comfort and find console elsewhere. Charlie’s elder brother Walter takes no interest in family matters and thus Charlie from his childhood had to take the responsibility of looking after his mother which in turn is a large scale contribution towards Charlie becoming a trauma specialist. Charlie comments about his profession to the readers, “I guide you towards what I believe to be the true core and substance of your problem” (McGrath 5). However, in spite of being a psychiatrist himself, he is unable to handle his personal emotions which are overwhelming for him to process.

Being a trauma specialist, Charlie looks after the Vietnamese veterans who find a shelter at his clinic. This is the time when he meets his wife who happens to be the sister of

one of his patients with whom Charlie has a close association, named Danny. Danny's trauma is a direct product of the environment he has been a part of. For Danny, the past is inescapable and sticks to his existence like a shadow. While being in touch with this patient, Charlie forms an association with Agnes and ties the nuptial knot which only echoes the lives of his parents- a failed marriage. After his mother's death, Charlie however comes in contact with Agnes again but fails to establish the bond because Agnes has chosen to be the wife Leon, a fire extinguisher after her separation from Charlie. Charlie tries to establish a relationship with another woman, Nora Chiara but fails miserably because Nora too has been undergoing pangs of traumatic episodes, thus both are unable to establish a connection towards the end. All the events taking place in Charlie's life signify the strong effect of the environment and how it hampers life knowingly or unknowingly. Charlie however figures out that he has been undergoing PTSD only at the latter half of the novel when the situation almost runs out of hand. McGrath brings in the dynamics of a psychiatrist, a healer of others' wounds who fails to establish equilibrium with his own mental and physical health because of his past becoming a burden to his existence.

Post Traumatic Stress Disorder, as mentioned in the DSM-V depends on direct exposure to traumatic events and environment. These events and environment can create a heavy influence on the workings of health since human beings cannot be removed from the physical environment. McGrath in the novel also brings out the notion of environment and human relationships and states the role of memory; both long term and short term memories on the construction of the past. Though the presence of environment in the novel remains at the backdrop, yet it is through the descriptions and narrations of the characters, we get an overview of how environment and the past can impact living. All of Charlie's patients, who are undergoing the pangs of trauma, reveal a bleak environment of the past where they had been caught up, which Charlie tries to understand as a psychoanalyst.

Since Charlie is a practicing psychoanalyst and psychiatrist, specializing in trauma and trauma victims, we have a host of characters in the text serving as patients to Charlie and provides an understanding to the varied streams of not only trauma but how the 'past' becomes a haunting present, destroying the lives of the characters both in and out. From McGrath's descriptions of Charlie's patients, an insight is brought into the existence of abnormal psychologies operating and trying to cope up with the ongoing environment, trying to fit in the normal state of things and figuring out a means to survive with the help of the psychiatrist. All trauma victims that Charlie encounters are a case study of characters suffering from the same baggage of the past but with different levels of impact on their existence. These case studies show how some trauma victims are able to live up life in a normal manner on one hand and on the other how some victims struggle to carry out living and ultimately either there is an attempt to give up life or they actually commit suicide.

Trauma portrays how imbalances in the micro levels of existence, such as family can create major setbacks for individuals to cope up in the wider social context. McGrath also emphasizes greatly on the idea of memory while constructing the plot. According to Peter A. Levine, in his book *Trauma and Memory: Brain and Body in a Search of the Living Past* (2015) undertakes the division of memory into the following parts viz. 'explicit memory' and 'implicit memory'. According to Levine, 'Explicit Memory' is the one which emerges to the conscious level of the mind automatically but does not haunt the living being. 'Implicit Memory' on the other hand is that part of memory which is related to fears and darker secrets of the humans, which remain repressed in the dark chambers of the unconscious but when emerge, may hamper life.

Charlie's mother definitely serves as a case study of the depressed soul fighting to exist because of the actions of Fred. From the very outset, Charlie describes his mother's actions which are not actions of the mentally healthy individual. In accordance to the DSM-

V, because of her depressive bouts, there is a sense of detachment in her from the other members of the family. She undergoes an emotional drainage because of the actions of her husband. Charlie describes his mother's way of dealing with the situation and how she tries to escape the present squalor as already mentioned in the DSM-V. "Later, when she began writing books, she fostered no atmosphere at all other than genteel squalor and heavy drinking and gloom" (McGrath 3). Charlie also narrates incidents from his childhood where after the separation of their parents, the two sons would often accompany their father during weekends which again hampered the mother's attitude towards the children. She would often think about Fred having a stronger influence over the children than her. The thought distressed her because she did not prefer the children becoming a part of Fred's upbringing. Charlie's elder brother Walter however always had a soft corner for Fred and was always curious to be with Fred compared to Charlie.

Mom was distressed when we returned from these outings, having in our absence awoken to the possibility that Fred might exert a stronger influence over her boys than she did and that we too would then be lost to her (McGrath 6).

The fear of estrangement looms large in not only the life of Charlie's mother but also throughout the entire narrative. The DSM-V states, "Feelings of detachment or estrangement from others" (McGrath 271) is a persistent characteristic of patients suffering from PTSD. Most of the characters are in a fear of losing something or the other which leads them to take up and commit suicide at the end.

Charlie's patient Joe Stein is also an example of the past haunting the living, the implicit memories haunting the present. Joe ran over a pedestrian long ago because of no fault of either. He happened to run his car over the pedestrian's body one night because of ice covering the streets, causing Joe lose balance of the drive, thus creating a mishap. Joe's mind

is stuck and trapped in that event of the past and has no means to overcome the incident which causes trauma in his life because he can visualize the scene everyday and feels like the dead returning back and talking to him. Joe's memory is also a product of the implicit memory. The past environment in Joe's case becomes a living present which finds no outlet and haunts him to death. Charlie mentions how Joe becomes one of his favourite patients because of his close association with Joe over a period of time. Joe on the other hand, who is married, is on the verge of divorce because of his ongoing habits which Mrs. Stein cannot cope with. This case becomes more complex when one day Joe tries committing suicide by jumping off from the building since he is in no better condition to continue his life in the present environment. However, he fails in this attempt and breaks off his spine, only calling in further complexities for people surrounding him.

After Charlie's divorce and his mother passing away, he establishes contact with Nora Chiara, an acquaintance of Walter and his family. In the beginning though Nora seems quite attractive to Charlie yet, interestingly, she too is a person undergoing the pangs of trauma the cause of which remains unknown. Nora, who is also a writer like Charlie's mother, moves in with Charlie in his residence when Charlie figures out the broken nature of Nora. She shows the signs of trauma not in her awoken state but during her sleep. Again, here Nora's memories crop from emotions unknown which is a part of the implicit memory. Freud in his *Interpretation of Dreams* (1899) suggests how events from the past crop up and finds a way to the consciousness through dreams. Dreams are a way of bringing up the repressed feelings and desires from the past events and happenings. Nora is repeatedly haunted by images of the past in her sleep. According to DSM-V, "recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s)" (McGrath 271).

The most complex of all the cases McGrath puts forward is Danny, Charlie's brother-in-law. Danny's character is built on the model of Virginia Woolf's Septimus from *Mrs.*

Dalloway (1925) the same war victim and projects how echoes of the past remains within the present, thus shattering life and its existence. Danny, who has served the US army during the Vietnamese war, had a firsthand experience of the horrors and bloodshed. The war reduced his humanistic attitude and reduced him to an animal. "I was an animal, I just wanted to kill" (McGrath 134). Danny projects the bleak environment of the war zone and the after effects of the war. Like Woolf's Septimus, Danny too sees images from the battlefield and the past intermingles with the present. According to Charlie, he is the worst sufferer of the war. Danny shuts him off from the external environment because for him, the world is a cruel place to live in and he wishes to give up his life. The situation becomes complex when Charlie tries to construct the past environment for Danny in order to make him live the past moment so that he can come out of the past by reliving the happenings. Though Charlie uses his approach as a psychiatrist to bring Danny out of the bleak past, but things go wrong. Danny could no longer afford to come in contact with the war zone and to everyone's dismay, he commits suicide at the end.

Charlie, who already has been undergoing the pain of his parents' failed marriage and facing the dilemmas of his patients on a regular basis, now faces the death of Danny which triggers because of Charlie's actions to save Danny from the trauma he was undergoing. Since Charlie puts the blame upon himself, he decides to put an end to his married life with Agnes. Though Charlie tries to be a medical professional who looks at his patients objectively, yet through his actions and thoughts we get the total glimpse of his subjective experiences occurring because of his childhood trauma which does not allow him to establish a full fledged relationship with others. It is through his patients that his individual problems get voice throughout the entire narrative.

McGrath in *Trauma* tries to capture the nature of traumatic experiences occurring in the characters as they are placed in difficult environments. Using the device of 'presence-

absence' McGrath shows how abnormalities are rooted within the environment and get projected through individuals in a different manner. Though in some cases they are directly visible, in some, they remain hidden under the surface and shows up only in certain periods, yet overwhelming the individual. Abnormalities are however a part of the normal life and can take a negative toll on people if one is not able to cope up with external stressors and harsh environment. Darwin's 'survival of the fittest' is the basic idea when it comes to coping up and blending with the surroundings. Through the character of Charlie in the novel, McGrath projects the idea of how even psychiatrists who are providing medical support to humanity as a whole, can be vulnerable at times. Cathy Caruth in her seminal work *Unclaimed Experience: Trauma, Narrative and History* tries to locate the incident of trauma taking place from the external surroundings in the lives of the victims. For Caruth mentions in 'The Wound and the Voice'- the introductory chapter to *Unclaimed Experience* about the 'locus of referentiality' which refers to an event in any point in history that causes trauma in the life of an individual and how traumatic survival mean the escape from death and its endless impact on a life. This idea of traumatic experience and matters related to trauma will be explored and explained elaborately in the next Chapter. The characters in *Trauma* are thus a product of the negative environment, thriving to survive in the present environment.

This Chapter has tried to deal with the idea of the individual personality types and the abnormalities within personality in the context of psychiatric sciences *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) and the ICD-10- *The International Classification of Mental Behaviours and Disorders: Clinical Descriptions and Diagnostic Guidelines* provided by the World Health Organization. It attempted to explore how abnormalities are always a part of the society from which one may find it difficult to break away with. Though abnormalities are a part of the society and living, yet, their origins and incorporation within the system is not always the same. Though there are generalizations

while categorizing abnormalities in the human psyche, yet the idea of neurodiversity shows how the spectrum within one form of abnormality can vary greatly. One common characteristic that all the novels have in common is the theme of trauma and its affect on characters. The next Chapter thus, discusses the theme of trauma in details, in relation to the novels and its characters concerned.

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CHAPTER TWO

THE MIND AND TRAUMA

Anything dead coming back to life hurts.

-Toni Morrison. *Beloved*.

The term 'trauma' originates from the Greek word 'trauma' which means wound. This term however can be implicated both in terms of physical and psychological wounding. Trauma is therefore the abrasion of something dreadful and appalling on the existence of an individual thus creating a disharmony in living. Though the wound of trauma can be broadly classified into two types- the physical and the psychological, yet sometimes physical violence can also lead to long term traumatic occurrences and might therefore lead to psychological damages of the mind. In psychiatric studies, trauma is related to the wound in the mind of the bearer and the consequences it might lead to in the long run. This inflicted wound voices out from time to time thus conjuring images of unwanted happenings and feelings from the past, directly causing an effect in the present state of being. The Centre for Posttraumatic Mental Health, Australia defines trauma as:

Any event that involves exposure to actual or threatened death, serious injury or sexual violence has the potential to be traumatic.

Trauma is thus related to unpleasant events and episodes in the lives of the bearers that cause distress in the long run where individuals are emotionally affected. The Centre for Posttraumatic Mental Health also suggests that it is natural for everyone to undergo at least one or some traumatic events in their lives. Almost everyone who undergoes trauma will be affected in one way or the other but not everyone will be affected in the same way. For some

individuals, traumatic events are overwhelming since it is difficult for people who have undergone such situations to overcome what has happened and come in terms with life once again. The experience emerging out of trauma can be very difficult to bear because the events are different and unpleasant to a great extent. Many a times, traumatic events change the way an individual perceive the outer world and the situation and space they are placed in. “After the traumatic event a person might no longer believe that the world is a safe place, that people are generally good or that they are in control of what happens to them.”- Centre for Posttraumatic Mental Health. Traumatic events thus have the ability to shatter and alter realities, the way people perceive things, actions and entire behaviour of the world. When people after the traumatic event mention about the world ‘being shattered’, they usually refer to their beliefs getting dismantled and shattered.

Trauma has been described by the US Substance Abuse and Mental Health Services Administration (SAMHSA) as having the following three aspects:

- Exposure to harmful and/or overwhelming events or circumstances.
- The experience of such events, which will vary from person to person, and
- The effects, which may be adverse and long-lasting.

Thus the effect of a negative event may have different stance on different individuals depending on their way to cope and fight back the situation. Though the SAMHSA outlines the individual differences and effects of trauma and how it might affect people differently, yet, it brings into focus two important stances to the characteristics of trauma. Firstly, depending on the frequency of the traumatic event creating a stress on life and living, the nature of trauma varies accordingly. In some cases where the effects of trauma can be endured and dealt away with within a shorter period, there is no threat to existence. On the other hand, if the traumatic events take a toll on the psyche for a longer time period and

haunts living, the effects of trauma can be harmful to a great extent. Based on this point, it becomes important to again chart out the types of trauma and distinguish them in accordance to the impact it creates in the mind of the bearers.

Sometimes, trauma is experienced collectively by a group of people or a part of population within a given space and on the other hand, sometimes, trauma is experienced by a single individual within the given space. In the first category are people belonging to a group of population who have been war victims, people affected severely by natural disasters like tsunami, volcano and earthquakes, multiple people being targets of terrorism, robbery or being a part of some major accidents. Intergenerational trauma is a major branch of the first category of trauma wherein there is a transmission of the consequences of trauma from one generation to the next. These include the Jews and holocaust survivors, slaves and oppressed people, generations born after the Apartheid and wars and other regions of the world belonging to racial segregation and discrimination.

In the latter category however, are individuals belonging to the victims of rape, abuse, incest, etc. This experience of trauma may sometimes spill over other people concerned with the victim as well where the burden gets shared with others in the long run. This Chapter will look into this particular type of trauma since victims in the novels taken for study suffer on the individual level.

The second point of consideration from SAMHSA's characteristics of trauma is that trauma takes place when an individual or a group is exposed to harmful or overwhelming set of events. For trauma to take place, an external agent must therefore act upon the individual and create an experience which is complicated to handle. William J. Ray in *Abnormal Psychology: Neuroscience Perspectives on Human Behaviour and Experience* (2015) suggests a take on this matter. He relates trauma to the idea of an external 'stress' and the

continuance of this stress for a long period leading to distress. As Ray states, psychological stress takes place when something which we do not expect takes a toll on us and it becomes impossible to control the situation in the long run.

Stress and trauma are therefore related to each other and it is because of the external stressor-the agent of stress, that trauma can be a real life experience in some individuals. The Hungarian endocrinologist Hans Selye was the first person to carry out his research on stress at the University of Montreal, work on the idea of how stress can create a negative mindset and affect living. It was Selye who took the idea from physics where stress refers to the strain which is placed on any substance or material and the changes it brought into the physical state of the material. Selye however researched on the physiological changes that occur when stress is laid on the material and he thus comes up with some important findings. He looked at the physiological response of various challenges such as heat, cold, noise, pain and hard work on the body of the material. Selye's findings are related to how the physical body reacts to these external stressors and thus find a way to adapt to the changes which is termed as General Adaptation Syndrome-GAS. According to Selye's findings, the GAS included three changes as follows:

- **Alarm Stage:** The first stage for a body to fight with the external stressor. This is the initial reaction of the physiological body to the sudden change in the environment which creates an alarm in the body of the individual, stating that something is improper and affects the normal workings of the body. A simultaneous change occurs in the nervous system which leads to an increased heart rate.
- **Resistance Stage:** The second stage where after the alarm, the body tries to cope up and fight back with the stress and adjust with the stress using additional energy from the body of the organism to fit in with the amended situation.

- Exhaustion Stage: The final stage of dealing with stress where the bodily resources are depleted while trying to fight back the stress.

Selye highlights how responses in physiological bodies are different. Though some might perish on the way, others can still resist and continue living in an altered environment. The exposure to a particular situation can therefore increase the organism's ability to withstand stress in a greater amount.

Though Selye only focused on the external physiological changes that might occur in organisms due to the stressors, he did not deal with the deeper psychological changes that can come in these organisms while trying to cope and deal with a stressor. Bruce McEwen has tried to address this issue of how stressors affect the organism on the psychological level as well. McEwen dealt with how the human mind copes up with these changes. He also suggested the term 'allostasis' to refer to the body's ability to sustain, adapt and live through changes. Allostasis systems are thus systems that are used to cope up with changes and are designed to adapt to various changes. The overall response to stress includes two tasks for the body.

- First, is to turn on the allostatic response and deal with the stressor in two ways to initiate an adaptive pathway:
 - Fight-or-Flight response
 - Tend-and-Befriend response.
- Once the stressor has been dealt with, the body moves back to the normal state of being which is known as 'homeostasis', where the negative stressors, once dealt with, are turned off.

However, in certain cases, because of the prolonged exposure to stress, the body cannot move back to the position of homeostasis. This is when complex issues like trauma occur.

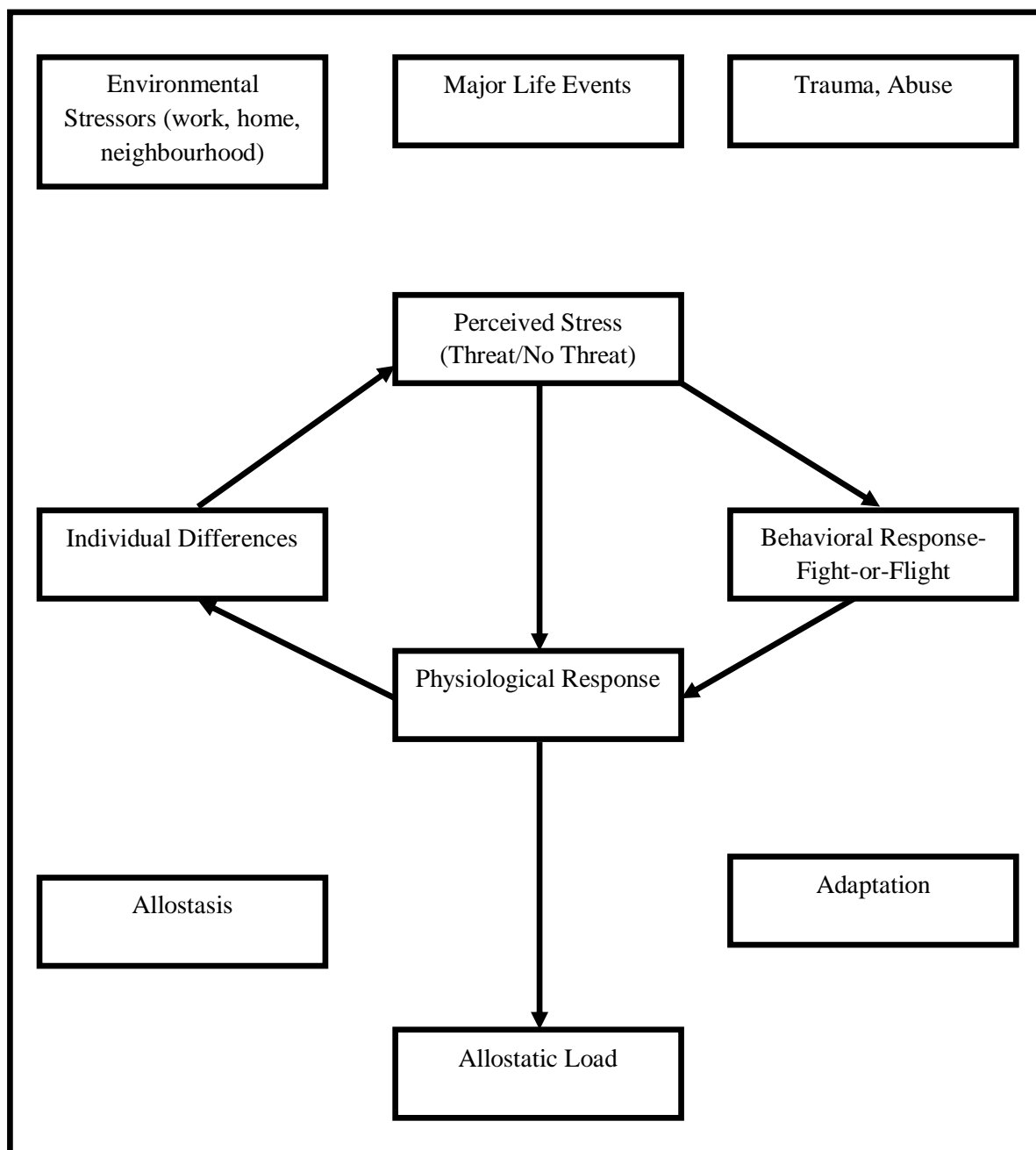
The continuous way a body trying to fight with the stressful condition is called the allostatic load.

McEwen then goes on to figure out the nature of the allostatic load in four different situations:

- The first situation where the allostatic load always increases everyday by frequent exposure to stressors. This leads to the negative impact on health- both physiological and psychological at times. Continuous exposure to the allostatic load can also lead to cardiovascular risk factors.
- The second situation is where because of the increased allostatic load, the individual is not able to cope up with the changes using the allostatic systems. Here, since the coping mechanisms are not at work, the way to deal with the stressors has a negative impact on both physiological and psychological life.
- The third situation, McEwen figures out is that not all individuals deal with the stressors in the same manner. Where some individuals return to the state of homeostasis at a faster pace, there are individuals, returning to homeostasis at much slower rate. These individuals have the risk of developing problems in living. High blood pressure is a common occurrence in such individual types.
- The fourth and the final condition discussed by McEwen is where the avoidance and non response to stressor produces an overreaction in another system of the body. If one system of the body dealing with a particular stressor does not respond to the stress, another part of the body will be at work to provide the necessary counter regulation and return to homeostasis.

Though McEwen highlights four different situations in which a body can cope with the stressors, the situations might take place individually. What is important to note here is the

way the allostasis systems work to adapt through many changes occurring to the individual and the way homeostasis is achieved, which might not be always the case happening. If the allostatic load keeps on piling up and the individual is not able to cope with rising stress, homeostasis cannot be achieved. The way by which stress can impact future health of individuals and in certain cases how prolonged stress leads to trauma is outlined by McEwen in the following figure.



The Stress Model. Bruce McEwen. The Rockefeller University Laboratory of Neuroendocrinology

Sigmund Freud came up with a similar idea of dealing with external stressors which he termed as 'defense mechanisms'. Defense mechanisms are practical ways adapted by the individuals to deal with the external unlikely events, which are in fact the stressors. Freud in his 'Structure to the Psychic Personality' (1923) mentions that the human mind is divided into three structures of the Id, Ego and Super-Ego. Conflict between the Id and the Ego state often results in complex abnormalities in the mind- neurosis and psychosis. The Id, i.e. the basic instincts always has the need to express itself but on the face of civilization and culture, the Ego suppresses these instincts to be expressed fully. The suppression made by the Ego on the face of civilization and decorum creates a stress in the mind of the bearer, the long term exposure to which might baffle existence.

This brings into focus how an individual, exposed to an external environment which is unhealthy to a certain extent can have a negative repercussion in the lives of individuals. The basic idea of trauma and its formation lies in a stimulus which is external to the human body, which creates a negative impact on the biological existence, both physically and mentally. Sigmund Freud in his *Pleasure Principle* (1911) establishes the notion of the mind and the environment. Freud mentions how the human mind is always in search of the favourable and avoids unfavourable circumstances. This, according to Freud is the 'pleasure principle' which governs every individual to continue living. The pleasure principle, Freud terms as 'Eros' which is life giving and life sustaining force in the community. However, after the First World War had hit Europe, Freud revised the idea that human life is always governed by the life driving principle of Eros. The First World War which saw the rise of chaos everywhere in the society proved the notion of how individuals placed in a pessimistic environment can face difficulties in carrying forward their lives. This working of the mind was totally in opposition of the previous theory Freud had put forward in his *The Pleasure Principle*. Freud thus brings forth a new dimension of the workings of the mind which he termed as 'Thanos'. Thanos is

the destructive force which compels people to give up life. Freud also realized the fact that “The source of all life is Death.” Human beings take birth just to unite back to the drops of the environment. Hence, Freud comes up with his next theory of the working of the mind which he states elaborately in *Beyond the Pleasure Principle* (1920). Here, he argues how a negative set of happenings around the individual can hamper living, can create an unhealthy atmosphere for progress and ultimately affect health- both physical and mental.

Freud however, while talking with the ways of dealing with the external stressful events, comes up with his theory of defense mechanisms, the ways by which the human mind has the ability to reach a state of homeostasis. Defense mechanisms are a group of ways by which the mind tries to cope with moments that are unfavourable and go back to the point where pleasure becomes the guiding principle and chief human motif. Defense mechanisms are therefore psychological shields to protect the mind from building up an allostatic load and avoid negative feelings that promote displeasure to existence. As Freud outlines, following are the major defense mechanism techniques for reducing the allostatic load and reaching back to the point of homeostasis.

- Displacement: The process by which the mind tries to divert the emotion from original source target to a different target.
- Projection: When the negative emotions-doubts, anger and jealousy are projected on someone else.
- Rationalization: The way to deal with negative outcome through false and plausible excuses with a rational and sometimes unacceptable behaviour, to justify actions.
- Reaction Formation: The way to acclimatize the mind by working in the opposite direction to how one feels.

- Regression: Instead of projecting a matured way to deal with the circumstance, it is the process of reverting back to the childlike behaviour.
- Repression: One of the major defense mechanism, this is the process to bury negative emotions and feelings to the unconscious and avoid the resurfacing of these emotions in the conscious level of the mind.
- Sublimation: The process of refocusing emotions to something acceptable.
- Dissociation: The process the mind makes a world of fantasy and reside in, to avoid the discomforts of reality. This is a disconnection from reality in a world of make-belief and fancy to do away with all unbearable thoughts, feelings and memories.
- Intellectualization: The process to deal with negative emotions where the mind, rather than focusing on the negative emotions tries to deal with it in a rather intellectual manner and think for solutions regarding what can be done to avoid feelings of discomfort.
- Compensation: Like intellectualization, compensation emphasizes on strengths instead of focusing on the negative traits of the events.

Cathy Caruth in her work *Unclaimed Experience: Trauma, Narrative and History* (1996) takes from Freud and builds up her theory, locating the traumatic event in history and narrating how trauma affects living. For Freud it was the terrible environment of the battlefields and war zone which created an impact in the minds of the survivors for there was a repetition and reenactment of events taking place in the minds of the people who experienced these painful events at one point of time. These seemingly uncanny situations very often tended to repeat themselves in the mind of the survivors of war. Freud thus thinks about the way these uncanny and catastrophic events tend to repeat themselves for those being a part of the incident.

What is interesting to note about the reoccurrence of these catastrophic events in the minds of the victims is the way they recur without the individual's will to live back the moment again. These repetitions are particularly striking because they do not initiate by the individual's want but rather appear on surface as if they are summoned by some sort of fate, which seem to be entirely out of control of the individual's territory. But one basic characteristic is that these recurrences haunt the living and they do not provide pleasure to the individual's existence anymore. The ways these uncanny images emerge in the conscious level of the mind disturbs and bothers normal living to a great extent. From Freud, Caruth too borrows the parable which he mentions is essential for us to understand how trauma resurfaces back to the conscious mind and how it works at large. In the parable of fate, which Freud states in 'Beyond the Pleasure Principle', which he borrows from Torquato Tasso in his romantic epic *Gerusalemme Liberata* or *Jerusalem Liberated*, states:

Its hero, Tancred, unwittingly kills his beloved Clorinda in a duel while she is disguised in the armour of an enemy Knight. After her burial he makes his way to a strange magic forest which strikes the Crusaders' army with terror. He slashes with his sword at a tall tree; but blood streams from the cut and the voice of Clorinda, whose soul is imprisoned in the tree, is heard complaining that he has wounded his beloved once again (Caruth 2).

This story of Tancred and Clorinda brings to the surface the workings of trauma through a parable. The actions of Tancred in wounding Clorinda, his beloved in a battle and then again unknowingly wounding her again is taken up by Freud to mention how trauma works in the minds of the victim. The way Tancred repeats his action is the similar way by which traumatic experiences repeat itself, though unknowingly to the survivor, against his very will. The repetition in the parable is the heart of traumatic events. This dramatic representation of Tasso's epic goes beyond literary conventions and is the core of trauma and

trauma theory for what is important to note is not Tasso's act of devouring his beloved but the unconscious way in which the infliction of injury is repeated often.

What Caruth focuses in this parable is the idea of the 'wound' and the 'voice' which is the title for the introductory chapter to the analysis of trauma entitled: 'The Wound and the Voice'. Caruth mentions how the act of Tancred of inflicting a fatal wound on Clorinda cries out again, unconsciously through Tancred's repetition of his act. The voice of his beloved crying out to him, addressing him during the second time bears a witness of the past event which Tancred has repeated unwillingly. Tancred's story proved how the inflicted wounds often repeat themselves and cry out which is synonymous to the traumatic experiences happening in the lives of the bearers. It is this specific point between knowing and unknowing that traumatic experience emerges on the surface.

Though the original meaning of the word 'trauma' is the 'wound inflicted on a body', yet Freud extends this physiological terminology to psychiatry where he used the term to refer to a wound in the mind and the psyche as well. "In its later usage, particularly in the medical and psychiatric literature, and most centrally in Freud's text, the term trauma is understood as a wound inflicted not upon the body but upon the mind." (Caruth. 3) the parable provided by Freud is a strong example of the way we understand trauma and its workings because it gives us the central lessons in Freudian psychoanalysis. What happens to haunt the trauma victim is not just any event, but a shocking, violent and unexpected occurrence. Caruth mentions about the violent events, "What returns to haunt the victim, is not only the reality of the violent event but also the reality of the way that its violence has not been fully known" (Caruth 6).

Caruth locates trauma in history, an event taking place in the history of the individual occurring in near or far setting. This is the 'locus of referentiality' (Caruth 6) for Caruth. The

locus of referentiality is the link between the reality of the traumatic experience and the narrative of the event in the present. Though traumatic events occur at one point of history to the individual who is suffering the ongoing allostatic load of the stressor, yet the origin point of trauma and its cause of occurrence might not be always traceable. Therefore, in Freudian terms, trauma is located in the unconscious level of the mind; the unwanted feelings always repressed which crops up to the conscious surface, thus dismantling the balance of the mind.

In *Enduring Love*, Ian McEwan projects the working of trauma through two actions in the novel- the ballooning accident occurring in the beginning scene of the novel and the complexities offered by Jed Parry towards Joe Rose and his private life constituting a major part of the complexity in the narrative. The event taking place in the opening chapters of the novel sets in the tone for the events to occur till the end. The introduction to the main characters, the pessimistic air of events and the character complexities that McEwan bring s in to the readers in the opening parts of the novel portray how the subject loses the entire control over one's life. This leads to the characters fighting out the dilemmas, figuring out a way to escape the stressors and overcome the allostatic load to gain back the real momentum of life.

Trauma in *Enduring Love* brings up two major aspects related to the concept of the 'self' and 'life' at large. McEwan portrays how any particular event can take a toll on life no matter how it is related to one individual or detached from him. The two major events taking place in the narrative- the hot air balloon accident and the stalking carried out by Jed is a proof to the fragility of human life at one point and signify the continuous erosion of meaning on the other. Though the initial part of the narrative is a happy reunion of the monogamous heteronormative married couple Joe and Clarissa, attributing meaning to life and existence, yet a moment later, things are brought to a halt by some ongoing havoc around their life, pushing their relationship to a fragile level where it becomes difficult for both Joe and

Clarissa to make a sense of the reality and their existence at large. *Enduring Love* thus brings forth the critical essence of trauma and its ability to erode established structures, thus questioning the grand-narratives of life and living. The symbolism used by McEwan through the ballooning incident and the act of stalking are two powerful symbols acting as deciding factors to harm the individual related to and separated from the events. Bruce McEwan's analysis of the dynamics of trauma and how it occurs from a given stressor, affecting the normal living of individuals, finds a representation in *Enduring Love*. For trauma to take place, McEwan builds up the narrative by placing two important stressors in the beginning of the novel which in due course of the narrative builds up the allostatic load for the others concerned with the events.

Enduring Love also projects the two types of trauma mentioned earlier in this Chapter- the collective and the individual type. As mentioned, when trauma is experienced together by a collective group of people in a given space and time, the instance is of collective type trauma. Whereas, the experience of a devastating event by a particular individual; is the outcome of individual type trauma. Within the narrative, the hot air balloon accident is the example of the collective trauma taking place at the very outset of the novel where people forming a group, witness the accident taking place and also take part in the event to save people included in the tragic incident. The opening chapter of the novel is fundamental since it creates a chilling tension for the group of people available in the picnic spot that day. Joe reveals how Clarissa and he have been separate for six weeks and in celebration for the return of his wife back, Joe arranges a picnic in the Chiltern Hills near Christmas Common "elated by our reunion" (McEwan 5). As the couple walk in through the garden, pondering over their childless marriage over seven years but a happy fulfilling life, apart from Clarissa's mild irritation at Joe's occasional dissatisfaction with his line of work, there was nothing so far that threatened their reunion and intimate existence at the park. But

soon after, a momentous change drops in which Joe narrates marks the beginning and end of calm and stillness in the lives of many. As they enter the picnic spot, the wind starts gushing heavily and “the branches creaked like rusted machinery” (McEwan 5). The change that was about to come in occurs soon after, “there was the shout again, and a child’s cry, enfeebled by the wind that roared in the tall trees along the hedgerows” (McEwan 1). This event gathers the attention of everyone sitting and enjoying over the spot and all of a sudden the focal lens shift above the field from the sky down below where people are gathered. “Five men running silently towards the centre of a hundred acre field” (McEwan 1). Joe narrates, “What were we running towards? I don’t think any of us would ever know fully. But the specific answer was, a balloon” (McEwan 3).

A moment of panic grips in when most of the people present on the spot rush towards the balloon to save a child and the pilot from the accident about to happen. Only when Joe foresees the future he has a sense of something uncanny about to take place soon after the catastrophe. Joe notes that a new form of catastrophe will emerge, which will be more furious because of the presence of Jed. Though Joe could only think about the immediate after effects of the accident, he has little idea of how interaction with other people present on the scene will change his life, triggering traumatic existence and shatter the conjugal bliss.

The ballooning accident proves to be a communal trauma for people present in the scene because it generated fear in the minds of the people available since all they wanted at the moment was to save the child and the pilot from the accident that was about to take place. In the basket of the balloon is a boy and clinging to the rope of the basket is a man, crying for help. Then comes a series of continuous attempts made by the men to save the lives of people stuck inside the balloon. Though they manage to save the pilot and the child, yet, Logan loses his grip falls off and ceases to exist. People on the picnic spot petrify to death with the outcome of the event that was not seen on the surface.

This is the first instance of an external stressor working on the mind of Joe as well as Clarissa to some extent since Logan had been an acquaintance for a long time. Though Joe tries to get hold of Logan from falling, he misses the catch and the final mishap on the picnic spot occurs with the death of a close friend. Doing away with the last rites and moving back home to Clarissa, Joe mentions the feeling of guilt he undergoes after the catastrophe. The vision that he envisages in the opening chapter already creates the allostatic load in his mind. Though it distresses Clarissa as well, but she is less affected with the outcome since she knew Joe tried to save Logan and the death was none of Joe's fault. Clarissa mentions:

We've seen something terrible together. It won't go away, and we have to help each other. And that means we'll have to love each other even harder (McEwan 33).

The relationship that Joe and Clarissa shares is the only solace that Joe can entrust his life and belief upon. Though the feeling of guilt remains with him and will continue to do so for a while, Clarissa's devotion towards him made him feel grounded. "It made me feel that I belonged, that I was rooted and blessed" (McEwan 33).

An example of mild trauma, yet effective one, the opening chapter of the novel portrays how allostatic load build upon and can have a different stress on people. What is interesting to note is the event taking place within the picnic spot which creates a greater stress in the life of Joe. The ballooning incident was not the only negative event taking place during the picnic. The introduction to Jed Perry in the scene brings up more rising complexities associated with the event of trauma taking place. Jed Perry, who was present during the ballooning mishap is narrated by Joe as, "He was twenty-eight, unemployed, living on inheritance in Hampstead" (McEwan 13). Though the opening to the novel deals with the ballooning incident, yet the introduction to other characters in the scene of catastrophe brings about more catastrophes for others present there. Though Jed seems to be a normal person,

trying to reach out to the one that is in need of help, yet, in reality, because of his possessed delusion the effect falls upon others to which Joe and Clarissa are directly related. This obsession with Joe puts a heavy impact on his personal life which in turn brings in a change in the conjugal life of Jed and Clarissa. This indeed creates “a catastrophe”, which Joe mentions earlier, which has the capacity to change existence and living. Trauma this case is related to obsession- a direct result of Jed’s obsessive behaviour of stalking Jed all throughout.

McEwan, placing Jed Perry on the picnic spot brings in the association of the delusional psychotic patient to that of Joe Rose’s married life. The delusional personality and identity of Jed, which Joe is unaware of in the beginning, becomes haunting as the narrative proceeds. From coming in terms with one another during the mishap taking place at the picnic spot to spying the existence of Joe and following him like a shadow to wherever he goes, Jed manages to disrupt the private space of Joe to an extent where the affected individual is ready to take lives of the person his delusion is attached to. By the time Joe becomes familiar with Jed’s presence around him every time, an external stress starts to build up on Joe, affecting his mental calm.

As Caruth points out, trauma defies the experience of life as cohesive and meaningful. As trauma has the ability to possess the victim, it outstrips the ability of human beings to make sense of the world, to perceive the reality and understand the world by ourselves. It is because of the traumatic experience that the subject loses control over his own life and tries to make sense of the seemingly new, surprising and shocking experience. Depending on the changed environment the adaptation procedure of individuals may vary, which according to McEwen induce a greater allostatic load on some individuals thus bringing in trauma and its complex experience. Though there is a want to express this experience to others, yet nevertheless the affected individual may find it difficult to narrate

the situation transparently to others. Trauma therefore also affects communication; it is a crisis in communication.

Enduring Love portrays how Joe tries to narrate the horrible experience of stalking carried out by Jed to his partner Clarissa but fails to a greater extent. When Joe decides to narrate the horrible incidence of Jed trying to get in touch with him first through a phone call at the night of the accident, then follow him up to the library the very next day and stalking him through the work and then standing in front of his house every day till Clarissa leaves for work, Clarissa only fails miserably to understand what Joe is narrating because Joe is not able to provide sufficient proof to the facts. Though quite excitedly Clarissa takes this to be a secret “gay love affair” (McEwan 57) she fails to understand the impact it has been creating in Joe’s mind. What concerns Joe about Parry is the fact that if he has followed him up to the library, he is also aware of his whereabouts and place of living. And if nothing has happened at all, Joe’s mental health is at stake since he too is unsure about Parry following him and making it up to the library. Joe narrates the building tension:

I was afraid of my fear, because I did not yet know the cause. I was scared of what it would do to me and what it would make me do. And I could not stop looking at the door (McEwan 44).

Trauma in the novel occurs because of the stalking carried out by Jed towards Joe and the violent behaviour he resorts to towards the end of the novel. An example of serious obsession, *Enduring Love* presents a narration of competing forces that are opposite in nature. Love that is understandable, logical and explicable and love that is seemingly disgusting, illogical and incomprehensible. On one hand we have the monogamous heteronormative love relationship shared by Joe and Clarissa- a kind of relationship which is accepted by the society based on the institution of marriage bonds and is taken as the family for the unit of

reproduction. On the other hand, the love that Jed shares towards Joe, emerging out of his delusion of de-clerambault's is a force which is opposed to the normative structure of relationship in the society-- it is homoerotic as opposed to heteronormative, this is obsessive, pathological, one-sided and has violent outcomes towards the end. This one-sided violent obsession is the root cause of trauma happening in Joe's private life. Thus, the flow of normal life is interrupted by the traumatizing force and violent nature of love coming from the opposite end, carried out by Jed in the form of stalking.

On Freudian terms, the relationship shared by Joe and Clarissa is the expression of what Freud terms 'Eros' which has the ability to multiply life by binding people together by the string of pleasure, which keeps humanity moving forward. The relationship shared by Joe and Jed on the other hand, though one-sided, is destructive in nature and has the ability to destroy lives which Freud calls 'Thanos'- a force opposite to Eros which denies pleasure and the direct outcome is pain, thus disrupting lives of many people attached. This negative drive is also related to the 'death-drive' which creates burden on existence and looks forward to death as the ultimate outcome. The symbolism put forward by Jed's affair towards Joe suggests the darker side of love, loss of meaning and is a strong symbol of trauma which in the novel is expressed as repetitive and unwelcoming threat expressed by the stalker and experienced by the victim-- in this case Joe Rose, trying to make sense of the situation.

In the novel, stalking is interpreted as an obsession and Jed's stalking patterns are examples of pathological love. Since stalking is related to the acts of surveillance, trying to communicate with the victim through varied means by sending messages and sometimes also threatening the victim with violence, therefore the act is sure to inflict fear in the life of the victim. Though obsessions can be healthy and productive, yet in this case, stalking implies a negative obsession which can harm the victim's life. The DSM-V already states how patients of de-clerambault's syndrome can cause immense harm to the victim and by means of

stalking can act violently. This said, the direct impact befalls on the victim and the experience of the victim in this case is more traumatic than the intentions of the stalker. Bran Nicol and Paul E. Mullen, Michel Pathe and Rosemary Purcell in *Stalking* (2006) and *Stalkers and Their Victims* (2008) narrates how in the twentieth century specifically, stalking emerged as a strange behaviour which was understood as being a social anomaly and recognized as socially unacceptable by the twentieth century and later. Stalking came to be associated with violence and crime and thus taken as traumatizing action in the present day.

In de-clerambault's syndrome, stalking occurs because of delusion and thus it is a pathological kind of love in which the person is substituting reality with that of fantasy, the mixing up of the real with that of the unreal. The presence of the ongoing delusion in this case is an abnormality which haunts the victim in a varied manner. Mullen mentions, the year *Enduring Love* was published in 1997, stalking was criminalized in the UK. Paul E. Mullen, Michel Pathe and Rosemary Purcell in *Stalking* mentions how the notions of the act which is now linked to malice, ill-treatment and obsessive behaviour in some cases was not always the scenario. The meaning of the word has thus undergone rapid change in the contemporary era. Mullen states the example of Dante Alighieri and his love for Beatrice. Though Beatrice was married off to another man, Dante's love for Beatrice in this case is rather obsessive, yet a true symbol of love where Beatrice was his poetic inspiration and muse-- though Dante never expressed this explicitly to Beatrice yet his act was that of stalking and obsession in reality. Johann Wolfgang von Goethe in his *The Sorrows of Young Werther* (*Die Leiden des Jungen Werthers*) 1774 is also built on the lines of obsession. The novel is autobiographical in nature and speaks about Werther's obsession towards Charlotte/Lotte who is indeed engaged to Albert. This obsession of Werther leads to his complete despair which leads to the death of Werther, through suicide.

Within the narrative of *Enduring Love* as well, there is the mention and projection of obsession. Since Clarissa is a John Keats scholar who is researching on the letters of Keats, she figures out how the poet was famous at one time for sending his letters to his beloved Fanny Brawne. Though the letters project Keats' abusive behaviour, yet they have received wide critical acclamation among scholars in the literary world. In the novel, Jed's letters to Joe are signs of obsessive communication. He continues sending long letters to Joe and it is through the letters and because of the presence of the letters, that the readers as well as Joe are aware of Jed's private matters. The letters also create stress in the life of Joe because it is through the letters that Jed expresses his love for Joe which seems violent enough to carry forth.

As already mentioned, traumatic disorders are related to the direct impact of the external stressor on the psyche which is in turn connected to the horrible experience of unavoidable reality, taking a toll on the psyche of the individual-- an event that the mind can no longer accommodate and find ease with. Cathy Caruth thus mentions in her essay on 'Violence and Time: Traumatic Survivals' (1993) that traumatic experiences are on one hand most realistic and on the other hand "most destructive psychic experience" that an individual may undergo in life. Trauma is not only facing a bleak event which is terrible in nature but also one has to deal with this experience on a daily basis. Trauma here is thus a continuation of the dreadful experience after the occurrence of the event. Caruth thus mentions, "the problem of trauma is not simply a problem of destruction but also, fundamentally, an enigma of survival" (Caruth 24).

At the heart of a catastrophic event lies the paradoxical nature of trauma-- the want to survive and the destruction to life. Richard Powers in his *The Echo Maker* takes up from this point how a catastrophe can change the life experience of a person and also to people related to him. In the case of Mark in the novel, the truck accident, in the beginning though it causes

a substantial amount of harm to his physical existence, but in reality, affects his psyche with an alternative reality. The opening part of the novel brings in the ‘locus of referentiality’ -- the point in history wherein the catastrophe takes place. In case of Mark, the accident taking place during one wintry night in Nebraska is the point of his traumatic departure and traumatic survival as well. Powers in the novel presents the readers with the exact event which is seen as the traumatic injury in Mark’s life.

Sigmund Freud in his *Beyond the Pleasure Principle* makes an elaborate study on the nature of trauma in individuals and the delayed experience trauma continues to hold in the psyche of the bearers. Though Freud in the opening section of *Beyond the Pleasure Principle* relates trauma to war neuroses because of the exposition to overwhelming responses of the mind to the violent events in the battlefield field during the wake of World War I, Freud was astonished to see the after effects of the war on the psyche and behaviour of individuals. Freud mentions how traumatic events become a part of daily existence by showing itself repeatedly through dreams and nightmares. He then compares these symptoms to another event-- the accident neurosis. The outcome of accidents too, may lead to traumatic departures where the psyche is again seriously injured beyond the physiological damage done on the body. Freud states:

A condition has long been known and described which occurs after several mechanical concussions, railway disasters, and other accidents involving a risk to life; it has been given the name of traumatic neuroses (Freud 12).

Caruth mentions this phenomenon of the accidental trauma as, “the outside has gone inside without any meditation” (Caruth 24). This brings back McEwen’s analysis of the environmental factors on the psyche which has the ability to bring in allostatic load and

change the way an individual adapts to his environment. In some cases where the fear might remain within the psyche of the individual, in other cases it affects the identity of the self.

The Echo Maker brings forth narratives from different characters and their personal points of view. The novel thus deals with multiple focal points and embedded narratives where the focalization changes most of the time. This is however in tune with the characteristics of trauma novel which shows how narration can get affected with the occurrence of trauma. Herman and Vervaeck in 'Capturing Capgras: The Echo Maker by Richard Powers' mentions:

The alternation of embedded narratives is not a sequence of clearly separated mental worlds. The vertical, double embedding of the narratives and the horizontal contamination of embedded narratives suggest that the characters' mental world have lost their center and their limits (Herman and Vervaeck 419).

Within the bounds of the novel, though a greater part of the narrative focuses on Mark's identity after the traumatic departure and the way he tries to deal with the present given that his cognitive abilities have altered due to the "nearly-death accident", we also get a glimpse of his life before the traumatic occurrence. There are thus historical distinctions and departures of Mark prior to the trauma and Mark after the trauma which Cathy Caruth mentions as the multiple selves at work-- an outcome of traumatic injuries. The narrative intends to capture Mark's rising complexities and his total sense of disintegration of the self whereby trauma hinges on the incomprehensibility of his personal identity and claim his life to be his own.

In the novel, trauma of the central character-- the victim brings into focus not only the personal changes in the mind of the possessor but also takes a note on the historical and social dynamics that trauma can give birth to. While taking a note of the historical contention,

the story of Mark, prior to his accident is brought to the surface through Karin's point of view. She notes about her brother and his strong determination to live life as a person not caring much about the external world. Thus for her receiving the news of her brother's accident was not welcoming, for Mark, "a nearly professional driver" (Powers 6) the accident made no sense. It is through Karin Schluter's focalization, the past is rebuilt on a much larger canvas where the narrative becomes episodic. Only after looking at Mark's present condition inside the hospital trauma care unit, Karin conjures the past and brings it to life, in contrast to the present. "Time flaps about, wings broken. Voices pass, some circle back, but one's as close to always there as there is" (Powers 23). Though Mark's physical stature has been damaged, Mark's return to normalcy after the accident has complicated ends.

Michelle Balaev in 'Trends in Literary Trauma Theory' (2008) observes about the trauma novel:

A defining feature of the trauma novel is the transformation of the self ignited by an external, often terrifying experience, which illuminates the process of coming to terms with the dynamics of memory that inform the new perceptions of the self and the world (Balaev 150).

Though the focalization here is through Karin, the dynamics of memory plays a greater role in establishing the memories of the past and framing new perceptions of the subject concerned-- a perception that is broken and distanced from the normal workings of the individual concerned. Though in accordance to Caruth, the cognitive chaos and the possibility of the division of consciousness takes place in case of Mark's existence, yet Karin too, is affected indirectly by the outcome of the event. The past that is conjured up by Karin is a device to show how a part of her and Mark's living is affected by the traumatic event. As the condition of Mark worsens, his identity before the accident is idealized in Karin's

memory. This brings in an inverse relationship between Mark's past and his present. After the traumatic injury, Mark sinks deep into the world of unconsciousness, failing to live up in the present. Karin notes:

Wires only, where words were. Face bent wrong and folded up into his own eyes. Slipped in the metal, the hell he must be in. His smallest move a pain worse than dying. May be death is done already. Done all ways, in one tip of his life and lifting. Who'd want to live after such a fall? (Powers 23).

This is the "enigma of survival" that Caruth mentions in 'Violence and Time: Traumatic Survival'. The present life state of Mark is not about living but a struggle to live between destruction and construction of life, which Caruth mentions to be the heart of the traumatic experience. This, as Catherine Malabou puts in 'Plasticity and Elasticity in Freud's Beyond the Pleasure Principle' (2007) threatens the mastery of the Freudian notion of pleasure principle in existence and brings forth ruin and damage to life and living. (Malabou 79).

Karin stays all through her brother's stay at the hospital for recovery and watches his condition deteriorate. Though Karin gets a view of Mark inside the hospital room, she could only see her brother's skull and the sprouting wires everywhere and amidst all complexities, Mark struggles to inhale in his oblivious state. On calling him from a distance, the eyes opens at the call but nothing moves, the eyeballs remaining still until he tries to utter something from his mouth but without a proper sound. "His face knew her. But nothing came from his mouth except a tickle of saliva" (Powers 8). She was only exciting the patient in this present manner what the nurses had forbidden her to do. Existence in this room only meant an artificial way of regaining consciousness and striving to come in terms to life. On Mark's side

the only attempts he was successful in making were the meaningless groans that seemed to escape from the sealed mouth.

Mark in his state of oblivion, dreams of one traumatic incident of the past which is like his childhood trauma presented by the narrator in the novel. In the traumatic event, Mark remembers the situation while learning to swim with his father, he is drowning. As Mark is drowning, his father reaches into the water, “stiff hand pressing down his head until all bubbles stop” (Powers 23). By the time he gains the first consciousness, he finds himself swimming in the web of wires all around, trying to come in terms to life just as the drowning incident.

Bessel van der Kolk in *Traumatic Stress: The Effects of Overwhelming Experience on the Mind, Body and Society* (1987) argues trauma as “dissociation, rather than repression, is common to the trauma experience. Traumatic experience can become encoded in an abnormal type of memory” (Kolk 7). Though physiological stress and damages may be the outcome of direct trauma, in the psychological level too, dissociations of the mind and speechlessness may be an outcome of the traumatic event. The direct outcome in case of Mark’s return to consciousness from the coma state is his inability to produce meaningful words and sentences. The language of Mark’s return to consciousness is enigmatic in its own way. Powers mentions this enigma of life and death and the duality that existence has to offer, the demarcation which can be done and accessed through language and its usage.

How do you know they are living. Always with the *look*, with the *listen*, with the *see what I mean*. Live things make such sounds, just to say what silence says better. Dead things are what they are already and can shut up in peace (Powers 61).

Because of the accident that Mark faces, the first complexity that shows up is with his speech mechanism. He produces words which do not contain any meaning. The mono

syllabic words which Mark utters are of “no use” (Powers 53). He is described as “tongue without words” (Powers 53). The language that Mark uses during the first part of his recovery is enigmatic-words that Karin states cannot be his. Here, though Mark is not trying to repress the demons of trauma, yet dissociation is already taking place which shows up in a large extent all throughout the novel. When Karin comes in contact with Mark’s attending doctor, Dr. Hayes, trauma specialist, he mentions how Mark’s case has been severe yet lucky enough to have survived the wave of misfortune and calamity. The night he was found lying off road, the firemen had cut him out of the truck-the condition they mentioned to Dr. Hayes was rather deplorable. Dr. Hayes says to Karin about Mark, “moderate, severity, stable and lucky” (Powers 7). This again brings in the paradoxical nature that trauma has to offer with which one has to combat and figure out ways to live. On enquiring what “moderate”, “severity” and “lucky” means, Dr. Hayes mentions that Mark was lucky enough to have made it to the Good Samaritan Hospital on time as there was every possibility for Mark to have remained off road, confined against the world.

What Michelle Balaev mentions in ‘Trends in Literary Trauma Theory’ about trauma affecting the consciousness of the individual holds true in case of Mark. According to Michelle, “the effects of extreme experience on the survivor’s memory and identity, there is general agreement that traumatic experience can disrupt or alter consciousness, memory, sense of self and relation to community” (Powers 156). As soon as Mark enters the state of his Capgras delusion, his identity as a survivor changes perception of reality. Mark loses a strand of the real life experience and his understanding is altered. Though the DSM-V has outlined the characteristics of Capgras Syndrome as delusion which in Mark’s case is induced by trauma, the effects it create on Mark and his sister Karin is tough to bear. He refuses to acknowledge Karin as his sister and takes her as an imposter only, the echo, who has replaced the real in this case. When Karin affirms herself and emphasizes on the fact that she is his

sister, Mark states, “My sister? You think you’re my sister? If you think you’re my sister, there’s something wrong in your head” (Powers 74). Here, Mark rather tries to affirm and stick to his notion of reality as the only true source of existence thus denying Karin’s existence as his sister. Thus, in accordance to Balaev’s statement, the consciousness in case of Mark has already been altered by the traumatic injury even though according to Dr. Hayes his hippocampus and amygdala is intact.

Caruth compares the traumatic events with that of external infectious pathogens affecting the human mind, wiggling through the psyche, taking a seat and causing harm to the mind. While the event is external to the brain, it has the power to build up the allostatic load and affect life. However, traumatic experiences can never be one’s own solely. It has the power to multiply within groups and acquaintances by transfer of the allostatic load on their part as well. It is through the act of narration and shared experience that trauma may multiply within a given group, in a given space. Trauma thus acts like a contagious disease which has the ability to spread even though it affects one individual at large. This shared experience of trauma is the ‘contagion theory’, which in turn is the indirect impact of trauma, spreading from the victim to others in the society. Powers in the novel shows how the effects of trauma can be reaching far and wide, beyond the affected individual. To escape the havocs of the present, the characters in the novel are seen to resort back to the past memories and find a refuge in the bygone days.

Patrick McGrath in *Trauma* outlines the formation of trauma within the individual from within the bounds of the family at large. The protagonist in the novel undergoes traumatic disorders because of the harmful environment he has been a part of since his childhood. In the novel, environment plays a major role to determine not only the life of the main character and his actions but also on the surrounding characters as well. All the

‘affected’ characters in the novel are a product of family and society that is affected in the broader sense.

Environment can be termed as anything that surrounds an individual or the space that an individual occupies, of which he or she is a part of. While there is a general notion of the ‘objective’ environment which is taken to be the external landscapes beyond the corporeal existence, there is also an idea of the ‘effective’ environment. FJ McGuigan states in *Biological Psychology: A Cybernetic Science* (1994) “External environment can be defined as the sum total of all those stimuli outside the body that could impinge on an organism.” Effective environment on the other hand is everything that effects or creates an impact on the corporeal existence of the individuals living in a society both physically and mentally. Thus, environment, though in general terms is situated beyond the corporeal, yet it is everything that creates an impact on the human beings as a whole. R Gross states in *Themes, Issues and Debates in Psychology* (2009) “Environment is anything that is not a gene and affects the determination of phenotype.” Here, Gross brings in the idea of the external surrounding that creates an effect on the living organism.

Environment plays a decisive role in the mental health of an individual. It is the environment which influences the personality of a person either positively or negatively. The way someone is brought up at home by the parents and relatives and the way someone is treated during the formative years of growth can have a heavy influence in the growth of the child and his or her character. Personality is a ‘subjective’ phenomenon which relies much on the child’s surrounding environment thus contributing to the formation and development of behaviour of an individual at the later stages of life. Often it is observed, that the negative set of environment in the formative years of the child can create much havoc in his adaptation along with the surroundings and his ability to cope up with different situations across different time is also affected to a greater extent. The issue of mental health and hygiene thus

depends much on the surroundings and the space in which an individual frames his existence. Since individuals are in reality a part of the society and the 'romantic' notion of an individual being free from the chains of the society is only arbitrary, therefore, one cannot function independently. Human beings are the true product of the society, its culture and atmosphere and one cannot evade or dodge this principle. One chief aim of literature is to deal with the human psyche and thought in broad terms. Patrick McGrath's *Trauma* (2007) deals with the life of Charlie Weir, the central protagonist of the story around whom the plot revolves. The narration done from the first person point of view deals with how Charlie who is a psychiatrist dealing with trauma patients, deals with his patients on one hand and on the other deals with a fragmented family affecting his mental health and living. Though Charlie is seen to provide an amiable environment to his patients to overcome the trauma of the past, yet in his personal life, he is caught in the grip of the past because of which Charlie is unable to deal with the present circumstances in a proper manner.

Though the family is the basic unit in the society which seeks to provide security and safety to the members of the unit, in some cases the results may vary. It is because of the negative set of influences from the family during Charlie's childhood, that he falls in the grip of PTSD from an early point in life. What catches the attention of the readers in this case is Charlie's profession as a psychiatrist. Even though he works for the promotion and well being of individuals and their mental health circumstances, he fails to achieve the balance in his personal life. McGrath through the narration brings out the essence of the family unit and the environment in which one stays and grows which happens to affect the psyche of the individual to a larger extent.

In Charlie's case, the negative environment that he is a part of since his childhood affects the present state of his being where he loses to establish and achieve a normal state of living because of the external stress getting a grip of his mind. In Ewenian dynamics, the

external stress pouring in from his broken family, in the case of Charlie's psyche creates the allostatic load in his mind which in turn fails to achieve allostasis leading to trauma in the long run. The Life Course Approach to tackle inequalities in Health, provided by the WHO and European Review outlines the Social Determinants of Health and Health Divide which portrays the multi-faceted dynamics of individuals placed in the home environment and individuals placed in the society in a wider context-the micro and the macro environments and their interdependency from a smaller context to the greater one.

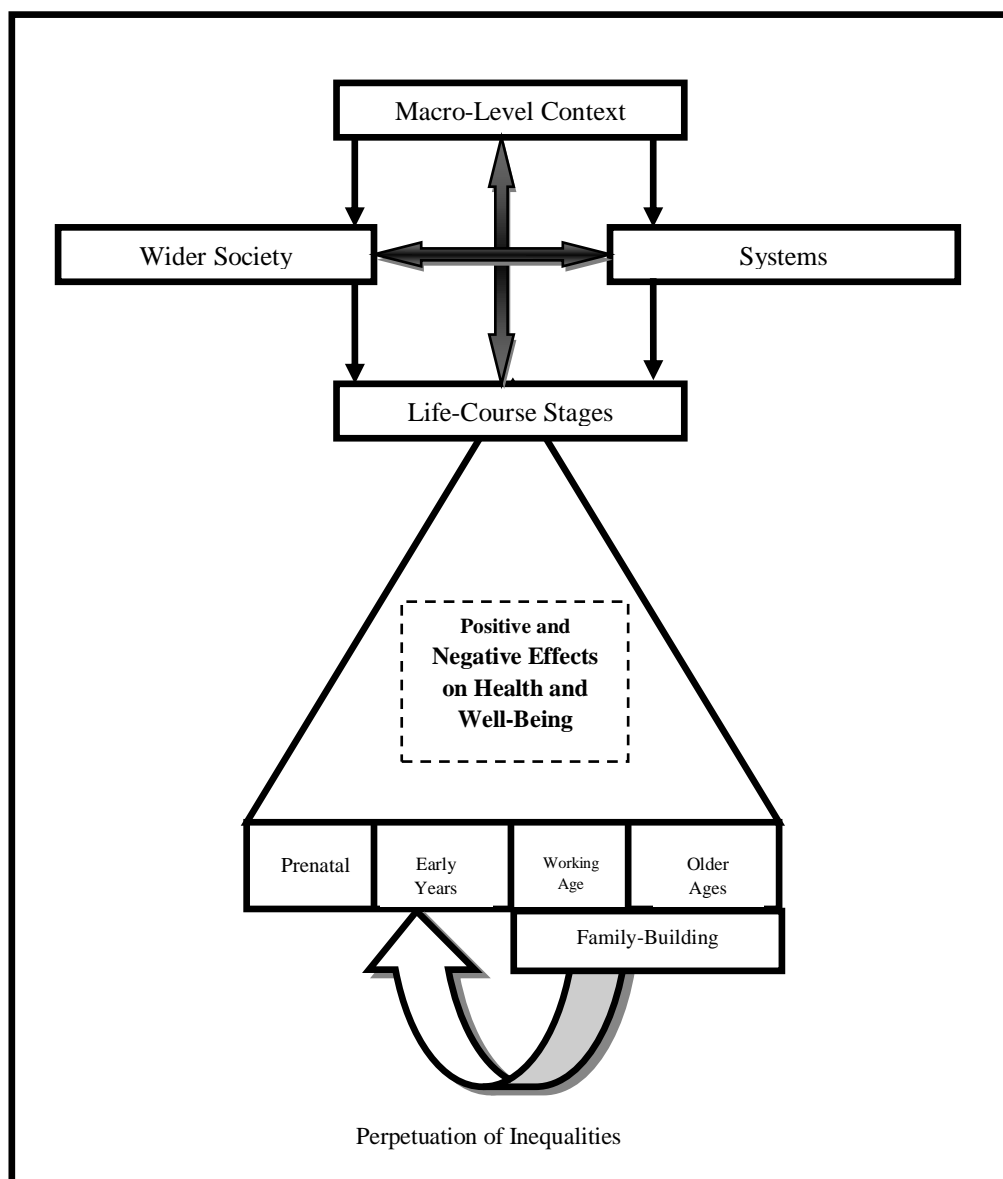


Fig1. Life Course Approach to tackling inequalities in Health, by WHO European Review of Social Determinants of Health and the Health Divide.

The figure outlines the positive and negative effects of the environment that can affect the individual. The figure also shows how imbalances in the lower levels can create major setbacks for individuals to cope up in the wider social context.

Based on the model provided by the WHO, McGrath portrays the negative impacts taking a toll on Charlie's mental state. Charlie's parents had a failed marriage because his father Fred was a drunkard who abused his wife every day. While they separated long time back, yet the ongoing harassments faced by Charlie's mother being the wife of Fred, pushed her to a series of depressive events. In the opening chapter of the novel, Charlie mentions, "My mother's depressive illness occurred when I was seven years old" (McGrath 3). This is also one contributing factor to Charlie taking up the profession of a psychiatrist since from the very childhood he had to take care of the sanity of his mother's mental health. Though his elder brother Walter too has been a part of the torments taking place in the family but it did not affect his mind state at all. Walter from the beginning takes no interest in the family matters and has little to contribute towards the moral comfort of his family. The allostatic load in this case does not affect Walter as much as it does in case of Charlie. It is because of the inability of the family to provide comfort to the members because of which Charlie fails to establish a proper bond with the external society and systems, in the macro-level as well.

As Charlie's elder brother takes no interest in family matters, the responsibility falls back on Charlie's shoulders to worry about his mother which in turn is the formative step for him becoming a trauma specialist. Charlie mentions about his profession to the readers, "I guide you towards what I believe to be the true core and substance of your problem" (McGrath 5). Though he addresses the readers directly as a psychiatrist and mentions how he is able to reach out to the root of people's abnormal psyche and the reasons behind it, he fails to do it in his personal case. The comment is thus rather ironical from the point of view of Charlie's inefficiency to chart out his deficiency and abnormality.

In the novel though the major focus is on Charlie's trauma, yet most of the characters that McGrath portrays on the context of modern day world, are more or less affected. Since Charlie's traumatic experiences starts at his home, he mentions how his mother had to face a series of abuses from Fred because of which she undergoes bouts of depression. His mother therefore serves as a case study of the depressed soul fighting against all odds and carrying out a living by repressing and diverting her attention to objects other than the family life. From the very outset, Charlie narrates how his mother has been fighting depression till the end moment of her life. She undergoes emotional drainage because of her relationship with Fred. A sense of estrangement is one basic theme of the novel. Charlie's parents drifting apart, creating a negative perception in Charlie's mind as well because of which he too fails to establish a healthy relationship with other women around. As the DSM-V already mentions how during the impact of trauma in one's life, a sense of detachment is always a part of living and subsequently, most of the characters in the novel suffer a sense of loss, detachment and disconnection not only with others in the community but also within and from the self. To escape the daily squalor, she diverts her attention to her writings. Charlie mentions, "Later, when she began writing books, she fostered no atmosphere at all other than the genteel squalor and heavy drinking gloom" (McGrath 3).

After the separation of his parents, when Fred accompanied the two sons for an outing, his mother became more skeptic of her son's relationship to the husband because she thought this would create a negative impact on her children and would pull them away from her further. The thought of Fred becoming more acquainted with the children distressed her because she did not prefer the children becoming a part of Fred's upbringing. Charlie notes about the changing behaviour of his mother in this case:

Mom was distressed when we returned from these outings, having in our absence awoken to the possibility that Fred might exert a stronger influence over her boys than she did and that we too would then be lost to her (McGrath 6).

This failure of marriage that Charlie sees in case of his parents, nests in his mind. In due course of time, he too falls out of his healthy marriage with his wife Agnes. Being a trauma specialist, Charlie looks after the Vietnamese war veterans who find refuge in his clinic, under his supervision. It is through one of his patients, Charlie gets in touch with Agnes and after a short period of formal courtship, they tie the nuptial bond. However, because of Charlie's traumatic experience with his parents' relationship, he fails to maintain and remain within the bounds of a happy marriage. Charlie's disbelief about people and their relationships throw him out of his marriage with Agnes as well. Though after the death of his mother, he comes in terms with Agnes once again and tries to get back to the track by establishing the romantic relationship, he fails again because Agnes has chosen to be the wife of Leon by this time. As Balaev mentions:

The traumatized protagonist's inquiry into previous truths of the self or formulations of identity produces a change in consciousness, however painful this might be, that takes the protagonist on a transformative journey, one that does not necessarily provide relief from suffering or redemption (Balaev 164).

This is true in case of Charlie. The utterly pessimistic view of life that he has undergone during the formative years of his life has created a change in perception. For him, the failed marriage and traumatic experience of his parents transforms the way he looks into his own life and marriage with Agnes. This definitely does not provide any relief from the ongoing suffering and neither is he able to form any healthy relationship with other women in the long run.

Since Charlie is a practicing psychoanalyst and psychiatrist, specializing in trauma and trauma victims, we have a host of characters in the text serving as patients to Charlie and provides an understanding to the varied streams of not only trauma but how the 'past' becomes a haunting present, destroying the lives of the characters both in and out. From McGrath's descriptions of Charlie's patients, an insight is brought into the existence of abnormal psychologies operating and trying to cope up with the ongoing environment, trying to fit in the normal state of things and figuring out a means to survive with the help of the psychiatrist. All trauma victims that Charlie encounters are a case study of characters suffering from the same baggage of the past but with different levels of impact on their existence. These case studies show how some trauma victims are able to live up life in a normal manner on one hand and on the other how some victims struggle to carry out living and ultimately either there is an attempt to give up life or they actually commit suicide.

After Charlie's mother pass away, he comes in term with his previous wife, Agnes and for a brief amount of time willingly tries to gain back the trust of Agnes but his attempts fail since Agnes moves out of the marriage and has already established a new life with Leon and her daughter. Charlie then comes in contact with Nora Chiara, a friend and acquaintance of Walter and his family. After some brief meetings, both decide to start a new phase of life together and Nora thus moves in with Charlie to his apartment. Interestingly, McGrath presents complexities in the character of Nora as well. She too is someone who is presents herself to be a normal, upright woman, but deep under, she fights her demons. She too is an individual undergoing the pangs of trauma. However, Nora presents no evidence to Charlie about her life because of which it becomes difficult for the readers to figure out events from her past and the reasons for her traumatic episodes in the present. She shows signs of trauma not in her present awoken state, but in her sleep. Trauma in case of Nora shows up and manifests in her dreams. The DSM-V states that traumatic experiences have the capacity to

show up and manifest in various forms, one such form is through dream. Dreams as Freud too observes, are the gateway to the unconscious. Various traumatic incidents of the past remains suppressed in the unconscious level which finds an outlet through dreams. McGrath places the character of Nora in the novel to show how memories of the past have the ability to disrupt relationships of the present in unconventional ways. The Charlie-Nora relationship too fails because Nora finds it embarrassing to portray her vulnerabilities in front of Charlie and Charlie too, unwilling to take up the case of Nora as a medical and trauma specialist.

McGrath in the novel presents the character of Danny as a war victim of the Vietnamese war. Living for a long time in the warzone and battlefield, Danny cannot accustom himself with the present environment. The character portrayal of Danny brings into focus how a negative set of environment can hamper life and living to a great extent. Danny lives in the past and his mind is unable to figure out the switch between the past and the present. He is thus unable to discard the past which is bleak. Living in the war zone for years, observing death with a near view, Danny still thinks that death follows him everywhere. The character of Danny is built in the dimension of Virginia Woolf's Mr. Septimus from *Mrs. Dalloway* who is unable to live his present because of the traumatic past that haunts him. An example of shell shock and war trauma, McGrath projects the horrors of the Vietnamese war and its after effects through the presence of Danny in the novel. He describes himself as an "animal" (McGrath 134) during the ongoing war. The status of the self being reduced to that of a monster with the only aim of killing and harming people of the opposite camp. Jeffrey C. Alexander in the book *Trauma: A Social Theory* (2012) states how the psyche of people who were engaged in wars were affected by the death of their near and dear ones and how many people experienced "shell shock" (Alexander 3) - a term coined by British psychologist Charles Samuel Myers to state the fact how many soldiers were undergoing posttraumatic stress disorder during the war and after. During the war and after, the effect of the ongoing

killings, mass murders continued within the psyche of individuals even after their return from the warzones. Danny too experience the same aftermath of the war.

From Charlie's point of view, Danny is the most critical of all his patients and the worst sufferer. He has been associated with Danny from a long time and has been providing medical and psychiatric treatment to Danny even before his marriage. This is how he comes in contact with his previous wife Agnes and the presence of Danny and his eventual suicide also contributes towards the failed marriage of Charlie and Agnes. It is when Charlie tries to construct the past for Danny, a process of Cognitive Behavioral Therapy (CBT) when things fall out of hand. Though Charlie tries to bring Danny out of his bleak past and the black spiral, yet he pushes him more towards complex issue and in the process, Danny gives up his life by committing suicide.

Trauma portrays how imbalances in the micro levels of existence, such as family can create major setbacks for individuals to cope up in the wider social context. McGrath also emphasizes greatly on the idea of memory while constructing the plot. According to Peter A. Levine, in his book *Trauma and Memory: Brain and Body in a Search of the Living Past* (2015) undertakes the division of memory into the following parts viz. 'explicit memory' and 'implicit memory'. According to Levine, 'Explicit Memory' is the one which emerges to the conscious level of the mind automatically but does not haunt the living being. These memories are general and most of the times good memories that suffice living. 'Implicit Memory' on the other hand is that part of memory which is related to fears and darker secrets of the humans, which remain repressed in the dark chambers of the unconscious but when emerge, may hamper life.

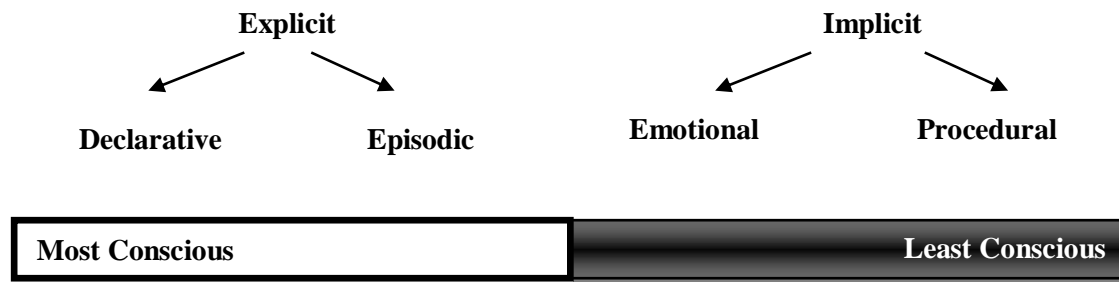


Fig. 2: Types of Memory. Basic Memory Systems

McGrath in his *Trauma* brings out beautifully how many characters in the modern life state are affected on various levels. The novel focuses not only on the posttraumatic syndromes of the protagonist Charlie, but projects how almost everyone and anyone in the modern society can be hampered by unsuitable events in life. The idea and theme of trauma as projected by McGrath in the novel is thus built on the paradigm of the ‘presence-absence’ model. Though in case of patients like Danny and Joe Stein, the effect of traumatic experience is evident, but in case of characters such as Charlie and Nora, the scenario is not the same. Interestingly, even medical professionals and psychiatrists like that of Charlie can undergo pangs of trauma at times.

Jeffrey C. Alexander rightly notes that human beings definitely need “security, order, love and connection” (Alexander 8) in order to survive for better. If they fail to achieve these from the life they are set to live, complexities will hamper the normal ebb and flow of life. This is the basic underlying principle for trauma to take place in the lives of individuals. This is where Sigmund Freud too built up his notion of the ‘pleasure principle’ and ‘beyond the pleasure principle’. This Chapter therefore dealt with the descriptive account of trauma, its origin and effect on the human mind. As mentioned, though the allostatic load may impinge on individuals together, the way that they are affected might not be always the same. The novels taken under consideration has outlined how trauma can take a toll on the individual

and spread its impact on others as well. Since the theme of trauma is a basic theme in all the novels taken for consideration therefore this Chapter has tried to analyze the theme in a descriptive manner.

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CHAPTER THREE

THE MIND AND ITS VARIED REALITIES

What is meant by 'reality'? it would seem to be something very erratic, very undependable- now to be found in a dusty road, now in a scrap of newspaper in the street, now a daffodil in the sun.

A Room of One's Own. Virginia Woolf.

Experience plays a major role for individuals to be a part of the world. For the understanding of the world we reside in, exposure to experience of myriad varieties becomes important. It is through experience that the human mind becomes aware of the world that one resides in. Experience therefore is the core of human existence. Since human beings are a part of a larger operating system within the society, on the basis of exposure to experience the mind frames ideas and thoughts while perceiving the happenings in the world. It is through social order, truth and reality of various events can be charted out. It is the characteristic feature of the mind to therefore imbibe and absorb ideas from the environment and subsequently frame notions of the good and the bad, positive and negative, acceptance and rejection.

As the world provides the space for human beings to live in it and operate in it, therefore it becomes necessary to know the relation of the world and the beings that inhabit the given space, across time. Since the first Chapter deals with the aspect of mental illness and its varieties by taking the characteristics from the DSM and ICD-10, it looks into the aspect of mental illness from the naturalist point of view. By taking into account the affected experience of human beings in the world, this Chapter will take into account the subjective experience of characters on the face of the world. The positivistic point of view looks at

mental illness objectively with the art of classifying it into various categories. Mental illness therefore, like other objects in the world, becomes mere categories with characteristic features. While taking a note of the characteristic properties of mental illness and abnormalities in the mind from an objectivist standpoint, the experience of the subject that is undergoing the change is often neglected. Therefore it becomes important to take a note of the subjective experiences of characters undergoing a definite change. Since the lived-experience and actual phenomenon of mental illness cannot be charted out by the positivistic lens only, this Chapter will try to understand altered human experiences with the help of phenomenology. Also, when it comes to analyzing mental illness with an objectivist view point, there are added problems that steps in.

Firstly, describing a person with the help of the normative view point, with the frameworks of the positivistic lens, reduces the person as objects falling under certain categories. This way of dividing individuals based on some characteristics of mental illness is a reductionist phenomenon where human agency is not taken into consideration and people undergoing the duress is only taken to be individuals with abnormality embedded in their existence. With this comes the idea of pushing the subjects from the center to the periphery based on their inability to cope with the everydayness of existence. Since the positivistic view point does not take into consideration the human agencies of the subjects concerned, individuals undergoing mental illness are looked at as people who do not possess individual goals, emotions and experiences. The discourse used to determine the existence of such individuals within the society identifies them as abnormal with the language of objectification which generalize and puts the individuals into fixed, immoveable categories, thus not taking a note of the subjective viewpoint of the affected individual. Though classification in accordance to the normative view point helps us understand the various forms and manifestations of illnesses, yet it fails to delve inside the lived realities of individuals

suffering from an illness. The objectivist standpoint thus looks at categorizing and classifying diseases by projecting a reality of the existence of illness but does not probe inside the psyche of the subject undergoing the illness.

Secondly, since mental illness is all about changes that occur in existence, it is a phenomenon that is distinguishable from others on the basis of the experience of the world. Mental illness is the alteration of the structure of experiences which changes the overall way an individual acts and behaves in a given space. What normative viewpoint fails to acknowledge is the coexistence of beings together in a given space. Though mental illness may affect one individual, but because of the coexisting factor, others in the given space are also infected to some extent. Thus alteration in experience happens not only in case of the affected individual but spills out to a broader social spectrum as well. Because of existing together in the social scenario, change in experience is the characteristic feature of the stepping in because of the coexistence with other people. Thus in this case, both the affected and the healthy person come closer when it comes to experiencing mental illness. This phenomenon of the experience of the others related to the mentally ill is often neglected by the normative sciences.

Since phenomenology deals with the subjective and firsthand experience of individuals, and since it can be asserted that mental illness is the change and alteration of lived experience, therefore, this Chapter will take into account the changes coming in the individuals because of abnormalities occurring in the psyche. The Chapter will place individuals with affected psyche on a broader social organization and will look at the structure of human experience from a phenomenological point of view. While taking a note of the changes in experience, this Chapter will also focus on the individual's changing dynamics with the society that he is a part of thus exploring how the 'healthy' individual and their relationship is hampered because of the emergence of mental illness.

To understand the individual's 'being in the world', it is necessary to understand the dynamics and structure of the world first. The world in general is the space given to us where individuals coexist together. However, the meaning and structure of the world may vary from individual to individual. The world and its existence is therefore a subjective notion as well. In *Ideas I*, Husserl gives a descriptive view of the 'world' and its availability to the individuals. Based on Husserlian phenomenology, the world is divided into the following parts-the 'natural world', the 'world on hand', the 'surrounding world', the 'inter-subjective world', the 'world as horizon'.

The 'Natural World' is the space given to us, the individuals, where we operate. This world is rather seen as already existing and perceived as the real world at hand. The natural attitude of this world is the attitude of the man in the street. It is a continuous space of existence since times immemorial. Anyone observing the world from a layman's point of view can be associated with this type of world. The taken for granted attitude is the approach of this world at large. The world in this state is taken as a world of fact, a world with an objective reality, perceived as already existing and understood characteristically as an objective truth. The idea of reality in this world is analyzed through facts and thus factually exists. According to Husserl, the external reality is everything that is beyond the subject position and can be seen, felt, understood using the senses. In brief, the world that is available to us in the basic sense of our understanding, beyond the subject position is taken to be the natural world.

The 'World on Hand' on other hand according to Husserl is the world which is fundamentally available to the individuals who are in a certain state of mind. The physical world, in one sense is available to someone who is awake. The world is not always on hand in an absolute sense available to us in all times but to someone who is in a certain state of mind. Individuals therefore in order to look at the world should be in a conscious state of mind.

The 'Surrounding World' according to Husserl, is everything that is available to the subject position where the world at hand is analyzed, accessed, observed, compared, described, inferred and assumed by the subject or individual being exposed to the natural world. The surrounding world thus stands in relation to the natural world. Experiences of the natural world form the conception of the surrounding world. The idea of the surrounding world is based on how the individual is exposed to situations, thus framing a concept about the objects that are available to him in the natural world. Based on the level of consciousness, understanding, ability to apprehend and the diverse states of sentiment, will and values, such as motivation, happiness, joy, sorrow, thoughts, decision and action, this conception and framing of this world takes place. The surrounding world is thus the world of subjectivity on one hand that rests with every individual. Though based on the natural world, yet it differs from the natural world as the natural world takes into consideration things as they are, the world is taken for granted. But the world in the surrounding world type is framed by various individual experiences and attitudes.

The 'Inter-Subjective World' for Husserl is an important phenomenon of the world that is available to the individuals living in it. The world available to us is not only available to me as an individual. It is in fact shared by other individuals within a given space and time. The world that is available is thus the 'world about us' and the 'world for us'. Despite being individuals, we share a common territory of the world's space with many other individuals who may or may not be like us in absolute sense. This notion of sharing the world with others is known as the world of 'inter-subjectivity'. As Husserl points out that despite of us being individuals in the world, we understand the world only because of the presence of our family, our neighbours and we pick up a set of behaviour and norm based upon what we gather from the people who surround us. We belong to the world because others too belong and we exist because others too exist alongside.

No matter even though we address ourselves as individuals, but as normative rule, the society operates with the help of other individuals residing in it, together. This notion of the inter-subjective world was further formulated by Martin Heidegger in his *Being and Time* with the notion of 'Being-in-the-World' and 'Being-with-Others' which draws from Husserl's notion of the idea of the 'Inter-Subjective World'.

The 'World as Horizon' as Husserl notes is a complex phenomenon. It is the object that not only surrounds the horizon of investigation and object available in front of our eyes but the immediate surroundings beyond them as well. The objects present in the world are full of probabilities and possibilities. The world that is available to us gains meaning only because of the horizons of experience given to the world by the subject position. There are objects and events not only in the immediate experience of the subject position but also beyond that as well. It is the 'thereness' of objects that provides various possibilities and potentialities of the object associated with it. In the *Logical Investigations* (1990), Husserl prepares the analysis of horizon and the various probabilities that can be associated with the objects. Citing an example of a 'table in the room', Husserl mentions the various dimensions of this object which in turn is the horizon of possibility that it has to offer. The table which is 'in the room', 'in front of the window', 'in my house', etc.-is the spatial horizon of the object in relation to a particular space that it occupies in the world. The table which is already present in the space, on which I tend to carry out my work, later, is the horizon of temporality. In this way, one object can give rise to multitude potentialities. In *Cartesian Mediations* (1931) as well, Husserl develops the notion of the horizon analysis. Taking the example of a fruit tree, he goes on to develop the theory of horizon analysis and the discourse related to the field of perspective. When an individual, from a particular distance, catches the glimpse of a fruit tree, and cannot see what kind of fruit is hanging from the branches of the tree, takes a note of the colour of the fruits. Based on the personal experience of a particular

fruit, the colour and shape of the fruit gives a vague idea that it is an orange tree with oranges hanging from the branches. But according to Husserl, perception works beyond this boundary. On observing the tree from distance, the individual assumes that there are other orange trees nearby and there is a probability of an orange orchard spreading on a particular area. The generalizations made from one glance towards the tree, brings in other probabilities onto the surface, that the tree is not a coniferous tree, that it has a backside which is same as the front side with leaves and fruits hanging from the branches, that the tree will not produce watermelon in place of orange, etc. in this way, according to Husserl, the act of perception 'intends beyond' the object and 'points forward' to various other possible perceptions. Thus, according to Husserl, there are 'interlocking horizons' which constitute the perception of the world and the objects associated.

Based on the discussion put forward by Husserl about the world and its existence, the following things can be summarized:

- The world is a continuous world. It existed before, from times immemorial, it still does and shall for times to come.
- The world is a fact-world. We derive ideas about various objects and things from the world. The world therefore not only provides a space to live but also provides facts to the beings it encompass.
- The world is a world of values. The world we live in also provides many qualities of the good and the bad, the positive and the negative, the optimistic and the pessimistic. The world is therefore a world of values that we inculcate.
- The world is on hand. The world is available to us and is for us. The world is therefore available for our use.

- The world is the surrounding world. Along with being a continuous phenomenon, the world surrounds us all the time. It is available to us and is present for us always.
- The world is an inter-subjective world. The world is not only meant for one individual, it is for everyone and thus the world is inter-subjective which is at disposal for many individuals and collective social groups.
- The world exhibits a horizon structure. The world available for us does not provide the same amount and level of understanding for all individuals even though it is an inter-subjective space of operation. Different people understand the world in different ways and thus there is a multiplicity of horizon that the world provides. The role of inner subjectivity and comprehension therefore is a chief characteristic that comes and operates from the world given to us.

Martin Heidegger on the other hand comes up with some other characteristics of the world in *Being and Time*. Following are the characteristics of the world according to Heidegger:

- The world is used as an ontic concept, a space where beings are present in a given space.
- The world can be an amalgamation of particular beings. Heidegger here takes the example of the world of mathematician where in all the possible mathematical objects can be clubbed together.
- The world can be expanded and narrowed down based on circumstances and contexts. Thus as Heidegger terms, there can be a 'public' world of the 'we' or a 'private' world of the 'my'.

- Finally, the idea of the world can be related to that of worldliness. Worldliness can be understood as the quality of being worldly, or related to the affairs of the world. Anything that falls under the realm of the worldly affairs can be taken under consideration here.

Based on the availability of the world to the individuals, this Chapter will focus on the subjective experiences of the characters in the novels undergoing mental illness. From a subjective point of view to the shared experiences, this Chapter will focus on how the existentiality of the being is shattered in mental illness and abnormal psychology.

As mentioned, phenomenology differs from the objective diagnosis of mental illness since it is related to the subjective experience of the individuals undergoing the illness. This Chapter will therefore take into consideration the constitution of the 'Being' and look into the aspect of how the existence of this being is disturbed when it comes to mental illness. Martin Heidegger in his *Being and Time* (1927) establishes the notion of the 'Being' and its relation to other beings in the world. To understand how the existentiality of the being is disturbed, it is necessary to understand the dynamics of the being with other beings in the world as well. However, in the beginning it is important to understand the characteristics of the 'Being' and how this Being is different from the 'being'. *Being and Time* is basically divided into two major parts with three major subdivisions. In the first part, the question and understanding of the Dasein is taken into consideration. The first part has three major subdivisions namely:

- The preparatory fundamental analysis of Dasein.
- Dasein and Temporality.
- Time and Being.

The second part of *Being and Time* which relates to the portions of 'Kant's doctrines of schematism in the context of the problematic of temporality', 'the ontological foundation

of the cogito sum of Descartes and the taking over of medieval ontology within the problematic of *res cogitans*’ and ‘a discussion of Aristotle’s treatise on time’ is published in a separate volume named *Kant and the Problem of Metaphysics* (1929).

The concept of ‘reality’ as traditional ontology points out, is related to the ‘mechanics of presence’. Because of the emphasis on what is present in front of the eyes, reality is framed which becomes one of the ultimate properties of ‘reality’. That which remains continuously present, throughout all changes is the notion of ultimate truth. Heidegger however rejects this ‘metaphysics of presence’ by challenging this traditional notion of reality. He moves on to a different dimension to address the issue of reality instead of focusing on the idea of ‘only present physically’ in front of the eyes. Heidegger moves from the direction of reality which we get from focusing on the way things appear in everyday life. Here comes in the aspect of subjectivity and multiple realities which is different from everyday reality, which manifests in the minds of individuals undergoing mental illness. As we will observe, in case of mental illness, this notion of ‘what is real’ gets subverted in many cases; therefore the traditional notion of reality cannot be taken into consideration while studying the subverted mental states and mental illness of characters. Heidegger’s rejection of the ‘metaphysics of presence’ is therefore a crucial step towards the understanding of the nature and realities framed in the mind of the mentally retarded individuals.

Heidegger’s investigation in *Being and Time* starts with his enquiry into the idea of the being. In ‘The Exposition of the Question of the Meaning of Being’, Heidegger observes:

It is said that “being” is the most universal and the emptiest concept. As such it resists every attempt at definition. Nor does this most universal concept need any definition (Heidegger 2).

It is true that the meaning of a 'being' rests in every individual's mind and is thus universal in notion. The general idea of what a 'being' is, can be understood by one and all. However, Heidegger attempts a different definition of being. A being can be understood in terms of its beingness, the ability to show itself as itself is the chief characteristics of a being in question. In the introduction to *Being and Time*, Heidegger mentions the characteristics of a being as follows:

- 'Being' is the most universal concept: The notion of beings are available everywhere. From human beings to that of animals, from the subject position to that of the object, beings are a universal phenomenon. Heidegger notes, "an understanding of being is always already contained in everything we apprehend in beings." However, this notion of the universality of being remains obscure and philosophers from Aristotle to Hegel was not able to locate the meaning of beings in absolute terms. The obscurity drops in because of the universality that surpasses the 'genus' in the taxonomy of living beings. The meaning of a 'being' can also extend beyond the human beings, beyond animal kingdom, beyond plant life and beyond the living organism as a whole. As Hegel notes finally that a being is the 'intermediate immediate' that is available to us, the meaning of the term gains further complications. The concept of being as Heidegger notes is thus the "most obscure of all" (Heidegger 2).
- The concept of 'being' is indefinable: The general idea of being cannot be applied to understand the beingness of a being. The way traditional ontology deals with the definition of a being does not suffice to the understanding of the concept of the being. The multifarious form in which a being manifests itself as noted in the previous point, contributes to the indefinable condition of the being.

- ‘Being’ is the self-evident concept: Along with ‘being’ being the universal concept, being is also self-evident. A being is what it is because it is self-evident, understandable and “without further ado”. As Heidegger notes, “Everybody understands, “The sky is blue,” “I am happy” and similar statements.” This is because the being shows itself to be such which according to Heidegger is the “average comprehensibility”. But this comprehensibility leads to further incomprehensibility.

Beings according to Heidegger are the ‘what’ and/or the ‘who’ of constitution. As Heidegger notes, “Beings are a who (existence) or else a what (objective presence in the broadest sense)” (Heidegger 42). Thus to bring in the difference between the ‘being’ and the ‘human’, Heidegger uses the word ‘Da-sein’. For Heidegger:

Da-sein is a being that does not simply occur among other beings. Rather it is ontically distinguished by the fact that in its being this being is concerned about its being. Thus it is constitutive of the being of Da-sein to have, in its very being, a relation of being to this being. And this in turn means that Da-sein understands itself in its being in some way and with some explicitness. Understanding of being is itself a determination of being of Da-sein (Heidegger 10).

The above definition of the being given by Heidegger opens up the meaning and understanding of the ‘being’ addressed as Da-sein. Dasein is that entity that is different from all other beings because it aware of its beingness as a being. As Heidegger puts, “Da-sein is the being which I myself always am” (Heidegger, 49). This ‘mineness’ gives authenticity to the Da-sein and separates itself from other beings in the world. Moreover, a Dasein has the understanding of the fact that it cannot live in isolation from other Daseins. To exist in the world as a Dasein is to exist with other beings who are Dasein-like beings. The understanding

about the world and the worldliness in fact comes from these Dasein like beings. The understanding of a Dasein always comes from understanding the existence of the being that the Dasein is. Heidegger notes, “We shall call this kind of understanding of itself existentiell understanding. The question of existence is an ontic “affair” of Da-sein” (Heidegger 10). As Heidegger notes, being in a world is an essential characteristic of Da-sein and it essentially belongs to the Da-sein.

Da-sein tends to understand its own being in terms of that being to which it is essentially, continually and most closely related-to the “world” (Heidegger 14).

A Da-sein is therefore not an isolated being, not beings put in a particular space of the world but instead, they are a part of the world itself. Dasein is not a structure which is pieced together but is “primordially and constantly whole” (Heidegger 37). Since the compound expression ‘being-in-the-world’ is used in relation to the Da-sein’s place in the world therefore both Da-sein and its presence in the world is a unified phenomenon. This brings up a three-fold-perspective of the Da-sein as Heidegger notes:

- The world.
- Being is always a being-in-the-world.
- Being in as such.

The world as already stated above is the space given for beings like Da-seins and others to operate in it. From ‘natural world’ to the ‘world at horizon’ the world is a space of objective facts alongside subjective experiences operating in it. It is within this given space that the ‘being’ is to be found and located. Being, according to Heidegger is always a ‘being-in-the-world’. The ‘being’ in Heideggerian terms cannot be subtracted from the world. Both ‘being’ and the world are interconnected and all necessary developments and events happen to the being because of this ‘beingness-in-the-world’ phenomenon. ‘Being-in’ is also the

being-in with others and not as a singular individual in the world. For Heidegger, it is a “constitutive factor” (Heidegger 50) which brings in the interconnectedness of others as well in a given space and time. Heidegger also states that this being-in-with-others is the “apriori” (Heidegger 50) requirement for the Da-sein to operate in the world. All understanding of the world and about the world comes from this being-with-others phenomenon. Heidegger explains how this ‘being-in’ phenomenon can be understood. When someone states ‘being-in’ the phrase means ‘being-in-something’ (Heidegger 50). For example, the ‘water-in-the-glass’, or the ‘dress-in-the-closet’. But Heidegger states that here ‘in’ means a relationship with other beings in the world. This is used as a formal expression in *Being and Time* which refers to the interconnectedness of beings in a given space, at a particular time.

Hypothetically speaking, if phenomenology studies human experience and existence and if mental illness is the alteration of human experiences, therefore while analyzing mental illness from a phenomenological viewpoint, phenomenology studies the alteration of human experience and what causes this alteration in the experience of individual existence. As mentioned above, the concept of reality put forward by traditional ontology is related to the ‘mechanics of presence’ but since ‘reality’ is a slippery notion, thus while undertaking the study of mental illness, the mechanics of presence cannot be taken into account. Objects and beings which are not a part of the world, shows up in front of the person undergoing the illness. This case is most evident in schizophrenic persons undergoing mental illness. A bizarre reality shows up in front of their existence which blurs the idea of the real and the surreal.

In *Enduring Love*, as examined in the previous Chapters, because of the de-clerambault’s syndrome that Jed undergoes, the reality formed in his mind is different. Jed lives in a world of illusion and frames an alternative reality for his existence. Starting with the ballooning accident, the actions of Jed disturbs the private life of Joe Rose and Clarissa.

The events in the opening chapter of the novel brings Joe and Jed in contact with each other but the events taking place after the accident, escalates to a different dimension, which makes no sense to Joe at one point. According to the phenomenological notion of existence, the subjectivity and reality that exists in the mind of Jed is an alternative version of reality. Though the novel tries to subvert the normative notions of love, yet, it provides the readers the multiplicity of viewpoints that can exist in the minds of various individuals. McEwan provides three alternative views of three different individuals, thus blurring out the relation between the normal and the abnormal. Though the world is present to every individual character, yet the way they perceive and make sense of the reality is not a fixed one. Placing Jed and Joe on both sides of the plain, the novelist assumes how the notion of what is real can stand out to be dangerous for certain people, thus bringing out destruction at various levels. *Enduring Love*, thus presents the subjective experience of the Da-sein and the complexities arising out of their existence in the world.

Though in the opening part of the novel, Jed tries to persuade Joe that there is a 'divine intervention' that has taken place which brings them together during the accident, he tries to persuade Joe that God is willing to bring them together. It is because of God's 'divine intervention' whatever has occurred has occurred. And now, following that rule of God, they both should look forward to come closer. Jed continuously insists Joe not to deny their relationship because of the ultimatum that God has sent in.

Don't deny what we have. And please don't play this game with me. I know you'll find it a difficult idea, and you'll resist it, but we've come together for a purpose. To bring you to God, through love. The purpose is to bring you to the Christ that is in you and that is you (McEwan, 65).

Though, Jed is aware of the ‘resistance’ which can come in from that of Joe, he still tries to persuade Joe of his personal reality, a reality which indeed, is a delusion that the Da-sein is undergoing in this case. And though the words of Jed makes no apparent meaning in Joe’s existing reality, yet unaware of the delusion that Jed is undergoing, Joe discards his statement and actions for a particular moment without having the idea how this can hamper his life in the coming days. In the narrative, though the chief existence of Jed is affected because of the ongoing delusion, yet it is because of the reality that has been turned upside down in his mind, the lives of others get affected. Thus, as mentioned above, though the understanding of the being can be comprehended by one and all, and a ‘being’ is a universal phenomenon, yet sometimes, very often, it surpasses the normative way we understand a being and his existence in the world. And as traditional ontology cannot suffice the study of mental illness, it cannot therefore provide grounds for the study of ‘the real’ in someone’s mind. Jed’s understanding of the situation provides a different action to his existence because of the ongoing de-clerambault syndrome that he is undergoing, to which, the other ‘beings-in-the-world’ have no suspicion at any cost.

Da-sein’s way of being in the world is defined and characterized by the layers of experience that it can undertake, while being aware of its existence. As mentioned in the article entitled ‘Disordered Existentiality: Mental Illness and Heidegger’s Philosophy of Dasein’:

A case of mental illness is not sufficiently characterized by conceiving of the sufferer as an object falling under the category ‘ill’ or as having ‘dysfunction x’ but rather as an existence with personal experiences and as the result of a process of self-interpretation (6).

Here the crux of mental illness is underlined. In phenomenology, the individual undergoing mental illness is not seen as an entity with a dysfunctional existence or an object to be studied under the lens of the medical sciences. But rather the first hand experiences of the person undergoing the stress are more important. Here, what the character thinks and how the character acts and also the first hand reality framed in his mind is more important to take a note of. Phenomenology thus gives importance to the subjective notions framed in the mind of the affected individuals. Alongside this, the self interpretations carried out by every individuals is also taken into consideration which the natural sciences often fail to conduct. Instead of pigeon-cooping characters with 'disabilities' experiences of the subject-position becomes the main domain of study for the phenomenologist. Thus, personal experience and self-interpretation should also be taken into consideration while trying to make sense of the subject-position and its various abnormalities.

In the novel, McEwan therefore, through the character of Jed, delves into the subjective psyche and self-interpretation of his existence. Though matters worsen towards the last part of the narrative, yet from Jed's subjective position, if matters are enquired, the narrative finds a different meaning where realities can be disrupted. Since the reality in the mind of Jed is already subverted, he establishes a notion that Joe is his only object of love and thus to win the attention of Joe, he charts out various ways to follow the footsteps of Joe and pursue him from his residence to everywhere he goes. As mentioned in Chapter One, though the object of delusion is unattainable, yet McEwan brings out the complexities of understanding and comprehending the world in absolute terms where the structural whole regarding the existence of the Da-sein is brought into question. The conditions of possibility are presented by McEwan in an artistic manner, which indeed calls in for the reader's ability to understand the nuances of reality. The suffering from mental illness therefore also signifies

a disruption in the process of interpretation and thereby multiplicities of realities emerge on the surface.

The latent de-clerambault syndrome changes the existing realities for Jed which not only continues to cause a delusion in his existence but also brings in multiple havocs in others lives as well. The idea that McEwan through the narrative promotes is that mental illness not only causes an imbalance in the mind of the individual affected but also affects the entire social system in which one is placed in. The affected Da-sein in this case, affects other Da-seins as well. Jed continues to send in elaborate letters to Joe during his absence from the scene. Letters in the novel also act as a narrative device which provides the projection of realities going on inside the mind of Jed. Through the long letters that he addresses to Joe, the self-interpretation that Jed carries in his mind regarding Joe becomes evident. Matters worsen only when the delusion escalates to a different plane, thus becoming dangerous for both Joe and Clarissa. The attempt to murder carried out by Jed in order to attain his object of desire gives the readers the clue how alternative subjectivity can be dangerous to a great extent. Here, the ability to understand and interpret what is real gets distorted. The only outcome that *Enduring Love* presents the readers with is the multiplicities in the horizon of experience.

Richard Powers in the similar vein, brings out the nuances of mental illness through the character of Mark Schluter in the novel *The Echo Maker*. Once again, looking from the view point of phenomenology, the lebenswelt in the existence of Mark is shattered because of the nearly fatal accident that he faced one night. Though the 'locus of referentiality' in McEwan's *Enduring Love* is not presented by the author in the novel, Powers in the novel charts out the point of departure where Mark's experience of reality has been altered, thus giving rise to his mental illness. The alteration of the structure of experience in Mark's mind is induced by Capgras syndrome as already discussed in Chapter One and the complexities arising out of the matter in due course of time. Though Mark regains his consciousness, but in

major part of the narrative, he fails to recognize Karin as his sister. This accident has transformed the way the character perceives his 'beingness' in the world and one single action modifies and alters the way Mark attributes significance and value to Karin. For him Karin is an imposter and she is an echo of the reality that once was. The novel too brings out the essence of the subjectivity of Mark's mind and projects how lived reality affects the lives of others as well. Though most part of the novel is presented to the readers through the concerns and point of view of Karin, yet, the bizarre reality that Mark undergoes and his point of view are equally promoted by the novelist to a greater extent. Placing ordinary people in extraordinary circumstances, Powers project the idea of how multiple realities can take shape with one particular incident taking place in the lives of the characters concerned.

Once again the question of 'being' formulated by Heidegger is brought into focus. The difference of the traditional concept of the ontic reality and Heidegger's formulation of the concept of the being calls in for the reader's attention in Mark's case as well. Though in most part of the narrative he seems to be absolutely normal after the recovery period, which promotes the normal understanding of his being by others, yet he misses out to acknowledge Karin as his sister. The question of the existence and the understanding of the being are thus questioned. The narrator in the novel observes:

How do you know they are living. Always with the look, with the listen, with the see what I mean. Live things make such sounds, just to say what silence says better. Dead things are what they are already and can shut up in peace (Powers 61).

Though medical science focuses upon Capgras Syndrome as a delusional disorder and look at the affected individual only as a patient to be treated upon, the subjective viewpoint of the individual affected is not taken into consideration. Phenomenology thus opens the way to understand this manifestation of mental illness which alters the lived reality in the mind of

the characters. The presence of Dr. Gerald Weber and Dr. Hayes brings out the objective and naturalist view point to look into the matters of mental illness through the medical gaze where Mark becomes an object of investigation and examination in the medical field, promoted by science. For the neurologists, Mark's condition is only about that of the complexities in the amygdala and the hippocampus inside the brain, which can be treated using medicine and CBT-Cognitive Based Therapies. Powers here presents two opposite view points—one of the doctors' and other of the patient's and the care-givers'. As mentioned in the Introduction of this dissertation, narratives of Medical Humanities often engage with the theme of 'treatment' and 'care giving', with the patient in the centre of both sides. If Karin provides emotional care to Mark, the treatment part is provided by the doctors and nurses of the Good Samaritan Hospital, led by Dr. Gerald Weber and Dr. Hayes. The dynamics of power play over the patient and the provision of treatment by the doctor s evident in the narrative. Mark here becomes the 'object' of medical inquiry and operation. Michel Foucault in one of his seminal works *The Birth of the Clinic: An Archaeology of Medical Perception* (1989) deals with this fact as well. Foucault in the Chapter 'Seeing and Knowing' mentions about "clinical observation" (Foucault 134). It is within the boundary of the hospital that any person who is ill is detached from the "natural environment" (Foucault 134) and is placed in a "domain" which is homogeneous for patients within the four walls of the clinic. It is within this domain that the physical conditions of the patient get examined by the force provided through treatment by the medical professionals. Thus, here comes the notion of the "clinical gaze" (Foucault 146) which in fact according to Foucault reduces the status of a person only to that of a patient with various diseases where language plays a vital part. it is through the use of letters and language Foucault notes that various disease showcase their composition.

From this point of view, Mark becomes only a patient for the medical sciences, with a psychological abnormality and disease named 'Capgras Syndrome', to be treated upon and therefore look at mental illness as 'natural categories' where Mark's mental illness is 'objectively' identifiable because of the presence of anomalies in the body of the individual. Though medical sciences provide solution to ease complexities, yet the absolute subjective experience of mental illness is missed out in the process of figuring out how the undesirable can be handled through medicine.

Mark's alteration of subjectivity comes into being only after the accident when according to the narrator, he passes into the state of "nothingness". The nothingness of being brings out the idea of how Mark's human agency is reduced to being nothing:

When they let her see Mark again, she no longer knew him. The person they took her to the second time, lay comatose, his face collapsed into some stranger's. His eyes wouldn't open when she called his name. His arms hung still, even when she squeezed them (Powers 10).

Sandwiched between life and death, when Mark finally gains his consciousness, his normative web of significance alters wherein he can make no sense of his beingness in the world. In case of Mark's recovery, his improvement makes no sense to Karin because he fails to recognize the only existing kin. Looking at Karin when Mark comments, "What are you doing anyway? Who sent you?" (Powers, 70) the entire notion of the shattered and disturbed existence is emphasized in the narration.

If phenomenology studies the changed mental experiences of individuals, then in case of Mark, it is important to note his existence prior to the accident and after the accident. Through Karin's narratives, Mark's past is built and the readers are introduced to Mark's personality as a strong outgoing teenager with an enthusiastic zeal for life. The sudden

change brought in by the accident shocks not only Mark's existence but also alters Karin's experience as well. From a "nearly professional driver" (Powers 6) to "wires only", (Powers 23) Mark's beingness in the world is affected by a single event. The 'transformation of the self' because of the hard hit traumatic incident is already focused upon by Michelle Balaev in her essay 'Trends in Literary Trauma Theory'. The new perception of the self and the world is thus facilitated by the traumatic incident in Mark's life. Powers thus presents the readers with a base which brings in the changes in his life. To understand how the concept of reality in Mark's mind changes and he considers Karin as an imposter lies in the fact that reality is never absolute, it can slip off where the unreal can take the form of the real and this can never be understood through the metaphysics of presence. Heidegger's emphasis on subjectivity and multiple realities opens up the door to understand the manifestation of mental illness from the subjective point of view and acknowledge the changes that can come in existence.

In Patrick McGrath's *Trauma*, though the chief protagonist is a working psychiatrist, looking after the mental health experiences of others, yet McGrath presents how even eminent personalities can undergo shattered experiences when it comes to mental health issues. The experience of Charlie's childhood contributes much towards the complexities of his present day world. Starting from his father's abusive behaviour to his failed marriage, Charlie loses the sense of relationships and the charm associated with human bonds. However, of all the novels taken under consideration, Charlie, though he undergoes Post-Traumatic Stress Disorder, yet compared to Jed Parry and Mark Schluter, he is sane enough since the sense of reality that he has in his mind is not staunchly alternative as that of Jed and Mark's. where Jed and Mark undergoes delusion, Charlie has his foot set on the world and does not undergo any delusional bouts. However, phenomenologically, he undergoes a transformation in the structure of his experience because of the bleak environment that his childhood had to offer. Accordingly, Charlie is seen to modify his understanding of the

beingness in the world. The lived reality of Charlie is miserable because of the depressed past.

Charlie's father Fred, who is a drunkard, contributes heavily towards the family disorientation. From the beginning Charlie observes the emotional stress that his mother undergoes. Charlie comments, "My mother's depressive illness occurred when I was seven years old" (McGrath 3). Though Charlie's mental state of affairs changed soon after that, but this is also a contributing factor towards his becoming a psychiatrist. It is through Charlie's presence in the novel that the disturbed psychology of his patients surface onto the foreground. From Danny to Joe Stein and Nora Chiara, the mental status of all these characters are brought onto the surface through Charlie's being a psychiatrist.

His parents' divorce contributes towards his understanding of the world that human beings cannot sustain relationships and Charlie forms a worldview of his own. And because of this, in the long run he is not able to sustain his married life with Agnes and like his parents; they too file a divorce case. Though after the death of Charlie's mother, her tries to reunite with Agnes, but it is too late for him to realize his mistake as Agnes already moves on with another person. McGrath in the novel projects how human beings in the modern civilization undergo pangs of separation within the family because of which their existence is affected.

When the notion of the being in the world changes; the change becomes noticeable and the disturbed existence becomes visible to other beings in the world as well. It needs to be understood that the Da-sein does not and cannot exist in isolation. A Da-sein gains prominence through other Da-sein like beings and exists in the world only because of the existence of other Da-sein like beings around them. Thus, the affected state of one Da-sein is confined not only to oneself but spills out to many other Da-seins in the long run. Da-sein is

thus a structural part of an organized whole. An affected part influences the entire whole. The structure is thus like that of a chain which makes the entire existence overwhelming. Phenomenology thus looks at how disturbance of first hand individual experience leads to the disturbance of many beings in the world. While taking a note of the extreme cases of delusion in mental illness, it is to be noted that in experiences of mental illness such as schizophrenia, the illness manifests in such a complex manner that there is an overall disturbance in making sense of the world in which an individual is placed in. In *Autobiography of a Schizophrenic Girl*, by M. Sechehaye published in 1968, this complexity of experience that takes place in the life of Renee is narrated by the author:

My perception of the world seemed to sharpen the sense of the strangeness of things. In the silence and immensity, each object was cut off by a knife, detached in the emptiness, in the boundlessness, spaced from other things. Without any relationship with the environment, just by being itself, it began to come to life. It was there, facing me, terrifying me (Sechehaye 83).

The author's account of the above descriptions brings two things in light. Firstly, as mentioned above, an object is different from a Da-sein because the Da-sein is aware of its beingness which is the essential characteristics of the Da-sein. Whereas, an object on the other hand is not. But in case of extreme delusion and mental illnesses such as schizophrenia, this difference between the object and the Da-sein, the real and the unreal is blurred to a great extent. The individual's experience is affected so much that one cannot demarcate the non-real from the real. Secondly, the narrator in the above lines also explains how the objects become Da-sein like. For a person living with schizophrenia, the lived experience in the world can be terrifying since every object might begin to come alive. This adds to the strangeness of things. L. Sass and J. Parnas in the article entitled 'Schizophrenia, Consciousness and the Self' published in 2003 in *Schizophrenia Bulletin* mentions about this

phenomenon that manifests in the mind of people undergoing schizophrenia. According to Sass and Parnas:

As the practical interpretation of the world begins to fail and objects cannot be regarded as useful to practical or theoretical ends anymore, in short: cannot be interpreted into one's pragmatic life structure anymore, they transform into a new mode of being; they become Da-sein like (Sass and Parnas 427-44).

The mind can no longer control nor amend the changes and the differences between the actual and the illusory. In the case of Renee, every object seems to have a life of their own many like real living beings. The author narrates how everyday things like tying a shoe become an impossible task for Renee because the shoe lace assumes to take a different life in the mind of Renee.

Having laid out the understanding of the world and the essence of the Da-sein, it is now important to understand as the inter-relatedness of Da-sein with other beings in the world. Firstly, as already mentioned above, it is impossible for the Da-sein to carry out its existence alone, detached from others. Heidegger observes:

The world of Da-sein is a with-world. Being-in is being-with others. The being-in-itself of others is Mitda-sein. The others are not by grasping and previously discriminating one's own subject, initially objectively present, from other subjects also present. They are not encountered by first looking at oneself and then ascertaining the opposite pole of a distinction. They are encountered from the worlds in which Da-sein, heedful and circumspect, essentially dwells. Mitda-sein characterizes the Da-sein of others in that it is freed for a being with by the world of that being with. Only because it has the essential structure of being-with, is one's own Da-sein Mitda-sein as encounterable by others (Heidegger 112).

From the above lines, Heidegger comes to a very strong conclusion regarding the beingness of Da-seins in the world. He states that a structural component of the Da-sein is that the world that it lives in is a 'shared world', a world shared with 'others' and this other helps in constructing the experiences of the Da-sein. Da-seins are thus beings that live in this world with other beings like that of Da-sein. Along with the beingness of the Da-sein, being with is another chief characteristic of the Da-sein. This sharing of the world with other Da-seins is what Heidegger calls the 'Mitda-sein'. For Heidegger, interpretation means interpreting with others. The 'being-with' is essentially a communal process of the Da-sein. Being-with not only means sharing the experiences but also signifies participation. Affectedness in Da-sein's existence thus creates an impact on the overall structure of the Mitda-sein.

Heidegger mentions how it is because of the presence of this Mitda-sein, the Da-sein gains experience of the world. Heidegger's notion of 'the one' explains how Da-seins achieve the understanding of the world. According to Heidegger, 'the one' is a normative authority that guides the Da-sein's actions as well as understandings of the world. It is the linguistic and non-linguistic gestures which trains human beings and shapes their understanding of the world. Being thrown into the world, a Da-sein does not pick up things all of a sudden. 'The one' is the entire set of cultural practices that enables the Da-sein, guides them and instructs them to organize their living in the world.

The nature of 'the one' in case of the Da-seins is not fixed. It is sometimes elusive. Da-seins are at risk to falling out of authenticity provided by 'the one'. This can be seen in case of mental illness. Because of the experience of the Da-sein getting altered in mental illness, 'the one' which is the guiding force within the Da-sein too gets affected. Living with mental illness means to experience the world in another way. It means to perceive the world in an alternative way, there is thus the risk for the Da-sein to fall out of authenticity. During

mental illness, the interpretation of the world gets malfunctioned because this guiding agency within the Da-sein gets affected.

A change in interpretation and understanding within the Da-sein affects not only how the world is perceived but also affects the beingness with others in the world. It extends towards other Da-sein like beings that are related or associated with the Dasein. It is not only the individual structure of existence but the shared structure of experience that gets affected. The discussion of this dissertation started with why people with mental illness are not seen in the proper light. This is because with the idea of mental illness comes the design of exclusion. Individuals with mental illness are thus pushed to the peripheries because they do not conform to the normative societal rules as such. Phenomenology however gives a concrete proposition to this stance. Since the interpretative capabilities of the Da-sein during mental illness is lost, therefore, an alternative mode of experience takes place in the Da-sein which does not run in linearity with that of the 'normative experiences' of others. This results in a gradual social exclusion of the Da-sein from the normative standards of the society.

An interesting take on this matter is portrayed through literary representation by Mark Haddon in his book *The Curious Incident of the Dog in the Night Time* (2003). The story is narrated from the first person point of view by Christopher Boone, a fifteen year old boy who ventures out to solve a murder mystery. But interestingly, his lived experiences are not normative. Christopher is a child suffering from Autism Spectrum Disorder, commonly known as ASD or Pervasive Development Disorder- PDD. Since ASD is a biological and developmental disorder, therefore it can range from mild to severe form. Because of this, the reality that he frames in his mind is totally different from the macro-realities framed by others characters in the novel. Since major events in the narrative are seen from the eyes and mind of Christopher, therefore, it becomes interesting to look at the world from the view point of the 'abnormal'. Though the novel is a direct critique on the normal-abnormal dichotomy, it

highlights what it takes to live with an altered experience of reality. The notion of reality being subjective is highly emphasized upon by Haddon in the novel.

Through the presence of Christopher as the central character in the novel, the author questions what constitutes the normal and the real? From the phenomenological view point, we see how Christopher gives importance to his perception of the world and question the so called 'normal' people's idea of reality. The novel not only projects how the Da-sein and the beingness of the Da-sein is affected in the novel but also projects the fact that other characters too are affected in the long run. Christopher's mother Judy Boone has to leave the house because of her inability to bring up the abnormal child for which he is left out to be taken care of by the father Ed Boone. The novel is a succinct portrayal of murder mystery and a bildungsroman tradition from the view point of a child having abnormality.

The novels taken under consideration bring forth not only the affected psyche and the altered subjectivity of characters but also bring to light how others related to the 'abnormal' characters are also affected. In *Enduring Love*, McEwan brings up how the presence of Jed disturbs the conjugal life of Clarissa and Joe. Though in the beginning of the novel both Joe and Clarissa are seen to be maintaining a happy married life but there are some general fault lines that the narrative brings forth. Joe who is a journalist for science magazine wants to become a scientist in real life. Though Clarissa is aware of the negative outcomes, yet this only disturbs the normal equilibrium of their married life. Clarissa on the other hand wishes to have a family but her inability to have children contributes to further woes. However, the drift between Joe and Clarissa takes place because of the presence of Jed in their lives. Initially, both Joe and Clarissa have different notions of Jed in their minds. Initially, Clarissa denies that Jed is mad at all. Since she sees and perceives no threat from Jed's existence, her idea of Jed is different from that of Joe. From her point of view, Joe is an unreliable narrator because there are no concrete evidences that Joe can offer to support his arguments. Though

Clarissa acknowledges at one point jokingly that Jed is in a 'secret gay affair' with that of Joe, she alleges that the fault is in Joe's mind and everything is a mere construct on his part. since she does not come in direct contact with Jed, therefore the views of Jed are totally focalized through Joe's lens. It is Joe who narrates the horrific incidents that he undergoes to Clarissa. At one point in the narrative after Clarissa's repeated insisting, Joe tries to imbibe Clarissa's view point of Jed. He states:

Clarissa was right, he was a harmless fellow with a strange notion, a nuisance at most, hardly the threat I had made him out to be (Powers 61).

Both Joe and Clarissa construct Jed as a part of their story but Joe's narration of Jed gains prominence towards the end part of the novel when Jed carries out his attempt to murder Clarissa. The presence of Jed in the life of Joe and Clarissa becomes so obscure that both off, their marriage almost falling off because of Jed's actions. From the Heideggerian lens it is thus proved that the presence of an anomaly within the community can harm the existence of others as well.

Richard Powers on the other hand, in *The Echo Maker* bring out the same notion of the disturbed existentiality of one character leading to dire consequences in the lives of others concerned. The accident of Mark definitely creates a sense of loss in Karin's life. Though she is not able to come in terms with Mark's disability in the opening part of the novel, things become more complicated as the narration moves forward. Mark's delusion causes a great stress for Karin. Although Mark recovers to a greater extent, yet, he is not able to accept Karin as his kin. For Mark, Karin is only an echo of the real. Here, Powers in the narrative brings up to the readers the problems of subjectivity, disability and comprehensive dislocation. The disturbed existence hits not only mark but also takes a toll on Karin. Though she becomes financially unstable as she had to leave the job to attend to Mark's need as the

only surviving kin, yet, the ultimate crisis of existence dawns upon Karin only when her 'beingness' is denied by Mark.

Powers in *The Echo Maker* opens up the narrative for further medical inquiries when he makes Mark's disability more absolute. Towards the final part of the novel, Mark considers himself to be dead and considers himself to be a ghost. An extreme form of existential crisis, Mark's utter delusionary stage is known as 'Cotard's Syndrome' in the medical jargon. The existential changes that occur within an individual during the process of mental illness can lead to further complexities where the individual is not able to comprehend and understand himself any longer. In Cotard's Syndrome, this characteristic element of mental illness is seen in lives of individuals wherein they are no longer able to claim their body as their own but instead, consider themselves as ghosts in this world of beings.

Patrick McGrath in his *Trauma* too brings up the same projection of mental illness within one's life affecting the lives of many concerned. Starting from Charlie's mother's depression which affects his personal life, to Danny's existence as a patient, McGrath brings forth how disturbed 'beingness' in the world spills out to others as well in the long run. The novel presents a chain of beings in the world being getting affected in the long run. As already examined, the depressive bouts of Charlie's mother hamper Charlie's well-being. He develops a sense of the world which is not healthy. As Charlie grows up, he too develops a repulsive feeling from his father Fred and elder brother Walter which he is never able to bridge even towards the end of the novel. Not only has this, the affected and failed marriage of Charlie's parents affected the way he perceives nuptial bonds. His marriage too mirrors the failed marriage of his parents'. By placing Charlie in the center of the novel, McGrath proves how mental illness not only hampers one individual, but many get affected on this process.

Joe Stein is another classic example of how mental illness in one individual can shatter the lives of others as well. It is because of Joe and his inability to cope with the present since he is stuck in the past, his marriage too is on the verge of falling apart. Mrs. Stein finds it difficult to keep going with Joe and his traumatic episodes and decides to give up on Joe. The marital bliss in the life of the Steins are absent as the mental illness of Joe overpowers everything.

This Chapter therefore has tried to fulfill the understanding of mental illness from the subjective view point. Understanding the being in the world to figuring out what happens to experiences that undergo a change during mental illness, this Chapter has tried to deal with not only the characters in the novels that are affected but the other characters in relation that are equally affected during the process of mental illness. Taking ideas from phenomenology, this Chapter has highlighted the importance of subjectivity and first hand experiences during mental illness.

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CONCLUSION

This study has brought into focus how literature brings up the nuances of psychology and narrates it in the writings, presented by various authors concerned. Through the narration of various events, writers have tried to project how the idea of mental illness and abnormal psychology is deciphered and dealt with in the society that we live in. As mentioned earlier, the idea of mental illness is a complex term. It cannot be understood in its absolute terms because the way it manifests in different individuals is different. The shade of mental illness is thus elusive and hard to pin down and impossible to club under a single term of 'mental illness'. From this view point, the human mind is definitely the most complex organs in the individual's body. Though it is the mind which facilitates the understanding of the world, yet complexities may arise when the mind loses its balance. This dissertation therefore has dealt with how various imbalances can manifest within the mind and how it affects living.

The idea of madness is thus fascinating. Though it calls in for specific attention, but it also repels people from its existence. The study has brought forwards how mental illness is not seen in the bright light of things. It is something which is not seen in the polite company of individuals in the society. Madness thus entralls and yet repels us all. Since the task of literature is also to imbibe an understanding of the complexities in the society, the novels taken under consideration also promotes various things- from how the mind is at work, how the mind perceives the world, what happens when the balance is disturbed, how it affects not only the one who is undergoing the loss but also the others who are related to the affected individual and most importantly promote empathy in the minds of the readers. Mental illness is a social phenomenon which should be understood not as a social evil but should be given the space to accommodate, observe and undertake necessary measures to overcome this anomaly. The intersectionality of literature and psychology has given a way to understand the

complexities of the human mind in a much easier manner through narrative stories by different authors focusing on the idea of the abnormalities of the mind.

Chapter One undertakes the study of the abnormal personality through some set standards and norms put forward by the medical sciences and psychology. This Chapter looks at abnormality through some characteristics. What is 'abnormal' is judged on the basis of what deviates from the 'normal'. It is through comparison that we understand the normal and the abnormal in relation to and in opposition to one another. However the idea of the 'normal' is elusive. Normality does not have a fixed standard. Figuring out the characteristics of the 'abnormal' is to classify objects and individuals into a particular group. This act of classifying comes through observance and judgment carried out by individuals in society. Thus, the idea of 'abnormality' is a social construct. While figuring out and demarcating the abnormal from the normal, a center is created which imbibes the normal individuals within it and excludes the abnormal individuals to the peripheries. The novels taken for study project how a set of individual type belongs to the abnormal category while others fall under the so called normal category. But again, this balance is often missed out at times.

This Chapter has taken into consideration Michel Foucault's ideas of the 'abnormal' and how the presence of the abnormal disrupts and subverts the normative power structures. It is because of the abnormal individuals present in the societies, the authenticity of normalcy is questioned. Foucault cites examples of the 'human monster' who, although rare, challenge the law that civilization has for its people. And through his act of challenging the law, the power structure is brought into question. Foucault then goes on to cite the example of the 'individual to be corrected' type of people in the society. Though these people are widely available in the society, they might not be easily traceable to the eye. It thus becomes a difficult task to map out these types of individuals who try to subvert the power structures. The novels taken under consideration projects how characters like Jed Parry in Ian McEwan's

Enduring Love, Mark Schluter in Richard Powers' *The Echo Maker* and Charlie Weir in Patrick McGrath's *Trauma* fall under this category of the 'individual to be corrected type' because their abnormalities are not easily traceable to the naked eye. This Chapter looks into aspects of mental illness from a naturalist viewpoint taking models from *The Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, a handbook for medical professionals in psychology to look into the characteristics of various mental illness and how each mental illness is different from one another even if we use an umbrella term for the same. The personality traits of the characters are also analyzed on the basis of the Cost-Benefit scale, also known as the Five-Factor Personality Traits Model provided by Costa and McCrae in 1985. This Chapter basically tried to outline the concept of 'abnormality' through an objective analysis, the help taken from that of the models provided by psychiatric and medical sciences.

On a closer observation, it can be noted that out of all the characteristics provided by the DSM-V manual, trauma constitutes a common characteristic in each of the mental illness discussed. Therefore, Chapter Two builds on the idea of trauma and its multi-dimensional effect on the lives of the individuals concerned. Though originally the word trauma signified a physical wound, trauma in the present day context refers to the psychological tension caused by an external stressor. The effect of trauma in the mind of the bearer can be multi dimensional. Traumatic events have the ability to change the way people perceive the environment. One single incident can alter reality. This Chapter throws light on how after the traumatic events, the reality, perception and behaviour of characters in the novels taken for study undergo a change. This Chapter highlights the nature and characteristics of trauma in greater details. For trauma to originate, an exposure to events that are unfavourable has to occur. However the results may vary from individual to individual.

Though trauma can be of two types-the collective type and the individual type, yet this Chapter looks into the individual form of trauma manifestation which is the form of direct trauma and its subsequent effect on others, a form of indirect trauma. The Chapter outlines how an external stressor creates an allostatic load in the mind of the individual after which it becomes difficult for the individual to return back to the state of homeostasis. Taking into consideration the concept of 'Pleasure Principle' and 'Beyond the Pleasure Principle' as outlined by Sigmund Freud, the Chapter describes how the mind can be guided by situations that are unfavourable. Trauma is like a wound in the mind that cries out from time to time. Though at the surface level, things might seem normal, yet the novels taken under consideration shows how it is not easy to overcome the pangs of trauma at a go. Cathy Caruth in her essay 'The Wound and the Voice'- the introduction to *Unclaimed Experience: Trauma, Narrative and History* points out how trauma works.

Chapter Three is a take on the subjective experience of mental illness. Though Chapter One outlines the characteristics of mental illness and its types, it fails to look at the first hand experience of mental illness that characters undertake. A special emphasis needs to be given to this idea of the lived-experience of mental illness. This Chapter therefore looks into the subjective experience of characters undergoing mental illness. Placing the characters in the world, the Chapter outlined how experiences can shatter, thus leading to an altered version of reality. Characters in all the novels taken for study undergo a changed version of reality and construct a reality for their self and existence. This Chapter therefore delves directly inside the minds of characters that are affected and try to understand the world from their view point.

This dissertation therefore looks at mental illness not only from the view point of natural sciences but also considers individual subjectivities that constitute reality and altered

existence during mental illness. Taking ideas from clinical psychology to psychoanalysis and phenomenology, the study embraces an interdisciplinary take in the field of humanities.

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