Naipunnya

En_Scripta 25

CONFERENCE PROCEEDINGS

International Conference on

Illness and Wellness Narrative

19 February 2025

PG Department of English

NAIPUNNYA INSTITUTE OF MANAGEMENT (NIMIT)

En_Scripta 25

Conference Proceedings

International Conference on

Illness and Wellness Narrative

19 February 2025

PG DEPARTMENT OF ENGLISH

NAIPUNNYA INSTITUTE OF MANAGEMENT AND INFORMATION TECHNOLOGY

9 788197 262098

FOREWORD

En_Scripta 25 is the ISBN-registered proceedings published as part of the International Conference organized by the PG Department of English. The publication features a range of articles on English literary research as well as various multidisciplinary fields. It aims to provide a deeper insight into emerging trends in literary studies, serving as a valuable reference for future generations.

We extend our gratitude to all the contributors from across India whose scholarly work has contributed to the successful publication of this journal. We thank the faculty members of the PG Department of English and the management team for their unwavering support. Words are inadequate to convey our appreciation for the IT Department, whose invaluable assistance was instrumental in the successful completion of this project.

Editorial Board
En_Scripta 25

CONTENTS

Disability, Identity and Belonging: Deconstructing 'Normalcy' and Rethinking Ableism

Amrapali Biswas

PG Student, Calcutta University (Main Campus)

biswasamrapali@gmail.com

Abstract

The conception of 'identity' with respect to an individual's social positioning in mainstream society is both complex and fluid. Along with other social, political, cultural and religious factors, the aspects of 'health and body' also become an indispensable part of one's identity, which is mostly considered as a rigid marker of 'productivity' and 'unproductivity.' A chronic ailment, either inborn or accidental, resulting in some kind of physical deformity, is perceived as something 'abnormally different.' Both from the medical and ableist perspectives, it is a visible impairment that needs to be cured, a form of disability, a certain kind of lack and burden. Stigmatized as 'disabled beings,' these individuals are subjected to social ostracization and are often treated as pitiable sub-humans. While time and again, the so-called 'normal' and 'civilized' men of the hypocritical society have failed to realize their social responsibility and develop a more inclusive perspective towards the 'differently abled', several literary narratives have shown their inherent potential to document their unheard voices, complexities, persistent struggles and sufferings to sensitize us and shape our conscience. Two such narratives are H.G. Wells' "*The Country of the Blind*" and Rabindranath Tagore's "*Subha.*" Though the narratives differ in their treatment of the disabled characters and their predicament, the common intersecting point is the ignorance, isolation, ignominy and wretchedness that they have to suffer from. Within the literary framework of disability studies, this study seeks to critically analyse the selected short stories to deconstruct certain terminologies and delve deeper into the politics of ostracization as perpetuated by the ableist perspective.

Keywords: Disability, Ableism, Normalcy, Ostracization, Deconstruction

Introduction

"We, the ones who are challenged, need to be heard. To be seen not as a disability, but as a person who has and will continue to bloom. To be seen not as a handicap but as a well intact human being."

– Robert M. Hansel[1]

The nexus between the physical body and society becomes quite a complex one due to the conceptualization of one's identity corresponding to the aspects of health and illness. Placed within the social, cultural, religious and political context, the 'body' therefore becomes an important marker of 'identity' and often a subject of oppression. The unquestioned and traditionally accepted social ideas and norms concerned with the discriminatory binaries of 'normal' and 'abnormal' (deviant) or 'sane' or 'insane' concerning one's physical appearance and/or cognitive state become functional in the perpetuation of despotism, social expulsion and segregation as suffered by people who are mostly recognized as 'disabled' by society due to any physical or mental impairment having a significant or long-term impact on their daily activities. Such physical or mental impairments or deformities caused by any serious chronic ailment or unfortunate accident can take different forms

As a medical condition, such impairments are categorized by the critical symptoms one experiences and are mostly treated as some kind of a restrictive 'lack,' 'loss' or 'inability' that immediately needs to be cured through treatments and therapies. The notion of 'disability' arises from uncomfortable gazes, stereotypes, discrimination in accessibility, societal barriers, ritualistic repulsion, disproportionate rates of abuse, and ignominy that are inflicted and directed towards those who belong to the socially secluded and ostracized community of 'disabled' people. Disability as a social phenomenon is constructed by 'Ableism'–the prejudiced gaze and systematic discrimination of the non-disabled or 'abled-bodied' individuals towards the 'disabled', whose 'disabilities are perceived in terms of an individual problem, a consequence of a sin, a deviance from the standard 'norm,' a liability and a nuisance or hindrance. The ableist response of revulsion, pity and despise is what is usually

---

[1] An International Poet-Writer and a leading figure advocating for the rights and proper treatment of individuals living with disabilities across the globe.

perceived and understood as the 'normal response' to the idea of disability. Lennard J. Davis in his phenomenal work, *Enforcing Normalcy: Disability, Deafness, and the Body* (1995) argues that the word 'normal' is emblematic of and allows a noticeable shift from idealizing particular body types in an aesthetic sense to actively desiring to (or being compelled to) resemble them. Such normalcy therefore initiates the "problem" for the disabled person. Had there been no such stringent and manipulative norms, disability might not have been conceived of as a problem in a similar way. Davis, therefore, is of the opinion that disability is not an individual problem but a social, cultural, and political category created by the concept of norm: "Disability is not an object but a social process."

Understanding and studying the complex dynamics of disability and its portrayal within the realm of literature has now achieved considerable significance. Disability Studies as an interdisciplinary field of inquiry examines the meaning, nature and consequences of disability along with incorporating social, cultural, historical, legal, and political perspectives, including the interconnectedness between disability and other identities. It contests the notions of ableism that promote stigmatization – a methodical strategy that is often adopted by social institutions and their able-bodied members to label human differences in derogatory ways. To critically delve into the conception of disability and how it affects identity, this paper discusses two selected short fictions – H.G. Wells' "*The Country of the Blind*" (1904) and Rabindranath Tagore's "*Subha*" (1893). These literary texts function as cautionary narratives to enhance our perception of the inherent evils of ableist practices and, at the same time, make us contemplate more efficient, unbiased and inclusive approaches. The pedagogic function of literature is not only to document the social positioning of the differently abled people but also to shape certain ideas related to disability and sensitize our conscious minds towards developing an alternative perspective.

Theme of blindness and seclusion in H.G. Wells' narrative

The title of H.G. Wells' short fiction "*The Country of the Blind*" [2]is itself evocative of a deeply pervading sense of isolation – a social and emotional state that almost becomes an inevitability in the life of the secluded community of visually

[2] First published in Strand Magazine, 1904

impaired people inhabiting the mysterious South American valley estranged from the rest of civilization. As a geographical region, the valley and its inhabitants are associated with superstitious legends, the ideas of the ostracized 'Other,' and 'Oriental':

> "...there lies that mysterious mountain valley, cut off from all the world of men, the Country of the Blind... A strange disease had come upon them and had made all the children born to them there--and several older children also--blind... In those days, in such cases, men did not think of germs and infections, but of sins, and it seemed to him that the reason for this affliction must be in the negligence of these priest less immigrants to set up a shrine so soon as they entered the valley... amidst the little population of that now isolated and forgotten valley the disease ran its course" (Wells, 1904, p.2).

Socially devalued and discriminated against, these people have created a world of their own. Over time, they have fashioned their self-contained reality, thereby learning to navigate their lives quite effectively, relying on their sensory perceptions and eloquent verbal communication.

> "The seeing had become purblind so gradually that they scarcely noticed their loss... they devised many things...Their tradition of the greater world they came from became mythical in colour and uncertain... It seemed they knew nothing of sight... time had been divided into the warm and the cold, which are the blind equivalents of day and night... it was good to sleep in the warm and work during the cold..." (Wells, 1904, p.4).

Nunez, "a clumsy and useless stranger" as an emissary of 'self,' embarks on an "adventurous" mission of enlightening those ignorant men with his knowledge of the world that exists beyond the confined sphere of the valley:

> "He was sure that this was the Country of the Blind of which the legends told. Conviction had sprung upon him, and a sense of great and rather enviable adventure... All the old stories of the lost valley and the Country of the Blind had come back to his mind, and through his

thoughts ran this old proverb, as if it were a refrain: In the Country of the Blind the One-Eyed Man is King" (Wells, 1904, p.7).

For quite some time, Nunez dwells in a state of delusion as he believes that by possessing 'sight,' he could become the king in the country of the blind. However, the reality for these people is shrouded in darkness. The idea of 'sight' is barely of any significance to them. Rather, possessing sight becomes a hindrance to Nunez's desire to marry Medina Sarote, a blind woman of the community:

> "His brain is affected… Those queer things that are called the eyes, and which exist to make an agreeable depression in the face, are diseased, in the case of Nunez, in such a way as to affect his brain. They are greatly distended, he has eyelashes, and his eyelids move, and consequently his brain is in a state of constant irritation and distraction" (Wells, 1904, p.8).

Nunez is perceived as someone who is plagued by delusions and this needs to be cured through a surgical process of eliminating the "two irritant bodies" (a reference to eyes). In his futile pursuit of instructing them about the beauty of sight and being crowned as the king, Nunez encounters unimaginable hostility and aggression. Nunez, treated as the 'other' in the country of the blind, becomes desperate to break free from the claustrophobic confines.

As we explore the world and culture of the secluded community of the blind, the intertwined issues of 'sight,' 'blindness' and 'ignorance' can be interpreted from the different perspectives of Nunez and the blind men. Nunez, as an individual outsider, imbibes the stereotypical values and perceptions of ableism. Even though he has the "gift of sight," he lacks the vision to perceive the perplexing predicament of those suffering from prolonged visual impairment. On the other end of the spectrum, to the blind men, Nunez is simply an encroacher and the belligerence shown by the blind men can be deciphered as a kind of defensive mechanism to thwart his efforts to impose his superiority over them. While blindness is understood as a 'disability' by the rest of the world, this collective group of people turns their blindness into a different type of ability as they accept it as a natural way of their life:

"For fourteen generations these people had been blind and cut off from all the seeing world; the names for all the things of sight had faded and changed; the story of the outer world was faded and changed to a child's story; and they had ceased to concern themselves with anything beyond the rocky slopes above their circling wall. Blind men of genius had arisen among them and questioned the shreds of belief and tradition they had brought with them from their seeing days, and had dismissed all these things as idle fancies and replaced them with new and saner explanations" (Wells, 1904, p.9).

However, such ignorance and confinement on their part, in a way, also lead to a hollow existence. Furthermore, such estrangement and isolation are reflective of the author's scathing criticism against the terrible breach between the deprived people and society, which has failed to adopt a more inclusive attitude.

Entwined issues of disability and gender in Tagore's narrative

"Disability is gendered, culturally constituted and socially negotiated."
– Nilika Mehrotra

A woman as a subject of subordination and oppression has always been perceived through certain parameters that are ideologically embedded. Apart from the inferiority imposed upon her because of her gendered identity, a woman simultaneously becomes a victim of 'double discrimination' if detected with some form of physical deformity or disability. Rabindranath Tagore's short story "Subha" reveals a poignant narrative of an innocent, voiceless village girl whose 'disability' becomes a reason for her personal tragedy. Born dumb, Subha is impaired by birth; however, the societal perceptions turn her into a disabled being, a despicable burden. Such an ableist attitude displayed by a wretched, hypocritical society consequently leads to 'internalized ableism' which is portrayed by Subha experiencing agonizing isolation, ostracization and low self-esteem, gradually resigning herself to an inevitable fate of subordination and enduring perennial misery:

"Not many realized the fact that although she could hardly communicate, she had deep feelings. Not understanding this, people spoke about her misfortune, in her presence, expressing concern about

her future. At a very tender age, it dawned upon her that her birth in her father's house was nothing but a curse. Therefore, she always hid herself away from the sight of the commoners, staying in the side-lines…It was her mother, who especially, looked upon her as an aberration of herself…she was a shameful reminder of her womb" (Tagore, 1893, p.3).

Even though Subha is incapable of concretising her feelings and thoughts through spoken words, she has a "pair of dark, large, deep-pooled eyes" that manifest her innermost emotions:

"When we express ourselves with words, the expressions bear our own stamp; it is quite similar to translation, in a way. Not always is it accurate and with our inability to express, at times, we err. But no words are needed to translate a pair of dark eyes— mind itself lends them a meaning of its own. In their depths, thoughts rise and fall, at times shining brightly or shrinking in light, holding a steadfast gaze, like the setting moon or like the restless scattering away of the strains of lightning. The one for whom there existed no other expression, other than the ones that flitted across her face; it was a wonder to know that the language of her eyes was abysmally deep. Much like the clear sky, where light and shadow played eternally. There exists a grandeur, as deep as nature, in these silent, mute personas. Normal children, therefore, were afraid of her silence, and refused to play with her. Subha was alone and speechless, very much like the lonely afternoons" (Tagore, 1893, p.6).

Society's ideas of being 'normal' and 'abnormal' are quite abstract, ambiguous and problematic. Being normal simply implies conforming to certain peculiar norms and expectations irrationally scripted by so-called 'sane' and 'able' people. However, if we deconstruct[3] the binary pairs, it is conspicuously observable that such conceptions are socially constructed and subjective, having no absolute defining markers. By

---

[3] Deconstruction is a critical theory and philosophical approach first proposed by the French Philosopher Jaques Derrida in 1960s. At its core, this critical approach challenges the traditional notions of language and ideas that are constructed out of a series of oppositions or binary pairs, thereby exposing the contradictions and inconsistencies.

labeling Subha simply as "dumb" and 'disabled', her own family and the village men perceive her more as a flawed object with the least prospect of finding a suitor and less as a sensible human being struggling to 'fit in' and find acceptance. The social structures are, however, not fitted to her basic needs and such socially constructed binaries function as tyrannical tools, conditioning her into being a subject of 'pity and shame,' thereby disregarding the complexities that result from such prejudiced and exploitative outlooks. Betrayed by fate and abandoned by her close ones, Subha takes refuge in nature and its creatures:

> "Subha did have a handful of intimate friends. Sorboshi and Panguli, the two cows at the stable, recognized her by her footsteps, even though they never heard her call out their names. In her murmurings, there was a gentleness, which they felt and understood, much better than any language. When she petted them, or scolded them, or even pleaded with them, those cows understood her feelings better than humans" (Tagore, 1893, p.7).

The literary maestro, Rabindranath Tagore, in this story, illustrates the canvas of Subha's soul, capturing the myriad hues of her intricate and unsaid emotions with unparalleled finesse. From 'Subhashini' (meaning someone who is soft-spoken') to becoming 'Subha,' her life and identity as an inferior and 'disabled woman' bring her to the brink of an existential crisis. In the words of Garland Thompson, "If the male gaze makes the normative female a sexual spectacle, then the stare sculpts the disabled subject into a grotesque spectacle." Women like Subha spend their lives dwelling in an inexplicable void with the vain hope of being able to prove to the world, at least for once, that they are also capable in their own ways. Subha's calm silence has the power to evoke the suppressed sounds of her soul, but often they are just destined to remain unspoken and unheard:

> "…everyone understood that the new bride could not speak, that she was dumb. But if anyone had trouble understanding the obvious, she couldn't be blamed for that. For she hadn't deceived anyone, her eyes had spoken everything; but none had comprehended her truth. Around herself, she found no words, her eyes searched for the familiar faces, those who understood her mute language, ever since her birth and

breath. In her silent heart, there arose an inexpressible, unending wail. Nobody heard it but her God" (Tagore, 1893, p.9).

Conclusion

Disability isn't just a description or diagnosis of certain specific types of physical and/or mental impairments; it eventually becomes an identifiable part of a person's identity that connects him/her to a community, a culture and a history of oppression. The experience of the disablement has always been negatively represented. For instance, people with physical disabilities and bodily deformities are often symptomatic of a fearful and sinister depiction of characters who are also featured as public 'spectacle', a mere laughing stock. People with intransigent ableist views and opinions must understand that 'normalcy' is not an absolute marker and that 'disability' does not imply 'less abled'. Humanity condemns the act of mindlessly engaging in segregation and enmity; it always believes in developing a bond of unity and integrity, thereby leading to true comradeship regardless of the socio-cultural differences.

Disability studies thus also aim to inculcate within us a deeper and richer understanding of executing the carefully designed approach of inclusivity with the required efficiency. We must challenge the traditional constructs, rethink, unlearn and relearn new and evolving ideas. We need not necessarily sugar-coat 'disability' as 'Divyang' employment of such terms makes oppressive values acceptable and distracts our focus away from a more sensible and insightful approach. The selection of words, phrases, or terms while addressing them or communicating with them must be sagacious, thereby refraining from using pejorative expressions. By perceiving disability as a grave 'problem,' 'liability' or something 'unnatural' or 'abnormal,' society and its social institutions become functional in 'disabling' the differently abled people. They must be provided fair opportunities to transcend the rigid barriers and discover the paths of growth and development. Medical models must emphasize adopting more amiable ways of treatment so that it could help those with physical or mental impairments to embrace their true selves.Our approach should be inclined towards the creation of a more egalitarian and inclusive society – the differently abled people with their alternative ways of living must not be just accommodated or integrated but 'normalized.' This is to be ensured by making it possible for both

similarities and differences to coexist as a harmonious whole. Our bodies have a narrative of their own and the differences we possess as different individual entities are an indispensable part of this narrative. The true spirit of diversity is in nurturing, and celebrating our unique differences, as they make us who we truly are.

References

Goodley, D., Butz, K., & Schlegel, R. (2017). Dis/entangling Critical Disability Studies. In A. Waldschmidt, H. Berressem, & M. Ingwersen (Eds.), *Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies* (pp. 81–110). transcript Verlag. http://www.jstor.org/stable/j.ctv1xxs3r.10

J. Davis, L. (1995). Constructing Normalcy. *Enforcing Normalcy: Disability, Deafness, and the Body* (pp. 23-49). Verso.https://www.academia.edu/34743990/Enforcing_Normalcy_Disability_Deafness_and_the_Body

Ndlovu, S. (2021). Humanness and Ableism: Construction and Deconstruction of Disability. In M. Steyn & W. Mpofu (Eds.), *Decolonising the Human: Reflections from Africa on difference and oppression* (pp. 65–85). Wits University Press. https://doi.org/10.18772/22021036512.7

Tagore, R. (1893). Subha (Sengupta, C., Trans.). https://cerebration.org/chaitalisengupta.html#:~:text=SUBHA%3A%20Rabindranath%20Tagore%20(Translated%20by,a%20Nobel%20Prize%20in%201913.

Wells, H. G. (1904). The Country of the Blind. http://www.thatmarcusfamily.org/philosophy/Amusements/Wells.pdf

An Exploration of Mortality and Meaning: A Literary Analysis of Paul Kalanithi's *When Breath Becomes Air*

A. Anjali

PG student, Department of English, University of Calicut

anjaliravindran13@gmail.com

Abstract

This literary analysis delves into Paul Kalanithi's memoir, *When Breath Becomes Air* a deeply introspective narrative that grapples with themes of mortality, identity, and the search for meaning. As a promising young neurosurgeon diagnosed with terminal lung cancer, Kalanithi confronts the transition from doctor to patient, navigating the complexities of his professional knowledge and personal vulnerability. His memoir serves as a meditation on the fragility of life and the philosophical questions that arise when faced with impending death. Through his introspective prose, Kalanithi intertwines his medical expertise with literary and philosophical reflections, engaging with existential themes that resonate beyond his personal experience. This analysis applies insights from Medical Humanities Theory to examine how Kalanithi's narrative encapsulates the interplay between medicine and humanistic inquiry, revealing the emotional and ethical dimensions of healthcare. By dissecting his philosophical reflections and personal struggles, this study highlights the ways in which Kalanithi's work transcends traditional medical discourse, offering a profound commentary on what it means to live with intention, purpose, and acceptance in the face of death. Ultimately, this analysis underscores how *When Breath Becomes Air* not only serves as a deeply personal memoir but also contributes to broader discussions about the role of narrative in medicine, the patient-physician experience, and the universal human confrontation with mortality. Through this lens, Kalanithi's work becomes a powerful testament to the enduring quest for meaning amidst life's impermanence.

Keywords: Narrative Medicine, Personal Narratives, Resilience, Empowerment, Literature and Healing, Social Responsibility.

Introduction

Stories play a crucial role in developing a sense of identity. Our personality characteristics, abilities, likes, and dislikes, as well as our moral convictions and ethical standards, all help to define who we are. A narrative is an oral or nonverbal recounting of a series of connected events. When it comes to illness, it challenges both our sense of self and how we perceive the world. In the literary genre known as "illness narratives," a disease and its effects on the patient's life are presented as an autobiographical or biographical account.

Walter Fisher asserts that the fundamental mode of human communication is through narrative. Fisher referred to people as "storytellers" or "Homo narrans" because of our unique capacity for recounting experiences. The emotional and mental conditions of the storytellers are depicted in illness tales as psycho-social maps, according to public health research scholars. The "illness narrative" subgenre uses the first person to describe a patient's condition and how it affects their daily lives.

Narratives about illnesses can be both fictional and non-fictional. Both patients and carers have the option to write them. They can be of any length and can be written in prose, poetry, or theatre. And based on current practice, any text in which disease makes a prominent appearance qualifies as an illness narrative.

An exploration of mortality

The prologue of *When Breath Becomes Air* opens with Kalanithi describing his ailment. Bringing the CT scan images and describing the signs of the illness that was damaging his lungs, including lungs filled with innumerable tumours and a distorted spine that indicated the cancer had spread widely. Kalanithi receives a surprise visit from Cancer. "But this scan was different: it was my own," (Kalanithi, 2016, p.2) says Kalanithi as he struggles with accepting the truth that he had cancer. A well-known American neurologist's shift from the "radiology suite" to the "patient's gown" gives a clear notion of what cancer can do to him in the span of a day.

Additionally, Kalanithi acknowledges that it was his carelessness that caused him to lie on the hospital bed. Despite having a strong medical background, they were suspicious even in the last year but refused to accept and never talked about it.

In explaining the early signs of cancer, Kalanithi mentions how he used to lose weight, suffer from excruciating back pain, and tighten his belt by two notches.

The medical perspective

Kalanithi through his writing throws light on when to take MRIs and X rays. He points out that MRIs for back discomfort are costly . X-rays are largely ineffective for treating cancer. He further states that it is apostasy for doctors to order an MRI in the early stages even though they are aware of this. In order to make a realistic diagnosis and determine whether the back pain was caused by isthmic spondylolisthesis, Kalanithi acts as his own personal doctor. He orders for flexion-extension X-rays. When he sees his primary doctor searching about isthmic spondylolisthesis, he informs her that "it's a pars fracture affecting up to five percent of people and a frequent cause of back pain in the young."(Kalanithi, 2016, p.5)

Paul further clarifies that, regardless of how skilled you are at your job, there may be something forgotten that actually aids in diagnosis. Paul and his primary doctor take a false step at this point and come to the incorrect conclusion that Paul's back discomfort was caused by his tight scheduled job and aging physique. Cancer has an odd way of dancing out, where it might leave you in anguish one week and then make you feel better the next. Cancer never remains the same. It may show conflicting signals. Also in this section, Kalanithi's weight loss slowed and her back pain became tolerable.

A key component of illness narratives is hope. At the age of 36, the protagonist had numerous reasons to continue living. Paul believed he had reached the peak of the mountain. He daydreamed about taking Lucy, their kids, and himself out on the weekends on a nice catamaran on the water. He sighed and said, "I could see myself finally becoming the husband I'd promised to be" (Kalanithi, 2016, p.7). He could feel the pain slowly fading away.

Paul continued to "wake up on soaked sheets, dripping sweat," which raised suspicions about cancer (Kalanithi, 2016, p.7). He lost a significant amount of weight, going from 175 to 145 pounds and a persistent cough remained. Still, the cause of all these symptoms remained unclear. When it comes to illness, it's common for people to google their condition. In this case, Paul also googled "frequency of

cancer in thirty- to forty-year-olds," which explains his concerns about cancer (Kalanithi, 2016, p.7). This information was also kept away from his wife, which resulted in misunderstanding between the two of them.

Paul was constantly nagged with different thoughts on the symptoms of "this might be cancer" this not only affected his career, but pulled down a healthy relationship with Lucy. He explains that she was upset for three reasons. She was upset about Paul's diagnosis that was running parallelly. Then she felt that Paul was purposefully hiding and avoiding open conversations and most importantly Paul felt guilty for failing to give a life to Lucy that he promised. These were not discussed between Paul and Lucy, instead Paul assumed it to be so.

The bond of communication

Paul discusses the value of communication in relationships when dealing with illness. Paul and his wife Lucy didn't communicate well among themselves. They have made it through the most challenging phase of their journey, according to Paul. He believed that Lucy's decision to blow everything up came at the absolute worst time. They knew they loved each other. But the situation got worse since people couldn't communicate or comprehend one another. Conflict existed between the two couples.

In his autobiography, Paul also introduces their personal therapist. As cancer is a long journey, it is preferable to meet with a personal therapist and seek expert assistance. Paul and Lucy struggled to communicate despite their close friendship. They could start to build trust between them with the help of a therapist. Carrying an unknown cancer inside, Paul describes how challenging it is to perform day to day activities, such as travelling, which was not even thought of as a huge task earlier.This stage is critical, the pre-cancer stage, as unexplainable and unexpected pain encounters and back spasms, ranging from mild, ignorable to paralysing pain. Paul acknowledged that he was dying from cancer at that same time, without having received a diagnosis from his family doctor (Kalanithi, 2016, p.12).

Paul has included his discussions with Mike, his host, to highlight how people start asking him about his health. Here, Mike queries Paul as well. "You don't look so great" everything okay?" (Kalanithi, 2016, p.14). This is a typical query that a patient may encounter in the early stages of cancer. Paul informs Mike that he has cancer and

that he exhibits a number of symptoms, making him certain of his diagnosis. Later, Paul receives a call from his primary care physician informing him that his X-ray results showed he was most certainly cancer-prone.

The emotional response to the illness

Paul had a lot of worries about relationships. He constantly worried about what might be Lucy's reaction on hearing that her partner is a cancer patient. While Lucy acted as the ideal partner since she was certain she should support Paul, reassuring him that she will never leave him alone as he fights cancer. She never had any second thoughts on that. Paul presents the paradigm shift from being a doctor to being a patient. Soon after receiving a cancer diagnosis, Paul's "perfectly planned and hard won future no longer existed." Paul began to estimate the amount of time he had left and considered ways to convince Lucy to get married again. He wished Lucy shouldn't be left alone . Paul then acknowledged that he was on the verge of passing away. His sudden plans included forcing Lucy to get married and staying away from the hospital as a doctor. He secretly feared that his goals would fail, his "imagined future," and his "personal identity" would crumble.

Another emotion that might be conveyed in an illness narrative is empathy. Emma, Paul's personal physician, opened the discussion at their first meeting by saying, "I'm sorry this is happening to you" (Kalanithi, 2016, p.122). Conversations between the doctor and the diseased person says a lot about the illness, the condition, the character and approach of the doctor towards treating the illness. In addition to being upbeat, Kalanithi was curious to know about the Kaplan-Meier survival curves. But Emma kept that information away from him. A Doctor never reveals everything to his / her patient, this was strictly followed till the end.

A return to all the good times in the past is explained by Kalanithi where he catches himself staring at a photo of Lucy and himself from medical school, dancing and laughing unaware of the tragic future waiting for them. At the same time like any other ill person Paul also compares his fate with the others around him. He pitches the life of his own friend Laurie, dying in a car accident, at that time Laurie owned a fiancé. Paul could relate his pain with that of Laurie's fiancé and find satisfaction that at present both

Paul and Lucy are alive at least. At that point Paul finds that to be alive indeed is a greatest blessing:

> "My family engaged in a flurry of activity to transform my life from that of a doctor to that of a patient. We set up an account with a mail-order pharmacy, ordered a bed rail, and bought an ergonomic mattress to help alleviate the searing back pain. Our financial plan, which a few days before had banked on my income increasing sixfold in the next year, now looked precarious, and a variety of new financial instruments seemed necessary to protect Lucy. My father declared that these modifications were capitulations to the disease: "I was going to beat this thing, I would somehow be cured" (Kalanithi, 2016, p.126).

At the cancer stage, the protagonist and his family also demonstrate the ability to make prudent decisions. Paul's family soon begins to modify their lifestyle in response to his demands after learning that he is cancer-prone.

In every interaction between a patient and a doctor, fundamental details on illness are revealed. Most of Paul and Emma's conversations focus on the various therapy options. Paul skillfully writes about the modern trends in cancer treatment other than chemotherapy, which is previously unheard of. They also hold discussions on chemotherapy, which is the conventional approach. "You have a PI3K mutation, but nobody is quite sure what that means yet" (Kalanithi, 2016, p.128) says Emma. This further explains the theme of uncertainty in the medical world. In place of conventional chemotherapy, the drug Tarceva is prescribed as part of modern cancer treatment. A healthy relationship is important when it comes to dealing with illness, here both Emma and Paul hold a healthy doctor – patient relationship.

Emma plays the role of an ideal doctor. It's evident in her conversations with Paul, she asks: "Is surgery important to you? Is it something you want to do?" (Kalanithi, 2016, p.129). When asked if he wanted to resume his doctoral career, Paul was certain that he did because he had spent a third of his life training for it. Emma considers Paul's needs when selecting what medication needs to be given to him rather than following her own preferences. When it comes to medical ethics, a practitioner must take the patient's best interests into account.

The conflict between hope and reality

How optimistic Paul and Lucy are as an ideal marriage is demonstrated by their decision to move to the sperm bank with the goal of bringing a life to Earth at the same time that Paul was nearing the end of his life. This choice advances two fundamental ideas. He dismisses the misconception that cancer-prone couples cannot have children of their own, and he instills optimism and an unwavering will to live in the minds and hearts of his readers by contributing a handbook on his own illness.

Another way a sick person sees himself is by thinking of himself as unlucky. Paul explains that only 0.0012 percent of those aged thirty and older develop lung cancer. According to Paul every cancer sufferer is unfortunate. "Only 0.0012 Percent of thirty-six-year-olds get lung cancer. Yes, all cancer patients are unlucky, but there's cancer, and then there's CANCER, and you have to be really unlucky to have the latter" (Kalanithi, 2016, p.133).

Paul still has the choice of deciding what truly matters at the end. But he struggled to decide whether to spend the latter half of his life with his family or pursue his well-earned job. Meetings with a couple therapist, experienced in working with cancer patients, helped the couples organise the chaos created by the cancer diagnosis in their current and future lives. Kalanithi offers an alternative viewpoint on his cancer diagnosis. He says candidly that their marriage was saved by cancer. Both individuals suffered from uncertainty about the future, a lack of ability to make decisions, and—most importantly—the need to be there for one another throughout the pre-cancer diagnostic stage. Even in the uncertainty of cancer stage, it was their relationship that made a meaning to Kalanithi. Thus, relationships play a huge role in providing support to the deceased during the illness stage.

Paul's moral considerations were never far from his mind as he battled cancer. Paul puts himself in the position of his patients as he confronts death and tries to determine what makes life worthwhile. He was "Torn between being a doctor and being a patient" (Kalanithi, 2016, p.139). Once more drawing comparisons, he says that being ill is more like falling in love or having a child. Because we don't appreciate the small things or the mountains of paperwork that go along with it. Paul gives advice on how to set objectives while one falls ill. It was preferable to set reasonable goals; in his

autobiography, Paul describes how, after two months of physical treatment, he was able to sit for thirty minutes without becoming fatigued and how he was able to go out to dinner with his friends was a huge progress for him.

When it comes to decision-making, time is a crucial factor in illness stories. The question of whether Lucy and Paul should have a child came up during the illness phase. They decided to move forward with the decision that they are prepared to add another chair to their family's table as a result of Paul's anxiety of passing away and leaving Lucy alone:

> "I knew a child would bring joy to the whole family, and I couldn't bear to picture Lucy husbandless and childless after I died, but I was adamant that the decision ultimately be hers: she would likely have to raise the child on her own, after all, and to care for both of us as my Illness progressed" (Kalanithi, 2016, p.143).

In Paul's situation, the recovery graph is unstable. This applies to all illnesses. When the protagonist experiences a victory, they cling to faith and hope, but when they experience a setback, helplessness and uncertainty surrounds them. Paul explains that the most difficult aspect of illness is trying to figure out what truly matters as one experiences it. For example, in Kalanithi's case, he was prepared to spend the remaining part of his career as a neurosurgeon, but two months later he decided to play the saxophone or devote himself to church.

The different stages of grief

Any illness drags an ill person through five stages of grief. The denial, anger, bargaining, depression and acceptance. For Kalanithi he had it all in the descending order. On diagnosis itself he was prepared for his death. He accepted his death was on the way. Then he fell into the pits of depression, when he came to know that he is not going to meet his dead end soon, which was good news, but also confusing and strangely enervating. Then came the bargaining stage, where Paul bargained to God for extending his life and dreamt for a day without pain. Bargaining stage was followed by flashes of anger. Where Paul thought, "I worked my whole life to get to this point, and then you give me cancer?" (Kalanithi, 2016, p.162). Towards the end of the illness stage Paul stepped into the denial stage, accepting that to live with cancer was the only way forward.

Illness narratives demonstrate abrupt turns as the narrative unravels the illness. On the last scan before finishing residency, before becoming a father Emma shares that a new tumor, large, filling his right middle lobe of his lungs, again he compares it with "a full moon having almost cleared the horizon" (Kalanithi, 2016, p.174).

Paul struggles in the last stages because he has always been so preoccupied with the future. Right now, he says, he's not sure what verb tense to use to describe himself. Paul wishes for Cady to have some kind of memory of him in the final sentence of his memoir. She is presumably entirely in the future, while his life is essentially in the past, according to him. He ends the narrative with a short message for Cady:

> "When you come to one of the many moments in life where you must give an account of yourself, provide a ledger of what you have been, and done, and meant to the world, do not, I pray, discount that you filled a dying man's days with a sated joy, a joy unknown to me in all my prior years, a joy that does not hunger for more and more but rests, satisfied" (Kalanithi, 2016, p.199).

Conclusion

Constructing an illness experience is recreating one's entire life story, trying to make disease and illness comprehensible, and gathering the illness experience with respect to one's own life are just a few of the many functions that illness narratives serve. Emotional reaction to the diagnosis, impact of stress on the deceased, importance of communication, relevance of relationships in supporting the ill, a healthy – doctor patient relationship, thoughts and perspectives of the ill person, view of death , optimism, decision making power, adaptability to changing life situations are the common themes that are visible in illness narratives. The dilemma of giving a platform to both sorrow and the complete context of disease has also been identified as another distinctive characteristic of illness narratives.

References

Atkinson, S., & Rubinelli, S. (2012). Narrative in cancer research and policy: voice, knowledge and context. *Critical Reviews in Oncology/Hematology*, 84, S11–S16. https://doi.org/10.1016/s1040-8428(13)70004-0

Bhatia, P. (2017). When breath becomes air. *Indian Journal of Cancer*, 54(3), 589. https://doi.org/10.4103/ijc.ijc_14_18

Deborah de Muijnck. (2019)."When Breath Becomes Air: Constructing Stable Narrative Identity during Terminal Illness." *DOAJ (DOAJ: Directory of Open Access Journals)* https://doi.org/10.26180/5df19808d7ec3

Kalanithi, P. (2016). *When Breath Becomes Air*. Random House.

Fragmented Selves: Alzheimer's and Identity Crisis in *Still Alice*

Annie Sebastian

Asst. Professor, Naipunnya Institute of Management and Information Technology,Pongam

annie@naipunnya.ac.in

Abstract

The practice of medicine and the experience of being a patient or a caregiver provide rich thematic material for the creation of narratives. The strength of the medical story often lies in multiple domains. In some instances, it is the unique perspective of the narrator; in others, the viewpoint of a patient or a loved one dominates. Some stories focus on conflict, others on resolution, and still others on unanswered or unanswerable questions. Some narratives are created to illustrate novel or unique viewpoints; others are drafted as a coping mechanism to externalize thoughts, emotions, or uncertainties that can be universally shared. The experience of Alzheimer's disease, shared by so many, provides a particularly distinctive storytelling canvas. The lens through which the caregivers and loved ones see the world is often focused on universal themes such as fear, hope, loss, love, uncertainty, threat, and legacy. Lisa Genova's first novel, *Still Alice*, recounts the heart-wrenching story of a Harvard professor's journey with early onset Alzheimer's disease. It is a raw, sagacious, and brave attempt at capturing the devastating effect of the diagnosis in the lives of the people involved. This study explores the fractured sense of self in the aftermath of Alzheimer's disease within the framework of Identity theory. Identity theory as formulated by Stryker and Burke, focuses on the self as it comprises the various roles an individual occupies. It encompasses the multifaceted aspects that contribute to an individual's sense of self and how they perceive their place in the world. According to Stryker, the various identities that comprise the self, exist in a hierarchy of salience.

Key words: Alzheimer's, identity crisis, fragmentation, Identity theory

Introduction

Lisa Genova is a highly acclaimed American neuroscientist and author who has carved a niche for herself in contemporary fiction, writing stories that are equally inspired by neurological conditions and our shared human condition. Her self- published debut novel *Still Alice* (2007) was adapted into a 2014 film with the same title, won Julianne Moore the Academy Award for best actress as Alice Howland. Her notable works include the novels *Left Neglected, Love Anthony, Inside the O' Briens, and Every Note Played*.

Living with a chronic medical condition is not merely an interruption to one's life; it fundamentally alters self-perception and how others perceive the individual. It is not just a biographical disruption but also a profound psychological, emotional, and existential upheaval. Enduring a chronic illness demands resilience and determination, as individuals grapple with loss, redefine their identity, and navigate an altered existence.

Alice, 50 years old, is the matriarch of a competitive but close family that values knowledge, intellect, and achievement. Her husband calls her, "The most beautiful and the most intelligent woman I have known in my entire life." Her daughter Anna, son Tom, and husband John are all in traditionally esteemed fields of law, medicine, and science. Her daughter Lydia is the exception—an aspiring actress who lives far away from Alice in California. Alice appears to have a particularly close connection with her daughter Anna; they are several times depicted playing a technology-based word game together.

She is a professor of linguistics at an Ivy League university. Her position as an expert in the meaning and structure of language provides an important backdrop related to her future experience of cognitive decline. She presents herself as confident, articulate, and poised. Alice identifies strongly with her work in linguistics and in teaching. She works at a renowned institution and is on occasion asked to speak nationwide. She finds significant joy, purpose, and meaning in her work.

At the height of her career, she notices a forgetfulness creeping into her life. Confusion starts to cloud her thinking and her memory begins to fail her. While delivering a lecture on the mechanism of language at the University of Stanford, she

forgot a specific word "lexicon" in a sentence which humiliated her in front of an audience, as she has never lost a word in her twenty-five years career. She managed to replace the word. She repudiated it by justifying it as the effect of champagne she had at the party before the event or jet lag. She attributes her lack of focus to menopause or multitasking or excessive travelling. Alice forgets her mobile phone in a restaurant at Los Angeles, where she dined with Lydia; the waitress returned the phone to her. She gets inexplicably lost within a mile distance from her home after a jog; stood on the intersection of streets, missing out the context of where she was and what would be the street to her home. The familiar landscape gets defamiliarized for a while. She again tries to look away from this lapse as due to over running, anxiety, and perspiration. Genova describes the reaction of Alice when she learns about her having Alzheimer's disease as:

> "The sound of her name penetrated her every cell and seemed to scatter her molecules beyond the boundaries of her own skin. She watched herself from the far corner of the room like an ethereal presence. Her voice seemed to be coming from a distance, hollow utterances, empty gaze, no hope, a feeling of nothingness enveloped all over her. She heard her voice asking what did that mean? The words and their meaning seemed to float in the air above her head, she imagined herself out of her body and trying to catch the words with the correct meaning" (Genova, 2010, p.70).

Alzheimer's and identity crisis

The novel narrated from Alice's perspective, offers the readers an intimate glimpse into her thoughts, emotions, and experiences as she navigates life with early onset of Alzheimer's disease. By making this narrative choice, Genova delves into the impact of the illness on Alice's identity as a woman, mother, and wife. In Genova's portrayal, the impact of Alzheimer's is not limited to Alice alone but extends to her entire family, including her husband and three adult children.

Each of her family members responds differently to this news; John is reluctant to accept the fact and keeps arguing and reading more on it. His love for Alice is deep and he never likes to watch her taking her pills to fend off her illness. "He refused to

watch her take her medication. He could be mid- sentence, mid-conversation, but if she got out her plastic, days-of the-week pill container, he left the room" (Genova, 2010, p.89). Anna initially feels annoyed because of the chances that she might inherit the disease and that her child might also. She is alarmed that she too might roam around like a 'mindless zombie.' But later she understands the situation and takes care of her mom. Although Lydia is saddened, she presents with a more accepting tone, also intuitive to the fact that she had noticed some changes in her mother's behaviour when others had not. The realization of Alice's inevitable decline is something that the whole family experiences, not just Alice.

Often family members fail or forget that AD victims are listening and that they often understand what is being discussed. When the whole family discusses issues pertaining to Alice, she feels deprived of not letting her participate in the conversation or not asking for her opinion, in matters that relate to her: "They talked about her as if she weren't sitting in the wing chair, a few feet away. They talked about her, in front of her, as if she were deaf. They talked about her, without including her, as if she had Alzheimer's disease" (Genova, 2010, p. 251). The exclusion that Alice suffers makes her feel that people treat her as if she was "deaf". But when she realizes that her presence or absence is not a matter of concern to her family members in discussions pertaining to her, she feels that she is degraded and pushed to a state of mere "existence" from that of "living". Alice feels helpless and her failing vocabulary does not help her explain her inability to remember things.

The erosion of identity

The feeling of not owning one's self is the most pathetic form of identity crisis. At times, Alice understands many things. But she doesn't know if she would recognize even very familiar details after a few minutes. Even while presenting her ideas at the dementia care conference, she expresses her identity crisis with the help of highlight makers, so that she does not get lost in between. The billion-dollar questions that go unanswered, silenced in the heart of speechlessness are highlighted by Alice's downpour of emotions of deprivation:

"What if I don't know where I am or recognize myself in the mirror? When will I no longer be me? Is the part in my brain that's responsible for my unique 'me-

ness' vulnerable to this disease. Or is my identity something that transcends neurons, proteins, and defective molecules of DNA? Is my soul and spirit immune to the ravages of Alzheimer's? I believe it is" (Genova, 2010, p. 282).

Genova emphasizes that the soul and heart of the AD victims are left undamaged and that they possess feelings and a strong desire to express themselves that is accompanied by a strong desire and yearning to be heard. People fail to recognize this fact and they underestimate them: "Being diagnosed with Alzheimer's is like being branded with a Scarlet *A*. This is now who I am, someone with dementia. This was how I would, for a time; define myself and how others continue to define me. But I am not what I say or what I do or what I remember. I am fundamentally more than that (Genova, 2010, p.282).

While being diagnosed with AD itself is humiliating and branding, it adds more insult to injury to literally be tagged physically with such an identity. Alice hated to wear a most unwanted jewel- a bracelet with the code number- one hundred and eight- and the words "memory impaired" engraved on it that she is forced to wear in the name of protection. Alice feels that the bracelet is a license that is provided by the medical world to brand her mentally ill. But Alice re-ascertains her 'self ' and identity by proclaiming that she is not just what the world sees her. She is much more than that and is more successful in leading a meaningful life by "helping others with dementia live better with dementia" (Genova, 2010, p.283). She wants to organise such conferences and help people with dementia connect with each other for better living. She feels confident when she identifies herself with the great mass of people with similar problems at the Dementia Care Conference; "She was Alice Howland, brave and remarkable hero"(Genova, 2010, p.286.) But when she is alone, she feels scared to step into the bathtub, identifying herself as 'Alice Howland, Alzheimer's victim" (Genova, 2010, p. 287).

Alice's demeanour is marked by a persistent apprehension, a palpable urgency in confronting the stark realities of her uncertain future. The looming spectre of becoming a burden on her family weighs heavily on her mind, as does the profound fear of gradually fading into the abyss of oblivion, forgotten by those she holds dear. This apprehension is deeply rooted in the pervasive stigma that surrounds mental disorders, particularly dementia, within our culture. The onset of Alzheimer's disease not only

encroaches upon the individual, silencing their voice and isolating their experience, but it also casts a shadow over the lives of their family members. The degenerative nature of the disease inflicts a profound toll, leaving loved ones grappling with a sense of helplessness in the face of its relentless progression. They bear witness to the gradual erosion of their loved one's psyche, navigating the labyrinth of a fractured mind and fragmented identity with a profound sense of bewilderment and sorrow.

Perhaps the most tragic element of having Alzheimer's is that those who suffer from it gradually forget their own family, as Alice finds out all too soon. As Alzheimer's ravages her mind, she eventually loses her identity as wife and mother as her parental roles are reversed with her children. Alice and John have had a long marriage together, despite "bottomless argument[s]" over their daughter Lydia's acting and time spent apart due to work. However, as she struggles with Alzheimer's symptoms, Alice notices that John seemingly "[can't] bear to look at her," highlighting his struggle to see her as his wife and not a helpless Alzheimer's patient. Alice has enjoyed her role as a mother and is eagerly anticipating the birth of her two grandchildren so she can become a grandmother. However, her Alzheimer's flips the script and leaves her dependent on her children in much the same way they once depended on her. This is shown by the way they "[talk] about her as if she weren't sitting […] a few feet away," making decisions about how to care for her as she loses the ability to help herself. Alice's loss of independence thoroughly strips her of her capacity to fulfil her roles as a wife, mother, and grandmother.

Alice wishes that she had cancer instead of Alzheimer's, longing for the battles of chemotherapy and radiation where support from her family and the Harvard community would rally behind her. She contemplates suicide, leaving instructions for herself on her computer. Despite her attempts, she could not bring herself to execute the plan. Her cognitive decline over the past six months severely impacted her abilities, leading to disorientation in time and space, insomnia, and blurred lines between past and present. Her multitasking skills dwindle, and conversations become challenging as her mind struggles to grasp meaning. Her illness progresses rapidly, leaving her grappling with the effects of amyloid buildup on her mental faculties. In the fall after the summer at Harvard, she was called by Eric Wellman, the head of the department and questioned for the student's evaluations and their written remarks about her teaching

skills. Few students also contested the grades given by Alice and that never happened in her twenty five years of career.

When she broke the news to Eric about her disease, the teaching classes, research activities, and attending conferences at the other universities were all taken away from her with the utmost politeness and gratitude. She was asked to apply for medical leave with immediate effect and then can go to sabbatical after Christmas. Eric just wanted her out of Harvard at any cost; as she had become a misfit in the place. She wrote a general mail addressing all her colleagues and students about her illness and informing her that she would willingly give up her teaching, research, seminars as it would not be possible for her to continue like that. She would only work as Dan Maloney's thesis advisor and will try to actively participate in meetings and seminars held at Harvard. They all felt so sorry for her and as fast as they took away the ascribed charges and duties; they immediately left her alone.

The meaningless apologies, synthetic and sterile gazes, formal utterances, hugs without warmth, hollowed Alice inside out. Facing her meant facing her mental frailty and they wanted to avoid her at any cost; as it could happen to them too. Alice noticed that nobody sat next to her at a student's presentation although there was no availability of seats but people preferred to stand rather than sitting beside her.

Redefining identity

For over twenty five years, Alice has worked as a research scientist and professor, achieving the important career milestone of tenure at the prestigious Harvard University. This success is an important part of her personal identity, but it's also the first to fall victim to Alzheimer's. As Alice begins to really struggle with retaining memories and doing her work, she begins to feel "like a fraud posing as a Harvard professor." For Alice, this is the real beginning of the end of her professional identity because it shows she is beginning to doubt herself. Alice, however, is not the only one to notice that she is struggling, which is reflected in her below-average student evaluations. As a result, she is forced to give up teaching and lecturing, leading her to feel "like the biggest part of herself, the part she'd praised and polished regularly on its mighty pedestal, had died." Furthermore, she is gradually "cast out" by her colleagues, leaving her feeling "bored, ignored, and alienated," no longer respected as a professional

or as a friend. This marks the true end to her identity as a distinguished Harvard professor.

Alice visits the Alzheimer Special Care Unit, where she finds that most elderly people there had Alzheimer's and they were all confined in a space, indulged in various activities but they did not converse, did not communicate, did not have emotions and no one visited them, not even their family members. They all seemed lost in that confined space, alienated and lonelier away from their loved ones. Genova illustrates, in painful detail, the myriad ways in which Alzheimer's strips sufferers of their identities, leaving them helpless to stop it or reinvent themselves as they lose their self-awareness.

Beyond her career and family, Alice's most complex loss of all is that of her self-awareness. Her sense of self outlives her ability to recognize her children, but she is powerless to keep it safe from the ravages of Alzheimer's. Alice considers the life she's lived as "strange, competitive, cerebral, and privileged." This description shows that she is both proud and thankful for her experiences, which makes it harder for her to accept her graduate mental decline. Alice tells John that she is aware she doesn't "have much more time of really being [herself]," indicating that she can feel herself slipping away. This is confirmed by her feelings of "a growing distance from her self-awareness." Eventually, Alice even begins talking about herself in the past tense, such as when she observes that she "used to be" someone smart and independent. This shows that she has given up on that past self and now only exists in the moment, without her former qualities and personality.

Through Alzheimer's, Alice loses every facet of her identity, beginning with her hard-won identity as a tenured Harvard professor and research scientist, her identity as a supportive mother and grandmother, and, ultimately, her entire identity as Alice Howland. The true tragedy, however, is that she senses and feels this, but is powerless to stop it. This is shown during her last moment of true lucidity, when she momentarily discovers a "pristine place" in her mind, and is able to say, "I miss myself."

The theoretical framework

The identity theory of Stryker and Burke focuses on the interplay between identity, role, and behaviour. It emphasizes how individuals internalize multiple identities based on their roles in society and how these identities influence their

behaviour in specific social contexts as Alice grapples with her changing sense of self due to early-onset Alzheimer's disease. According to Stryker, identities are tied to the roles individuals occupy in society. Alice's core identities include that of a professor, mother, wife and a friend/colleague. Her identity as a scholar and an intellectual is central to her sense of self whereas her role as a mother influences her decisions and relationships. Her identity as John's partner shapes her personal and emotional life. Her professional network and friendships further define her social identity.

Stryker's concept of identity salience refers to how central a particular identity is to an individual at a given time. For Alice at the beginning of the novel, her academic identity is the most salient. Her career achievements and intellectual pursuits dominate her life. As her Alzheimer's progresses, this identity begins to erode, leading to an identity crisis. She struggles to reconcile the loss of her memory with her previous sense of intellectual mastery. The progression of the disease forces Alice to re-evaluate her sense of self, as the markers of her previous roles (professor, independent intellectual) fade away.

As her cognitive abilities decline, Alice begins to focus on her family identity. She strengthens her relationships with her children, especially Lydia, despite their earlier differences. She finds ways to contribute meaningfully to her family, even as she loses other parts of herself. Alice also discovers new ways of asserting agency, such as by creating a video message to herself or joining an Alzheimer's support group, which reflects her attempt to preserve a coherent sense of identity.

Still Alice reveals how the erosion of Alice's intellectual identity leads to an emotional and social crisis. The novel explores her struggle to adapt to the loss of deeply ingrained roles and redefine herself through relationships, resilience, and new roles. This shift aligns with the theory's emphasis on the dynamic, relational nature of identity in response to changing social and personal contexts. As Alzheimer's erodes her intellectual identity, Alice struggles with an identity crisis, experiencing distress when her self-perception is no longer validated by her abilities or others' expectations. Over time, she reconstructs her identity by prioritizing her family relationships and finding new ways to assert agency, such as participating in support groups. Genova tries to examine the transformation processes that take place in the narrow space between past and future, the in-between spaces, where the individual is struggling to position or

establish an identity. It reflects the tension between being forced into or assigned a role, consisting of the expectations and conceptions of others, or of life itself, and the need to establish one's own role or space.

Conclusion

The novel delves into the intricate dynamics of self-hood and agency within the context of Alzheimer's disease. The novel conveys a poignant message and urges society to listen to individuals with cognitive disabilities and recognize that their silence doesn't equate to a lack of thoughts or feelings. It encourages engagement with their silence to understand their perspective, emphasizing the importance of inclusivity and sensitivity in interactions with them. People with Alzheimer's face a relentless progression of symptoms, including the loss of familiar memories and the erosion of free will and agency. Loneliness, alienation and identity crisis are common struggles for those with Alzheimer's, highlighting the importance of awareness to reduce stigma. Despite the challenges posed by the disease, there remains a sanctuary within the brain that provides emotional support. The text employs a narrative perspective centred on Alice's point of view, situated within familiar familial and social contexts. This approach ensures that Alice is consistently recognized and empathized with by the reader, even as her illness progresses. By intimately portraying Alice's emotional, physical, and intellectual experiences, the reader is compelled to continually reconstruct her identity, maintaining her dynamic essence as still Alice.

References

Bradshaw, K. (2020, May 6). *Still Alice – a book review and personal reflection*. KT Bradshaw.https://ktbradshaw.com/2015/03/21/still-alice-a-book-review-and-personal-reflection/

Fontana, A., & Smith, R. W. (1989). Alzheimer's Disease victims: the "Unbecoming" of self and the normalization of competence. *Sociological Perspectives*, *32*(1), 35–46. https://doi.org/10.2307/1389006

Genova, Lisa. *Still Alice*, (2010). London: Pocket Books.

Grodovich, L. M. (2009). STILL ALICE: A NOVEL by Lisa Genova. *Educational Gerontology*, *35*(9), 853. https://doi.org/10.1080/03601270903041206

Hepburn, K. (2015). Still Alice. *The Gerontologist*, *55*(2), 328–329. https://doi.org/10.1093/geront/gnv017

Senoussi, M. (2024). Falling into the Nowhere: Losing Identity with Alzheimer's in Lisa Genova's Still Alice. *Interdisciplinary Literary Studies*, *26*(3), 432–457. https://doi.org/10.5325/intelitestud.26.3.0432

Contesting the Self: Mental Health and Mental Illness in Urvashi Bahuguna's *No Straight Thing Was Ever Made: Essays on Mental Health*

Anupama C. V
Research Scholar, Government College Malappuram, University of Calicut
Anupama.c.v06@gmail.com

Abstract

Mental health acts as the state of mental well-being which influences how people think, act and feel throughout their lives. Mental illness explained through literature investigates the human condition including the individual struggles and attitudes. Both mental health and mental illness have been significant themes in literature throughout history. Literature provides the space to explore the concept of mental health in myriad ways. Starting with the authors, literature delves deep into the human mind and provides insights into the various issues people struggle with. Beyond individual experiences, literature uses mental illness as a metaphor for broader existential societal struggles, often delving into trauma, resilience and the pursuit of connection. This research paper tries to investigate the portrayal of mental health and mental illness in literature by focusing on how these issues are represented and explored in works of fiction. The study will examine the work *No Straight Thing Was Ever Made: Essays on Mental Health* by Urvashi Bahuguna.

Keywords: Literature, Mental Health, Memoir, Mental Illness.

Introduction

Mental health includes the complete well-being of an individual and is the foundation for emotions, learning, hope and self- esteem. It is not only the lack of mental disorders but it also influences how people think, act and feel throughout their lives. World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (8). Mental health plays an important role in the life of an individual like the ability to have independent thoughts and action, happiness in their lives, relations with family, friends and society. Any disturbance in the mental state can adversely affect them and can cause changes in their individual to a broader scope of relationships.

Mental illness are health conditions which can involve distress in individual or social activities. People around the world have had mental illness since time immemorial and the view towards mental health and mental illness has changed as they came to understand the reality and importance attached to mental health. Various authors from different parts of the world have dealt with mental issues in their works implicitly or explicitly. According to the psychologist Nicola Morant, a person with any mental illness is considered as an alien one and she puts it:

> "Otherness arises from a sense of alienation and an inability to imagine what the experience of mental illness is like. The mentally ill are represented as different and Other because they are thought to experience the world differently and have a different way of being, which representatives feel unable to understand using their own models of the world and past experiences" (Morant,1995, p.7).

In *Madness and Civilization*, Foucault traces the history of how society has treated the mentally ill, arguing that the concept of "madness" has shifted from a natural condition to a social construct. He emphasizes the rise of institutions such as asylums, where those deemed "mad" were segregated and treated with disdain rather than compassion. Foucault points out that the institutionalization of mental illness in the 17th century marked the beginning of a more rigidly defined societal order, in which madness was seen not as a part of human experience, but as a dangerous deviation. He links the emergence of asylums with the development of modern societal control mechanisms, where the distinction between sanity and insanity was used to discipline individuals and enforce conformity. By examining these historical shifts, Foucault shows how power structures shape and control what society deems normal and acceptable.

Even authors were affected mentally and it is evident through their works. Writers like Virginia Woolf, Sylvia Plath and Ernest Hemingway are a few names who faced mental challenges. It can be said literature which dealt with mental health issues influence the society as a whole. Memoir, a literary genre, is defined as a narrative written from the perspective of the author about an important part of their life. It presents the realities behind mental illness where the personal accounts serve as a tool to connect with the writer.

The portrayal of mental illness

This paper tries to analyse the portrayal of mental illness in a literary work. In the memoir titled *No Straight Thing Was Ever Made: Essays on Mental Health* by Indian poet and author Urvashi Bahuguna portrays her experience with mental illness in a detailed manner. Bahuguna, in her later teens, had mood disorders and the ten essays in the book showcased her personal accounts of how she dealt with it. She was the first person from her family to seek help for mental illness. The various phases of living with mental illness, like the personal, familial, and social relations are explained by the writer. Through personal experiences of the writer, the book moves with the journey that believes in hope in the end.

The autobiographical style of writing recounts the sense of dread that characterize her lived experiences and anxiety associated with it. Writing for Bahuguna is a coping mechanism and a form of advocacy as through her writing, she heals herself and extends a way of escape for others. The author directly moves to the problem in the opening of the book, she quotes:

> "When I was diagnosed with major depressive disorder in February 2014 (and later with generalized anxiety disorder), it was about a year and a half after I first began to notice that I was feeling poorly mentally and emotionally. In the beginning, in late 2012 and early 2013, it appeared to be a temporary sadness, lack of interest and loss of appetite that I could ascribe to passing circumstances- a break-up; a fight with a friend; exhaustion with the university where classes were routinely cancelled and professors frequently shuffled. But even when those seasons passed, my state of mind remained listless, tired and unwaveringly melancholy" (Bahuguna, 2021, p.7).

In the book, Bahuguna explains the process she undertook:

> "These essays are not meant to be prescriptive. What works or doesn't work for me may not apply to others. I do not have it all figured out, and lives vary considerably. I am continuously learning and adapting. As I waded through the lowest times, I drew strength from reading material online and in books" (Bahuguna, 2021, p.11).

In the first essay *On Family*, the readers are introduced to how family can affect an individual being the primary space for each one of us. The view the author had is different; we find her not worshipping family for their wrongs. Just like any normal Indian household, mental illness is just not something to be talked about.

The link between fatigue and mental health

Fatigue can be said to be the common and significant symptoms of many mental illnesses, mainly anxiety and depression. Feeling mentally exhausted is a key indicator of potential mental health issues and in the essay titled *On Fatigue*, the author reveals her true condition of tiredness where her mother constantly inquires "Why do I always hear you saying you're tired?'(Bahuguna, 2021, p.17). She explains:

> "I have whole weeks where I sleep. I have days where I am tired by noon. All I want is the world's deepest cup of tea to fill me awake. There is so much to do and so much to stay awake for. But there is no reasoning with fatigue. No pleading with my body to fit in one more activity before it needs to rest. I fight with my friends instead. *I can't make it. I know it is early, but I need to leave now. I know I promised, but I have to cancel. I know I'm walking slowly and making us late; I am trying.* There is no other body. There will have to be other friends (Bahuguna, 2021, p.17).

Now we live in a society marked by the ravages of a global pandemic and even if the physical health of millions of people has been severely affected, we should not make the mistake of disregarding the implications of this pandemic on many others mental health. According to the World Health Organization, the COVID-19 pandemic has triggered an increase of 25% in the development of depression and anxiety, which has become one of the most frequent causes of disability and the fourth leading cause of death among the youth (World Health Organization, 2022). Bahuguna's essays moves from gentle spaces to uncomfortable ones and she writes with candour about being concerned about weight gain in medication in the essay titled *Everything For This Beauty:*

> "The body is told she won't fit into a pair of export-surplus jeans she wants to buy, and so she contracts. The body is asked if that is fat rounding out through her swimsuit, and the body is too young to know

how to contract. Does the man who said that to her remember that it was a small pool, it was late afternoon, she was eleven, and the swimsuit tied at the back? (Bahuguna, 2021, p.22).

The writer shifts from the first person narrative in *Everything for This Beauty* and personifies the human body. The unreasonable beauty standards are questioned by the writer:

> "I find stories about hating one's body often end in one of two ways-with correction or with acceptance. What happens to the stories without either? Carmen Maria Machado wrote about her body, 'I do not hate my body, because such a thing would be pointless, short-sighted.'…when the anxious voice speaks, I ask, as Rilke suggests,' [A]s often as it wishes to spoil something, why something is ugly" (Bahuguna, 2021, p. 31).

Towards the end, the chapter *On the Natural World as a Space for Healing* on birdwatching and gardening provides a healing atmosphere. She writes:

> "A writer I often turn to, Tianan Clark, told me, 'I am writing to save my own life first. If my work helps someone else, that's wonderful too.' The forest and nested words on the page in front of me read back to me that way. I am not trying to be creative in any conscious way in these moments. *I am trying to save my life*" (Bahuguna, 2021, p.79).

She tries to seek the outside world as it calms her and the sights and sounds surrounding it helps to cope up the things affecting her. "The 'small unsullied things' of the earth have become my quiet conduits for repair" (Bahuguna, 2021, p.80). The book ends with hope with the essay *Ammahood: On the Possibilities of Parenting while III* where the author talks about her family tree and speaks on coping and living with mental illness in a positive manner.

Conclusion

Urvashi Bahuguna effectively bridges the gap between personal experiences and collective understanding by using her own struggles with mental health as a powerful tool for challenging the pervasive stigma surrounding mental illness. Through her personal narratives, she not only opens up about her own vulnerabilities but also brings

to the forefront the shared, often overlooked experiences of many individuals facing similar challenges. In doing so, Bahuguna encourages society to reconsider the harmful stereotypes and misconceptions that often surround mental health issues. Her work is more than just a reflection of personal hardship; it serves as a call to action for systemic change. By revealing the emotional and psychological toll of mental illnesses like anxiety and depression, Bahuguna advocates for a more compassionate, informed approach to mental health care. She emphasizes the importance of empathy, understanding, and support, urging society to approach mental illness not as a taboo but as a critical issue that requires attention and action.Literature, historically, has been a powerful vehicle for social change, and Bahuguna's writing continues this tradition. By using her voice to articulate the realities of living with mental illness, she contributes to the growing movement for mental health advocacy in India. Her narratives provide a much-needed platform for individuals who may otherwise feel isolated or misunderstood, helping to normalize conversations about mental health in a society where these topics have often been silenced.

In the context of a rapidly changing world, where mental health concerns are becoming more prominent and urgent, Bahuguna's work stands out as an essential intervention. Her contribution is not only relevant to the current social climate but is also crucial in shaping a future where mental health is approached with the same level of seriousness and compassion as physical health. By speaking out, she encourages a shift toward a more compassionate and informed understanding of mental health, advocating for a society where individuals are not judged or marginalized for their struggles but supported and empowered to seek help.

References

Bahuguna, U. (2021). *No straight thing was ever made: Essays on mental health*. Penguin.

Foucault, M. (2006). *Madness and civilization: A history of the asylum*. Pantheon Books. (Original work published 1961)

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. Anchor Books.

Morant, N. (1995). What is mental illness? Social representations of mental illness among British and French mental health professionals. *Papers on Social Representations, 4*(1), 1-12.

World Health Organization. (2022, March 2). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. *World Health Organization*. https://www.who.int/news

Cultural Trauma in Susan Abulhawa's "*Mornings in Jenin*"

Aparna K. Manoj

PG student, Christ College (Autonomous) Irinjalakuda

aparnamanoj0191@gmail.com

Abstract

Trauma theory explores the psychological, emotional, and cultural impact of traumatic experiences, such as violence, loss, war, and abuse. According to Jeffrey Alexander, cultural trauma emerged from trauma theory, and examines how societies process shared suffering, particularly in the wake of historical events like genocide, war, or systemic oppression. As a result, pain from one person's psyche affects the entire civilization. Susan Abulhawa writes about the psychological effects of the Israeli-Palestinian conflict in her book "*Mornings in Jenin*", a multi-generational story about a Palestinian family. The narrative portrays the pain Palestinian refugees go through as a result of the Israeli-Palestinian conflict. This book, which is set in a region between Palestine and the United States, violently weaves together personal and political history. Forcibly evicted from the olive farming village of Ein Hod by the fledgling State of Israel in 1948, Amal and her generation are haunted by the suffering of their ancestors, even as they try to navigate their own lives within the confines of a world shaped by past violence. The impact of exile is felt across several generations of the Abulheja family. The study also depicts how Amal's identity is not only shaped by her own experiences but also by the unresolved pain and loss inherited from the previous generations, illustrating how the trauma remains unresolved and continues to shape the lives of those who were not directly involved in the events that caused it.

Key words: Cultural trauma, Exile, Violence, Identity, Loss, Resistance, Resilience

Introduction

War doesn't just end with a ceasefire; its psychological and emotional toll endures, which is where trauma theory becomes crucial in understanding its impact. Trauma theory explores the psychological, emotional, and cultural impact of traumatic experiences, such as violence, loss, war, and abuse. According to Jeffrey Alexander (2004), cultural trauma emerged from trauma theory, and examines how societies process shared suffering, particularly in the wake of historical events like genocide, war, or systemic oppression. As a result, pain from one person's psyche affects the

entire civilization. Alexander contrasts his approach to traditional realist approaches, such as Arthur Neal's analysis of traumatic events in American history, which assumes certain events are inherently traumatic due to their shocking nature. In contrast, Alexander argues that events do not have inherent meaning until they are interpreted. He believes cultural trauma analysis should focus on how specific events are framed as traumatic, rather than assuming they are self-evidently so.

Alexander highlights the "ontological gap" between an event and its representation, asserting that cultural trauma arises within this gap, often emerging as a struggle over how the event is interpreted. He suggests that carrier groups, the key agents in the cultural trauma process, aim to shape the public understanding of the event by creating a powerful narrative about its meaning. The goal is not to establish the event's truth, but to capture public imagination and create widespread identification with a particular narrative. Alexander also notes that carrier groups are both limited and empowered by their ability to represent, their social standing, and their access to resources, both material and symbolic (Alexander, 2004, p.12).

This research explores the impact of cultural trauma in Susan Abulhawa's "*Mornings in Jenin*" (2010), and analyses how novels portray the emotional, psychological, and identity-based effects of displacement and conflict on Palestinian communities. The unresolved pain and loss inherited from the previous generations, illustrating how the trauma remains continues to shape the lives of those who were not directly involved in the events that caused it.

The historical background

Israel and Palestine are one of the world's oldest conflicts. The conflict is between Israeli Zionism and Palestinian nationalism, two separate movements in which each claim the same region. In the early 20th century, as the Ottoman Empire dissolved after World War I, Britain took control of Palestine under a League of Nations mandate. During this time, the Balfour Declaration of 1917 expressed British support for a Jewish homeland in Palestine, which created tensions with the Arab population. Following World War II, the Holocaust and the need for a Jewish homeland intensified Jewish migration to Palestine. The U.S. also became more involved in supporting the creation of Israel after the war, reflecting growing political and humanitarian considerations. The UN proposed to divide Palestine into two

nations: a Jewish state and Arab state with Jerusalem becoming an international zone with special status. In 1948, the establishment of Israel sparked the first Arab-Israeli war, with neighbouring Arab countries, supported by many Arab nations, opposing the new state. The U.S. and the UK, both with strategic and political interests in the region, played key roles in shaping the course of the conflict.

In 1949, a ceasefire resulted in East Jerusalem being occupied by Jordan and the Gaza Strip by Egypt, causing the expulsion of over 70,000 Palestinians, an event known as Al Nakba, or "The Catastrophe." The 1967 Six-Day War was a key conflict between Israel and Arab states, leading to Israel's territorial expansion, including the capture of the West Bank, Gaza Strip, Sinai Peninsula, and Golan Heights. This altered the region's political and geographic landscape, deepening animosity between Israel and the Arab world. The war exposed the lack of unified Palestinian leadership, prompting the Arab League to form the Palestine Liberation Organization (PLO) in 1964 to represent Palestinian nationalist aspirations.

The PLO became central to Palestinian politics, particularly after the First Intifada (1987-1993), during which it engaged in peace talks, culminating in the 1993 Oslo Accords. In 1987, Hamas was founded in response to political conditions, combining Palestinian nationalism with Islamist ideology, advocating for an Islamic state in historic Palestine, and rejecting Israel's existence. The Second Intifada (2000-2005) erupted after peace talks failed, leading to violence, suicide bombings, and heavy casualties on both sides. The ongoing conflict has caused significant trauma, particularly in the Gaza Strip, with issues revolving around borders, settlements, water, Jerusalem, and Palestinian refugees (*History of Israel-Palestine Conflict*, 2021).

Susan Abulhawa is a writer and political activist of Palestinian descent. She later immigrated to the United States in her teens and started her medical career with a degree in biomedical science. She was born in 1967, the daughter of refugees from the Six Day War. Abulhawa founded Playgrounds for Palestine in July 2001. This non-governmental children's organization works to protect Palestinian children's right to play. Several books have been written by Susan Abulhawa. About a million copies of her debut book, originally published in the United States in 2006 as "*The Scar of David*" later reissued as "*Mornings in Jenin*" in 2010 have been sold after being translated into 32 different languages. "*The Blue Between Sky and Water*", her second

book, was released in English in 2015 after being promoted in 19 different languages. In August 2020, she released her third book, "*Against the Loveless World*", "*My Voice Sought the Wind*" is another of her compositions.

The Trauma of displacement

Abulhawa's "*Mornings in Jenin*" (2010), the Palestinian experience of displacement during the Nakba serves as a profound instance of cultural trauma. Through the multigenerational story of the Abulheja family, the novel traces how the trauma has affected the characters and their struggle to preserve their cultural identity due to the continuous violence and exile. The Abulheja family, olive farmers by trade, lived peacefully in the quiet village of Ein Hod. However, their lives were completely disrupted when the Zionist forces occupied their land to establish a Jewish state called Israel. As a result, the family was forced to relocate to a refugee camp in Jenin, where they were subjected to harsh and impoverished living conditions. Their homes were demolished as punishment or to make way for settlements. Thousands of Palestinians, including minors, are held in Israeli prisons, often without trial. Frequent military incursions into Palestinian towns and refugee camps result in loss of life, injuries, and destruction of property.

Over 700,000 Palestinians were displaced during the creation of the state of Israel. Villages were destroyed, and Palestinians were forced into exile or refugee camps during al-Nakba. Yehya, as a member of the first generation of the Abulheja family, serves as a poignant representation of the devastating impact of war and displacement on Palestinians. His character reflects how the Nakba and subsequent conflict disrupt the lives of ordinary people:

> "Yehya's anger and frustration grew, his gesturing hands speaking as loudly as his voice while he paced the room. "We need some damn weapons! Where are the Arab armies while these dogs kill one town after the other? What the hell did we ever do to these sons of whores? What do they want from us?" He threw up his hands, then pushed himself down into a chair, into the defeat of waiting, leaning back, eyes to God" (Abulhawa, 2010, p.29).

His connection to the land, particularly as an olive farmer, reflects the deep bond between Palestinians and their homeland. Losing his land not only deprives him of his livelihood but also his sense of belonging. Massive grave was dug to bury the corpses, he lost his wife, his son got paralysed after being shot by a soldier. All of them were swept away by the idea that someone else should have the right to occupy the space and declare everything that remained to be the legacy of Jewish immigrants from Europe, Russia, the US, and other countries. Yehya's family has deep roots in the region, with a lineage that stretches back forty generations. The Jews claim Palestine as their homeland based on the Zionist idea of being the chosen people, often describing it as a land without a people for a people without a land. However, Yehya's account of his lost heritage raises doubts about this claim, since the Jews don't have a personal history tied to places like Ein Hod or other Palestinian villages that are now abandoned. The temporary exile turned to permanent shelter in Jenin.

The cultural clash between the Palestinians and Israelis is not just a political one but also a cultural and psychological one, affecting how individuals and families navigate their identities. Abulhawa (2010) demonstrates that the emotional impact of displacement and the trauma of loss do not simply fade over time they are inherited, reshaped, and passed down through generations, The novel shows how the older generation, who directly experienced the Nakba, struggles with feelings of powerlessness and loss, while the younger generation, like Yousef, is raised in refugee camps, under occupation, and with an inheritance of grief, anger, and the desire for revenge. The emotional impact of displacement and the longing for home is central to the novel's portrayal of cultural clash.

The refugees, who had grown tired of the assurances by the foreigners, were stunned by Yehya's audacity to go back to the occupied village; he was killed on his second return to Ein Hod. Yousef, who was not yet 10 years old, saw his Jiddo's adventure as a seed which was firmly rooted in his recollections of the horrific eviction and would eventually sprout into a core trait of resistance later. The transition of Palestinian before and after Nakba can be traced through Yehya's life.

Trauma as a collective experience

Emotions play a central role in cultural trauma. Eyerman suggests in his brief review that cultural trauma stems from emotional reactions to events that occur before individuals can consciously process them. A cultural trauma involves two main components: an emotional experience and an interpretative reaction. This emotional response disrupts social connections and prompts the affected groups to make sense of the event. In other words, if there was not a strong emotional reaction to an event, there would not be a trauma process (Alexander et.al, 2004).

Abulhawa portrays trauma not just an individual experience but a collective one, affecting each generation differently but always connected through emotional responses to loss. This process reflects Eyerman's idea that cultural trauma involves an emotional experience followed by an interpretive reaction. Yehya's trauma disrupts his ability to fully heal or integrate into his new reality, and similarly, Hasan's own journey is shaped by the emotional legacies of his father's experiences, even if it manifests differently across generations.

Hasan faces the violent realities of the refugee camp, where he experiences the deep pain of loss, struggle, and injustice. As a result, Hasan becomes hardened and driven by the need for resistance and revenge. The trauma of witnessing his family's suffering, combined with his own losses. He wanted to educate his children so that they won't fall victim to the Zionist extremists. He believed that the Jews can take their land but cannot take away their knowledge. Since Hasan was the most educated of them, they sought him out and gave him the responsibility of writing letters and negotiating for basic necessities with UN representatives. Even their Palestinian fellow countrymen in the unconquered West Bank towns shunned them as "refugees." He carries the emotional scars of his father's trauma and feels the weight of continuing that legacy of resistance, but it comes at the cost of his emotional well-being and eventually leading to his death in the 1967 war.

Dalia was a Bedouin girl not afraid of the conventional ways of society. She was married to Hasan at the age of fourteen. Hasan was mesmerized by her boldness and beauty. Like many others, she finds herself torn between the memories of a life that once existed and the harsh reality of being a refugee. She lost her son Ismael during

the forced eviction: "She was mad with anguish, questioning people and uncovering other women's babies in hope of revealing a boy with a scar down his right cheek, around his eye. She searched with frenzied foreboding''(Abulhawa, 2010, p.33).

The trauma of this loss is something Dalia cannot escape, even as she tries to build a life in the refugee camp. Dalia's emotional trauma deepens with her separation from her husband, her son Yousef, who becomes a symbol of the larger political struggle and the violence that permeates their lives. Yousef is actively involved in the Palestinian resistance, leading to tensions with the Israeli authorities. His activism and the risks he faces force Dalia to live in constant fear and uncertainty. Amal, the protagonist of the novel, was born in the refugee camp of Jenin in 1955. Amal is thus raised by a mother who is heartbroken by the abduction of her younger son, Ismael. Her mother Dalia still "wore a cloak of bereavement for Ismael, sheathing herself in black grief that reached to her wrists and ankles" (Abulhawa, 2010, p.51).

The Trauma theory

Caruth (1996) argues that trauma is not merely an event but a wound that cannot be fully understood at the moment it occurs. She explains that trauma is so overwhelming that its full impact is often not immediately grasped. Caruth also discusses how trauma can affect entire communities and histories, making it challenging to represent through narratives. Her work emphasizes the complex connection between trauma, memory, and storytelling. This resonates deeply in the portrayal of Dalia's character. Caruth argues that trauma is not simply an event but a wound that cannot be fully understood at the moment it occurs, and this concept is reflected in Dalia's experiences throughout the novel. Dalia, much like Caruth's idea of trauma, faces an overwhelming loss that she cannot immediately process or comprehend.

The difficulty of representing trauma through narrative, as Caruth discusses, is also present in Dalia's story. Dalia struggles to find ways to express her sorrow and the weight of her history. Her trauma is so profound that it becomes hard to fully articulate, much like Caruth's idea that traumatic experiences cannot be immediately comprehended or communicated. Dalia's silence, her inability to fully share her pain, and her efforts to protect her children from the full weight of their past, reflect the

challenges of narrating a traumatic experience that is both deeply personal and collective. Amal never saw her mother enjoying herself, she barely visited any of her friends. But she stood courageous when the soldiers attacked, she helped others to hide and resisted. Dalia's love is expressed through her sacrifices. She works tirelessly to care for her family in the harsh conditions of the Jenin refugee camp, often putting their needs above her own. Dalia's resilience and perseverance shape Amal's own strength and determination. Even though their relationship is fraught with unspoken pain, Dalia's example teaches Amal how to survive and endure in a world of suffering. Despite the brevity of their time together, Dalia's love and kindness leave a lasting imprint on Amal. Throughout her life, Amal draws strength from her mother's example, particularly in her own role as a mother to her daughter, Sara. Amal was raised in the shadows of the trauma experienced by her father (Hasan) and the stories about her grandfather (Yehya), the Palestine her family had to leave behind, inheriting a wish to return.

The displacement from their ancestral home and the forced migration to a refugee camp mark Amal's early years with a sense of loss, hopelessness, and uncertainty. Like her family, Amal inherits the scars of this displacement, which leaves her feeling disconnected and emotionally torn. As a child, Amal is unable to fully understand the depth of the trauma that her father experienced, but his absence leaves her feeling abandoned. This loss fuels a deep sense of grief and a yearning for the father figure who was taken away from her. As Amal matures, the ongoing conflict around her intensifies. She witnesses atrocities, loss of life, and the continued brutality faced by her people. As the title of the novel suggests, these mornings in Jenin spent with her father reading poetry are essential to the understanding of Amal as a character. Living in the refugee camp, Amal finds comfort and a sense of belonging only in her father's embrace. However, the ongoing instability afer the 1967 Six-Day War deeply affects her feelings of safety, trust, and hope:

> "All I could see of the soldiers were their legs. They wore big boots that seemed to stomp my body as they walked about. They had bombed and burned, killed and maimed, plundered and looted. Now they had come to claim the land" (Abulhawa, 2010, p. 67).

She saw the atrocities done by the soldiers, their actions not just destroyed their land but also instilled a sense of fear and helplessness. She suffers immense personal losses. Her father, Hasan, is separated from the family, and her brother, Yousef, becomes consumed by the struggle for resistance. She loses her mother shortly after the war, and becomes an orphan at the age of fourteen. Amal's trauma is not isolated, it is part of a broader generational wound shared by Palestinian refugees. The loss of land, culture, and identity is a recurring theme that shapes not just Amal's life but also the lives of her family members and future generations.

As a Palestinian refugee, she is already disconnected from her homeland. Losing her family further fragments her sense of self, leaving her feeling uncertain about her place in the world. This disconnection deeply influences her relationships and her ability to trust others. She remembered her mother's words: "Whatever you feel, keep it inside" (Abulhawa, 2010, p. 127).

The isolation and alienation

Amal's journey as an orphan highlights her incredible resilience. She was offered a scholarship which was only meant for Palestinian refugees by wealthy Arab Americans. Culture shock typically occurs when someone moves to a different country or community with practices, values, and social norms that differ significantly from their own. The emotional response can include confusion, frustration, and difficulty in adapting to the new cultural context. Even though it introduces new emotional and psychological challenges that deepen her identity crisis, her journey to America offers her temporary physical safety. The fast-paced, individualistic culture of America contrasts sharply with the communal and deeply rooted traditions of Palestinian life, leaving her feeling like an outsider. The pressure to assimilate into American culture often makes Amal feel like she has to suppress her Palestinian identity. This internal conflict adds another layer to her emotional burden. Amal feels guilt for surviving and living in relative safety while her family and people continue to suffer under occupation. This guilt complicates her ability to fully embrace her life in America:

> "I deliberately avoided political discussions, did not write to the people
> who loved me, and let myself be known as "Amy" - Amal without the
> hope. I was a word drained of its meaning. A woman emptied of her

past. The truth is that I wanted to be someone else" (Abulhawa, 2010, p.158).

The change from Amal to Amy symbolizes the loss of a part of her identity. While it serves as a coping strategy, it also creates a gap between her and her heritage, leaving her feeling lost and incomplete. As she attempts to fit into a culture that doesn't recognize or accept her past, Amal grows more distant from her Palestinian roots. This detachment intensifies her sense of isolation and alienation in an unfamiliar country.

Finally, Amal's return to Jordan after the call from Yousef is a significant moment that speaks to the ongoing effects of cultural trauma, the desire for belonging, and the challenge of reconciling with a painful past. Her emotional and psychological journey shows that trauma is not just personal but also collective, with the impacts of displacement and loss echoing across generations:

> "Israel had been striking Lebanon to provoke the PLO into retaliation. In July 1981, Israeli jets killed two hundred civilians in a single raid on Beirut, and Ariel Sharon, Israel's Défense minister at the time, issued a public vow to wipe out the resistance once and for all" (Abulhawa, 2010, p.187).

The Israeli military's assault caused widespread destruction in the refugee camps, leading to significant loss of life and displacement. The war reignited memories of earlier traumas (such as the Nakba), especially for individuals who had already experienced the earlier violence and displacement. While Amal tries to rebuild her life through her marriage, the violence of this war brings her face-to-face with the harsh reality that the trauma of displacement, loss, and war has not ended. The war reopens old wounds, and Amal cannot escape the cycle of violence that has defined her family's history.

The exploration of cultural trauma

Eyerman's exploration of cultural trauma reveals that it does not follow a linear path of progress but instead resembles a tragic narrative. He argues that, while the intensity of emotional responses to cultural trauma may lessen over time, they never fully disappear. Eyerman often likens cultural trauma to physical injury, describing it

as an "open wound" within society. Even if the wound heals, the community remains affected, and the trauma can resurface when new challenges arise. Thus, cultural trauma can transform a community but does not allow for complete advancement, as it always faces fresh difficulties (Alexander et.al, 2008).

Amal's experience reflects Eyerman's concept that even when a community or individual seems to heal from trauma, the underlying effects persist. Although Amal may physically survive and go on to live her life, the emotional scars of the 1982 attack continuously resurface, especially during moments of stress or when she faces new challenges. Amal carries the weight of her cultural identity and her memories of her homeland, which makes it difficult for her to fully integrate into American society:

> "I had already been dismantled by the loss of everyone my heart had ever embraced and I would not allow the vulgar breath of my fate to spoil her promising life" (Abulhawa, 2010, p.218).

Amal is also concerned about the ways in which Sara will navigate her identity in a society that does not fully understand or embrace her Palestinian roots. Abulhawa portrays how this relationship underscores the tension between preserving one's cultural identity and integrating into a society that often views refugees and immigrants through a lens of suspicion or otherness in the novel.

For Amal, the images of the Twin Towers falling evoke the memory of her husband's violent death, both are instances of massive, shocking destruction that result in the loss of innocent lives. The shock and global upheaval caused by 9/11 triggered a psychological reawakening of Amal's own traumatic experiences. For someone who has already been displaced and experienced violence and loss as a result of the Israeli-Palestinian conflict, the emotional and political reverberations of 9/11 might have felt like a painful reminder of her own unresolved trauma. Amal's reaction staying inside, overwhelmed by grief is a powerful portrayal of how trauma is not something that simply "heals" or "fades away". Even though she may have learned to live with her grief, the 9/11 attacks trigger a reawakening of her deep emotional wounds. The loss of her husband, Majid, who was killed in the violence surrounding the Palestinian-Israeli conflict in 1982, resurfaces with a vengeance because she cannot help but draw parallels between the senselessness of both events.

The impact of cultural trauma

Yousef's story highlights the generational impact of cultural trauma. The losses of his grandfather, father, wife, daughter, and sister trap him in a cycle of grief, anger, and hopelessness. His grandfather's trauma from the 1948 Nakba becomes a legacy of dispossession, which Yousef inherits. His father's struggles shape Yousef's approach to resistance, and his involvement in the PLO reflects his attempt to address the Palestinian people's oppression. However, personal losses, especially the death of his pregnant wife and daughter in an Israeli raid, shatter his sense of safety and hope, driving him towards a desire for vengeance. His entire family has been destroyed by the conflict, and this realization leads him to reconsider the path of violence. The trauma of his life leads him to a state of numbness and a yearning for death as an escape from the unbearable weight of his suffering. His pain is not just personal; it is a reflection of the collective suffering of the Palestinian people who have lost loved ones in similar circumstances for decades. For Yousef, their deaths are a symbol of the ongoing dehumanization and violence that Palestinians endure under occupation.

David's abduction by Israeli forces during the 1967 war and his subsequent raising as an Israeli child symbolizes the trauma of losing one's identity and roots through violence and occupation. His childhood, stripped of his Palestinian heritage, represents the broader experience of dispossession and cultural erasure faced by Palestinians. Once he learns the truth about his identity, David embarks on a search for his biological family, symbolizing the Palestinian diaspora and their ongoing struggle to reclaim their identity and return to their homeland. His inability to fully reconnect with his family or find peace reflects how cultural trauma affects entire generations, distorting their sense of self and relationships.

Dominick LaCapra distinguishes between trauma and melancholia. Trauma is described as a sudden shock that disrupts one's understanding of reality, while melancholia involves a prolonged mourning process where individuals are unable to let go of the past. LaCapra explains that trauma represents a break in the ability to fully process and understand an event, whereas melancholia leads to fixation on the past. He also introduces the concept of "historical trauma," which refers to how large-scale traumatic events, like genocide, war, or slavery, affect entire communities and can be

passed down through generations, influencing collective memory and cultural narratives.

Through Yousef, David, and Amal, Abulhawa masterfully portrays how trauma is both an individual experience and a collective one. Yousef's experiences are a direct representation of LaCapra's concept of trauma as a sudden, overwhelming shock that disrupts one's understanding of reality. While the traumatic events he witnesses and endures never fully leave him, they continuously affect his actions and relationships. Yousef's personal trauma is further compounded by the historical trauma of the Palestinian people, which he inherits and carries through his life.

David's journey more closely reflects LaCapra's concept of melancholia, confronted with the reality of his Palestinian identity, which sets off a prolonged mourning process for the family and life he never knew. His search for his biological family and his quest for self-identity are manifestations of LaCapra's idea that melancholia involves a continuous and unresolved attachment to the past. Amal's life is deeply influenced by the historical trauma of her family's displacement and the collective memory of loss experienced by the Palestinian people. Her trauma, like Yousef's, is not just personal but collective, and it reflects the persistent impact of a violent history that affects generations. Amal, much like the broader Palestinian community, carries the scars of historical trauma passed down from her ancestors, and the emotional and psychological toll of this trauma shapes her identity and worldview. Amal's experience illustrates how trauma, particularly historical trauma, can affect entire cultures, becoming embedded in collective memory and cultural narratives, as LaCapra describes.

Even though Amal spent much of her life trying to protect her daughter from the trauma of their past, she dies for a cause greater than herself, fighting to protect the life of her daughter. This act of sacrifice can be seen as a catalyst for Sara's transformation, as it inspires her to take action, continue her mother's fight, and find her own way to contribute to the cause. Sara represents the future of a family that has been marked by the scars of cultural trauma. Through her journey, we see the tension between wanting to protect the next generation from the horrors of the past and the inevitability that they will still be shaped by it. Amal's efforts to shield Sara from the

past ultimately fail, but they also allow Sara to discover her own way to engage with her heritage.

Conclusion

Sara finds a way to navigate her identity as a Palestinian, turning her pain into activism and finding her place in the ongoing struggle for justice, by the end of the novel. Her act of writing a blog to expose the truth of Gaza becomes a testament to the resilience of the Palestinian people and their continued fight for recognition, justice, and a sense of belonging. Blogging allows Sara to directly challenge the narratives imposed by the media and the world, offering an authentic account of what it means to live under occupation. In this sense, her blog becomes a form of resistance, a way for her to reclaim the truth and restore dignity to her people. Through her writing, Sara not only exposes the personal trauma she carries but also reflects the collective trauma of her community. Throughout the novel, the Abulheja family's trauma is passed down from generation to generation. Each family member is marked by the wounds of the past loss, exile, and the destruction of their homeland. The trauma of cultural dislocation doesn't only affect the individuals who directly experience violence and exile but also shapes the worldview of future generations. The trauma is passed down to the next generation which they passively adapt and subconsciously they built a hatred towards the opposing country who detached them from their land, their people. The Abulheja family's emotional scars highlight the enduring nature of cultural trauma, as well as the difficulty of healing when the past remains unresolved.

References

Abulhawa, S. (2010). *Mornings in Jenin*. Bloomsbury Paperbacks.

Alexander, J. C., Eyerman, R., Giesen, B., Smelser, N. J., & Sztompka, P. (2004). *Cultural trauma and collective identity*. University of California Press.

Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history*. Johns Hopkins University Press.

Gelvin, J. L. (2005). *The Israel-Palestine Conflict: One hundred years of war*.https://assets.cambridge.org/97805218/52890/copyright/9780521852890_copyri

ght.pdf *History of Israel-Palestine Conflict*. (2021, July 30). [Video]. YouTube. https://bit.ly/2O870K8

LaCapra, D. (2001). *Writing history, writing trauma*. Johns Hopkins University Press.

Raslan, I. E. S. (2017). Trauma and resistance in Susan Abulhawa's Mornings in Jenin. *International Journal of Arabic-English Studies*, *17*(1), 183–202. https://doi.org/10.33806/ijaes2000.17.1.10

Fractured Lives, Fragmented Narratives: Trauma, Memory, and Survival in Patricia McCormick's *Sold*

Archana P.B
PG student, Christ College (Autonomous) Irinjalakuda
archanapb89@gmail.com

Abstract

Trauma theory refers to the psychological and emotional response of individuals who have experienced overwhelming events that leave a lasting impact on their memory and well-being. This paper employs trauma theory to examine the complex and devastating experiences of Lakshmi, the protagonist of Patricia McCormick's novel *Sold.* The novel shed light on the brutal realities of sex trafficking in India. Through a critical lens, this analysis explores how McCormick's narrative represents the psychological, emotional, and physical trauma inflicted upon Lakshmi, a thirteen-year-old Nepali girl sold into sexual slavery. The novel delves into her psychological and emotional struggles, exposing the effects of betrayal, exploitation and dehumanization. By investigating the ways in which Lakshmi's trauma is triggered, experienced, and remembered, this study sheds light on the novel's portrayal of long-lasting effects of trauma on individuals and communities. Ultimately, this analysis demonstrates how *Sold* contributes to deeper understanding of trauma, resilience. This study aims to analyze the psychological impact of trauma on the protagonist, Lakshmi, and how these experiences align with the theories of trauma, including PTSD, dissociation and resilience. It also investigates the narrative structures and literary devices McCormick employs to convey the disjointed and fragmented nature of traumatic experiences. Furthermore, this research explores how literature like sold contributes to healing and advocacy by bearing witness to survivor's experiences and raising awareness about global injustices related to human trafficking.

Key words: Trauma, Child trafficking, Sexual exploitation, Fragmented narratives, Resilience, Gender inequality.

Introduction

Patricia McCormick is an American journalist and a fiction writer, born on May 23, 1956. She often contributes to several publications, such as Town and Country, The New York Times, Reader's Digest, Ladies Home Journal. Her major works include *Cu*t (2000), *My Brother's keeper* (2005), *Sold* (2006), *Purple Heart*

(2009), *Never Fall Down* (2012), *I am Malala* (2013), *The Plot to Kill Hitler* (2016). One of her famous novels, *Sold* depicts the story of a thirteen years old girl named Lakshmi who was sold into prostitution by her stepfather in the name of employment. She was sold into a brothel, ironically named Happiness House, where she endured a horrific experience. Instead of happiness, every woman bears the pain of being trapped in a place where escape is almost impossible. A child of thirteen, instead of enjoying her playful days, she was forced to serve multiple men just because of poverty. Despite all the suffering she endured, it is her courage and strong determination that led her to free herself from the brothel with the help of anti- trafficking agency. The novel sheds light on the harsh realities of sex trafficking in Nepal. This research paper uses trauma theory as a framework to explore and understand the psychological impacts of sexual abuse on victims. The main objective of this paper is to analyze the stylistic features and various aspects of trauma theory in the novel sold by Patricia McCormick.

Trauma refers to a psychological and emotional response of an individual who has experienced extremely distressing events that leave a lasting impact on their memory and well-being. The word trauma is derived from the Greek word trauma, or "wound", Originally referring to an injury inflicted on a body. But later, Freud changed it into a wound inflicted not upon the body but upon the mind (Caruth, 1996, p.3). The 1990s saw the emergence of Trauma Theory in literary studies, pioneered by prominent scholars such as Cathy Caruth, Shoshana Felmanan, Geoffrey H Hartman who explored the intersections of trauma, literature and culture. This initial wave popularized trauma as an unrepresentable event, highlighting the inherent contradictions between language and experience. Trauma fragments consciousness and hinders direct linguistic articulation. Cathy Caruth, a prominent American trauma theorist, emerged from the Freudian tradition, builds upon Freud's psychoanalytic theory that was developed in the early twentieth century. As a prominent figure in the Freudian school, Caruth has made significant contributions to Trauma studies through her works which includes *Empirical Truths and Critical Fictions* (1991), *Unclaimed Experience* (1996), *Listening to Trauma* (1999). These works have significantly advanced trauma studies in the literary arena, amplifying our understanding of trauma and PSTD.

She posits that literature and trauma are deeply intertwined, arguing that literary texts can serve as a fertile ground for exploring the complexities and nuances

of traumatic experience. Caruth in her trauma theory focuses on how various authors address traumatic experiences. Trauma is defined as an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena (Caruth, 1996, p.11). Caruth introduces the idea of dissociation in which she suggests that during a traumatic experience, the victim may experience dissociation, a mental disconnection that delays the impact of the trauma, which then resurfaces with greater force.

Recently, physicians and psychiatrists have expanded their understanding of physical and mental experience. This includes a wide range of traumatic events such as accidents, rape, child abuse and others that can lead to complex physical and mental responses, resulting in post-traumatic stress disorders. It can cause extreme emotional distress, hopelessness, anxiety, fear, powerlessness, depression, several other mental disorders and in some cases, suicidal tendencies. The impact of PSTD can manifest differently in each person, with symptoms ranging from mild emotional distress to extreme cases of suicidal behavior. Additionally, when trauma occurs at a young age, it can have devastating impact, leading to significant behavioral and mental changes that can completely disrupt an individual's life. She says that PSTD is a historical phenomenon where the traumatic experience continues to haunt the survivor.

The devastating impact of poverty and exploitation

Patricia McCormick's "*Sold*" a novel that sheds light on the brutal realities of human trafficking and sexual exploitation in South Asia. The novel is set in two distinct locations: Nepal and India. Nepal is where Lakshmi, the protagonist is born and later she was taken to India to work as maid because of the impoverished conditions that exist in her rural village. The rate of sex trafficking is high in Nepal due to poverty, lack of education. Thus the setting of the novel highlights the economic hardships, cultural traditions, the gender dynamics, and access to limited resources which make it easy for the traffickers to manipulate them. Millions of women and children are forced into sexual slavery each year in the name of employment. They leave their village in the hope of providing a better life to their family, without being aware of the fact that they are being sold into brothels.

The title of the novel, "*Sold*" is significant and resonates deeply with the central themes of the novel. It captures the experiences of the protagonist, Lakshmi, reflecting the broader realities of human trafficking, commodification, and exploitation. The title of the novel conveys complex meaning connecting it to the narrative, characters, socio-economic issues depicted in the novel. Sold symbolizes the commodification of the human body, particularly women. That is the act of being sold. There are many women and children like Lakshmi who were sold into sexual slavery. Through this process her stepfather sells not just her body, but her identity, freedom, and autonomy. It shatters her innocence and forces her into a brutal reality. Sold also signifies the broken childhood, innocence and adolescence, contributing to the trauma experienced by the protagonist.

Trauma is an experience that cannot be fully processed or integrated, instead it shatters one's identity and remains separate from normal memory and narrative frameworks. This dissociation or fragmentation is considered as the direct cause of trauma, leading to the concept of trans- historical trauma which suggests the idea of universal effects of trauma on consciousness and memory across individuals and collective experiences. She says that traumatic experiences make people question their own life and identity. It's hard for the survivors to go back to their normal life. Their whole attitude towards life changes as a result of the traumatic experience. The field of trauma studies explores the complex relationship between traumatic experiences, their linguistic representation in literature and society, and the role of memory in forming individual and cultural or collective identities. Caruth's notion of belatedness proposes that traumatic events are missed encounters and therefore lacks a clear place in the conscious mind. This absence makes it difficult for the survivors to directly express their experience. Thus she advocates for the literary representations of trauma, as it uses indirect and metaphorical language to convey the unsaid and unheard. Thus literature provides a unique way to grasp and convey complex experiences that cannot be expressed through direct language. McCormick employs a unique narrative structure and style to convey the trauma endured by the protagonist.

Reflecting trauma through a fragmented narrative

The novel's free verse style, fragmented narration, and episodic structure effectively capture the disjointed and overwhelming nature of Lakshmi's experiences.

The free verse style of *Sold* is an imitation of Lakshmi's fragmented state of mind. The brief, poetic style, abrupt ending symbolizes her broken innocence and disorientation. The story is narrated in first person point of view, Lakshmi's voice, showing her innocence and limited understanding of the world. The first person narration allows the readers to easily connect with the life of the protagonist and to experience her innocence, pain, and confusion. The episodic structure of the novel reflects her frequent traumatic experiences. Rather than a linear plot, events are presented in vignettes, depicting the protagonist's inability to comprehend the situation due to suffering. In the chapter titled "Happiness House" McCormick points out a transition in Lakshmi's life, a shift from her normal life in Nepal to the horrific experiences in a brothel. This sudden shift emphasizes how drastically her life changes and how difficult it was for her to survive.

Happiness House, name of the brothel is deeply ironic as it represents the opposite of what the place actually provides. As the name suggests, it is a place of joy, comfort, contentment, but in reality, it is a place of immense suffering, abuse and despair. She begins her journey full of hopes and dreams as she can earn money to support her family. The name becomes a remainder of what they lack. Even though it is named as a happiness house, the people living there are stripped away from happiness or joy. Instead, they are subjected to physical, emotional and psychological abuse. There are many girls, including Lakshmi, who arrived at happiness house with the dream of helping their families. But all their dreams are destroyed in a place called Happiness House.

McCormick deliberately uses simple and straightforward language. It symbolizes the silence that is often imposed on trauma victims. Despite having a modest voice, Lakshmi's silence conveys a lot about her helplessness and the control that was placed over her. Here silence is one of the coping mechanisms that she adopts. Through this she protects herself from the further harm as she realizes being silent is better. Whenever she tries to resist, they lock her in a room and beat with a leather strap. This silence also reflects the internalization of her pain. Instead of raising her voice against them, she remains quiet and makes use of every chance to escape from there.

Over the course of the narrative, Lakshmi's voice transforms. Initially the language is filled with optimism, curiosity and wonder. As she enters the brothel her voice becomes numb and detached, reflecting her dissociation from the horror she faces. She was forced to serve multiple men. Whatever she saw in the happiness house was unbelievable to her. Her whole world fell into darkness. She tries to resist, but it doesn't last for long. However, there are moments of rebellion and resilience that shows her enduring spirit. Her refusal to eat, after being abused is a small act of defiance that speaks a lot about her will to maintain some control. Throughout the novel McCormick uses powerful symbols to trace Lakshmi's emotional journey, such as tin roof, red lipstick of Mumtaz, the American man with a notebook:

> "A tin roof means that the family has a father who doesn't gamble away the landlord's money playing cards in the tea shop. A tin roof means the family has a son working at the brick kiln in the city. A tin roof means that when the rains come, the fire stay lit and the baby stays healthy" (McCormick, 2006, p.1).

In Nepalese society, men are expected to be the primary breadwinners, responsible for financially supporting their families. In the novel it could be seen that Lakshmi's family is struggling with poverty due to the lack of a capable male provider. Women in Nepalese society are often viewed as weak and dependent on men, reinforcing a patriarchal mindset. Lakshmi's dream of buying a tin roof for her family is a symbol of stability and security. However, towards the end of the novel it becomes a symbol of broken promises and shattered dreams. The American man with the notebook is a pivotal moment in her life as the man's notebook presents freedom and hope. These images emphasize the stark contrast between her dreams and reality.

The novel contrasts Lakshmi's naïve dreams with the harsh reality of her enslavement. This juxtaposition intensifies the reader's sense of loss and trauma. Early in the novel, Lakshmi's description of her village has a lyrical quality, reflecting her innocence and connection to nature. This change in tone and imagery indicate the psychological rupture caused by her traumatic experiences. In *Sold* time is distorted and fluid, reflecting Lakshmi's disoriented state. The absence of a clear timeline after her arrival at Happiness House mirrors her confusion. The blurring of days symbolizes

how trauma disrupts one's sense of time and continuity, emphasizing Lakshmi's isolation and how she had been reduced to a mere survivor.

Amplifying trauma with imagery and symbolism

Imagery and symbolism play an important role in conveying the trauma experienced by the protagonist Lakshmi and other characters. McCormick uses vivid descriptions and recurring motifs to deepen the reader's understanding of the psychological, physical, and emotional toll of human trafficking. These literary devices not only immerse readers in Lakshmi's world, but also emphasize the pervasive trauma that defines her journey. The novel opens with rich natural imagery that reflects Lakshmi's simple, rural life in Nepal. However, as her circumstances worsen, the imagery shifts to reflect poverty, despair, degradation. This contrast between her idyllic village and the oppressive world of the brothel amplifies her trauma. The imagery of rain and crops serve as a metaphor for the fragile and unpredictable nature of Lakshmi's life. For six days there was no rain, signifying her future which is dry, barren, dark. And for another eight days there was nothing but rain. "The rain is so fierce, so relentless, so merciless" (McCormick, 2006, p.32). This imagery reflects how the cycle of nature mirrors the cycle of poverty, trapping her family in a difficult situation. It also shows Lakshmi's never-ending suffering.

The dusty and winding path from Lakshmi's village represents her uncertain and difficult journey from childhood innocence to exploitation. Her life at the brothel is dominated by the imagery of confinement, mirroring her physical and psychological imprisonment. The brothel is described as a place where the windows are barred, and the doors are locked, indicating Lakshmi's loss of freedom. The white card motif in the novel symbolizes hope, trust, agency, liberation. The white card is given to Lakshmi by an American anti- trafficking agent who promises to help her. At first she didn't trust him because her experiences had taught her not to trust anyone. Over the course of time when Lakshmi gains trust in him, the card becomes a symbol of genuine help and safety. Her decision to keep the card and eventually use it signifies her triumph over the fear. It also shows her courage, beliefs in the possibility of freedom.

Moreover, the theme discussed in the novel has a universal significance as it could happen to anyone at any time. Human trafficking and its psychological impact

are one of the most discussed topics even now. Due to the dominance of patriarchy women are treated very badly, the worst side is that women themselves are the main agencies of such trafficking. How can a woman sexually exploit another woman is a question mark. The most terrible thing is that most of them are children. Rather than living a life with their loved ones, following their dreams and passion, these children experience a situation beyond their endurance at such a young age, which leaves a lasting impact on their psyche. McCormick uses fragmented narrative structure to capture the psyche of the protagonist. Lakshmi frequently remembers her mother's touch and the warmth of her love, and her bond with her goat, Tali, learns new words from Harish. Through these memories she tries to escape the grim realities of the world.

The burden of gender inequality

Most of the women and girls entertain themselves by watching TV and reading magazines to escape reality. It shows the coping mechanism adopted by Lakshmi and others ."A girl is like a goat. Good as long as she gives you milk and butter. But not worth crying over when it's time to make a stew" (McCormick, 2006, p.8). This line reveals Lakshmi's stepfather's attitude towards women. He considers her as an object that could be sold. The novel also highlights the deep-rooted gender inequality that is prevalent in Nepali society where women are often viewed as burdens. Lakshmi's life in her village is deeply influenced by the patriarchal norms that always teach her the role as a daughter and potential wife:

> "Bow your head in the presence of men, cover yourself with a shawl. Never look a man in the eye. Never allow yourself to be alone with a man who is not family. Never look at growing pumpkins or cucumbers when you are bleeding. After marriage, you must eat your meal after your husband has had his fill. Then you may have what remains. If he burps at the end of the meal, it is a sign that you have pleased him. If he turns to you in the night, you must give yourself to him, in the hopes that you will bear him a son. If you have a son, feed him at your breast until he is four and if it is a daughter feed her for just a season, so that your blood will start again and you can try once more to bear a son. If

your husband asks you to wash his feet, you must do it as he says, then put a bit of the water in your mouth" (McCormick, 2006, p.15-16).

The above lines mention the advice given to Lakshmi by her mother. The so-called social norms and conventions of patriarchal society are clearly evident in these lines.

In this society, sons are considered to be breadwinners and daughters are raised to be good wives, relying on their husbands. Growing up in such an environment would definitely affect the psyche of an individual which leads to patriarchal trauma. Lakshmi's experiences reflect the ways in which patriarchy shapes and sustains her exploitation, both in her village and brothel. The worth of a woman is measured by her ability to contribute to the family through marriage. Lakshmi's stepfather gambles away the family's meager earnings, yet they bear the burden of his irresponsibility. Even though her stepfather is of no use to the family, her mother considers it as lucky to have the presence of men in their family. She even praises him for taking care of them after her husband's death. Her stepfather looks at her the same way as he looks at the cucumbers growing in her house, viewing her as a commodity. He takes all the cucumbers and sells them and now it's her chance. It is her stepfather who decided to sell her highlighting the patriarchal trauma operating within families and turning the women into commodities to be exploited by men for their benefits.

The novel ends with "My name is Lakshmi, I am from, I am fourteen years old" (McCormick, 2006, p.263) showing her courage to raise her voice against the dehumanization that happens in the brothel. The novel ends in a positive light as she is rescued from the brothel by the American anti-trafficking agents. But it could not be considered as entirely positive because there are chances that she might be unwelcomed by the society as she is a prostitute now. They may consider her as a shame to the family, as she acts against society by offering herself to multiple men. Even her mother won't accept her. Although it's not necessarily her choice, she alone has to face the blame. Monica, one of the women in happiness house endured years of exploitation in happiness house just to support her child. When Monica leaves the happiness house, she dreams of reuniting with her family and being welcomed back into their community. When she goes back to her village after paying off all her debts, her family refuses to accept her: "when they heard I was coming, she says, they met me outside the village and begged me not to come back and disgrace them"

(McCormick, 2006, p.194). They are punished not only by the traffickers but also by the community:

> "She flings me onto the bed next to the old men. And then he's on top of me, holding me down with the strength of ten men. He kisses me with lips that are slack and wet and taste of onions. His teeth dig into my lower lip. Underneath the weight of him, I cannot see or move or breathe. He fumbles with his pants, forces my legs apart, and I can feel him pushing himself between my thighs" (McCormick, 2006, p.103).

It conveys Lakshmi's first experience of being raped after being sold into sexual slavery. She feels trapped and helpless. It shows the brutality of the violent act, dehumanizing the abuser and reducing Lakshmi to an object. This single event will have a lasting psychological impact on Lakshmi, leading to PTSD, anxiety, depression.

Conclusion

Nowadays, people are living in a world that offers no security, especially to women. The number of crimes against women is increasing day by day. They are mentally, physically and sexually exploited. Most of the victims find it difficult to overcome the traumatic incidents. Many choses to commit suicide, unable to bear the pain and verbal abuse they receive from the society. Some of the common abuses include physical abuse, emotional, verbal, sexual abuse. Physical abuse includes hitting, kicking, burning, biting which lead to injury. Verbal abuse takes place when a person makes an inappropriate comment about another. For example, insulting or humiliating a person in public places. Such kind of abuse results in low self-esteem. Sexual violence occurs when someone forces an individual to engage unwanted sexual intercourse. This includes rape, child abuse, sexual harassment, touching without consent. Mutual consent is important in any relationship, or else it is considered as abuse. All these abuses affect the psyche of an individual which leads to emotional abuse. Most of the women, at least once in their lives, may have experienced any of these situations. They are traumatized by the incident, and most of them suffer post-traumatic stress disorder. They express symptoms like stress, anxiety, fear, guilt, nightmares. The victims try to exclude themselves from their surroundings and even feel hatred towards their own body.

According to the National Crime Records Bureau in 2019, India has witnessed around 4,05,861 crime rates against women. In 2021, eighty six rapes and forty-nine offences against women are reported each day. As per their records in 2021, 1,49,404 cases were reported against children in India. Childhood is considered as the most important and innocent phase in one's life. The phase where they enjoy the most, not at all aware of the devilish nature that exists in society. For the majority of them, childhood is a joyous and carefree period. But for some children it's not like that, instead of enjoying the carefree days, they bear the burden of the trauma that they have experienced. It may be verbal, physical, emotional and sexual abuses that affect their lives completely. Such incidents inject fear into innocent minds. It results in depression, low self-esteem, anxiety etc. As a child, they find it difficult to tackle the situation. Most of them lack the courage to disclose it and began to act indifferent. Despite all the pain and suffering, there will be something that brings them solace and encourages them to move forward. Lakshmi's memories of home give her some kind of relief. In short, the narrative style of "*Sold*" is instrumental in conveying the trauma of the protagonist. The novel shows how trauma strips away innocence, shatters a sense of identity, security, and leaves lasting scars. It shows the psychological and emotional wound inflicted upon trauma victims, Lakshmi.

References

Al-Zubaidi, R. T. A. (2023). The role of critical stylistics in literary discourse with particular reference to *Sold* by Patricia McCormick. *Journal of English Language and Literature, 10*(1). https://doi.org/10.54513/JOELL.2023.10106

Caruth, C. (1996). *Unclaimed experience: trauma, narrative, and history*. Johns Hopkins University Press.

Delaneira, S., & Wahyuni, D. (2022). *Female agency in the novel Sold (2006) by Patricia McCormick*. English Language and Literature, 10(1), 77. https://doi.org/10.24036/ell.v10i1.113872

Mambrol, N. (2018, December 19). *Trauma studies*. Literariness. https://literariness.org/2018/12/19/trauma-studies/

McCormick, P. (2006). *Sold.* Hyperion Books for Children.

Pathak, S., & Dewangan, R. L. (2020). Psychology of trauma. In *Trauma studies: An echo of ignored screams* (pp. 62–77). Authorspress. https://www.researchgate.net/publication/350544513_Psychology_of_Trauma

Srinivas, D., Dubey, S., Patil, S., & Sharma, P. (2023, April 18). *Crimes against children in India: An ASAR data story.* ASAR for India. https://www.asarforindia.org/post/crimes-against-children-in-india-an-asar-data-story7

Life, Choice and Ethics: Portraying Abortion and Bioethical Issues in Select Films

Ashish Manohar

Research Scholar, PG Department of English, Sanatana Dharma College, Alappuzha

ashishmanohar221@gmail.com

Abstract

The paper examines the portrayal of ethical, societal and individual dilemmas surrounding abortion in *April* (2024), *The Girl with the Needle* (2024), *4 Months, 3 Weeks and 2 Days* (2007) and *12th & Delaware* (2010). These films foreground the experiences of individuals who, despite being unable to bear the emotional, financial or physical responsibilities of parenthood, are denied the option of abortion due to societal, religious, and ethical constraints. The study investigates how these cinematic narratives expose the tensions between personal agency and societal control, framing abortion as a site of contested morality. *April* explores the suffocating influence of conservative and religious norms on personal choices, capturing the psychological turmoil of its protagonist. *The Girl with the Needle* examines the compounded vulnerabilities faced by economically disadvantaged individuals, focusing on the systemic barriers that deny access to safe options. *4 Months, 3 Weeks and 2 Days,* set in Communist Romania, critiques the authoritarian imposition of reproductive policies, revealing the profound physical and emotional costs borne by women. *12th & Delaware* explores the ideological and emotional battleground of reproductive rights in contemporary America by focusing on a street corner housing both an abortion clinic and a pro-life pregnancy center. Through a critical lens that incorporates bioethical theory, feminist critique and narrative analysis, this paper delves into the thematic and aesthetic strategies employed by these films to question the ethical rigidity and societal hypocrisy surrounding abortion. It argues that these works collectively challenge the moral absolutism imposed by cultural and institutional norms, emphasizing the need for empathetic consideration of individual circumstances.

Keywords: Bioethics, Film, Medical Ethics, Law

Introduction

Abortion remains one of the most contested issues in contemporary society, intersecting moral, religious, social and political domains. At its core lies the tension between individual autonomy and societal control, often exacerbated by cultural and institutional norms that deny agency to those most affected. The complexity of this issue has been vividly explored in cinema, where filmmakers interrogate the ethical dilemmas, emotional conflicts, and systemic barriers surrounding abortion. Films serve as a powerful medium to challenge entrenched beliefs, offering nuanced portrayals of personal struggles and the broader societal forces at play.

This article focuses on four films: *April* (2024), *The Girl with the Needle* (2024), *4 Months, 3 Weeks and 2 Days* (2007) and *12th & Delaware* (2010). Each film presents abortion not merely as a medical or personal decision but as a site of profound ethical and social contention. These narratives explore situations where characters, unable to bear the responsibilities of parenthood, face insurmountable obstacles to seeking abortion due to societal, religious, and institutional restrictions. These stories are not isolated; they reflect broader realities where individual circumstances are often overshadowed by the moral absolutism imposed by cultural and political structures.

April delves into the psychological toll of restricted options within a conservative community, portraying the weight of guilt and moral ambivalence. *The Girl with the Needle* highlights economic vulnerabilities as a significant barrier to decision-making, illustrating how systemic inequities compound personal dilemmas. Meanwhile, *4 Months, 3 Weeks and 2 Days,* set in Communist Romania, exposes the devastating consequences of authoritarian policies that suppress reproductive autonomy. *12th & Delaware*, the documentary, focuses on the intersection of 12th Street and Delaware Avenue in Fort Pierce, Florida, where an abortion clinic and a pro-life pregnancy center stand directly across from each other.

The ethical discourse surrounding abortion is heavily influenced by societal and cultural values, often shaped by religious doctrines and moral absolutism. Many societies view abortion as a moral issue rather than a matter of personal autonomy, which marginalizes those who are unable to continue pregnancies due to emotional, physical, or financial reasons. Religious ideologies often prioritize the

sanctity of potential life over the lived experiences of individuals, creating stigma around abortion. As a result, those seeking abortions face not only barriers to accessing safe procedures but also judgment, ostracism, and psychological distress. This societal dynamic fosters a climate of fear and silence, where personal needs are overshadowed by collective moral beliefs.

The psychological burden of restricted choices

Dea Kulumbegashvili's *April* (2024) offers a deeply introspective exploration of the psychological toll that societal and religious constraints impose on individuals navigating unplanned pregnancies. The film centres on a young woman grappling with an overwhelming dilemma: her inability to raise a child due to her circumstances and the oppressive societal norms that deny her the option of abortion. Set in a deeply conservative community, *April* paints a stark portrait of isolation, guilt and moral conflict: "Access to abortion is necessary for many women if they are to escape the oppressive conditions of poverty" (Schwarz & Latimer, 2012, p.97). The protagonist's internal struggle is compounded by a social environment that equates abortion with immorality, leaving her with little room for autonomy.

Kulumbegashvili employs a restrained narrative style to underscore the suffocating weight of the protagonist's predicament. The film's use of silence, dim lighting and close-up shots captures the protagonist's emotional turmoil, emphasizing her feelings of entrapment. The recurring motifs of religious imagery serve as a constant reminder of the moral absolutism imposed by her community. These visual elements create a claustrophobic atmosphere that mirrors the protagonist's mental state, where every decision seems fraught with shame and condemnation. The film's nuanced portrayal of her anguish offers a searing critique of societal norms that prioritize ideological conformity over personal well-being.

The critical tension in Dea Kulumbegashvili's *April* resonates deeply with Peter Singer's arguments about rethinking the traditional "sanctity of life" ethic. Nina's journey as an OB-GYN caught between her professional obligations and the patriarchal constraints of her rural society embodies the conflict between pro-life and pro-choice paradigms. The film's narrative exposes how systemic forces – rooted in

traditional ethics that elevate human dignity as sacrosanct – often neglect the complex realities that make life meaningful (Schwarz & Latimer, 2012, p.89).

Singer's critique of the "sanctity of life" ethic as a relic of a religious worldview is mirrored in Nina's struggles to navigate the oppressive expectations placed upon her as a woman and a professional (Shakespeare, 2002, p.76). The rural patriarchy depicted in *April* enforces a rigid moral code, one that prioritizes collective norms and religiously influenced ideals of dignity over individual autonomy and the quality of life. This framework traps Nina in a double bind, where her responsibilities to her patients and her sense of self clash with societal expectations that reject her choices.

Kulumbegashvili's use of destabilizing long takes and fragmented framing emphasizes Nina's psychological isolation, subtly reflecting the "Copernican revolution" Singer proposes in ethical thinking (Schwarz & Latimer, 2012, p.86). As Nina grapples with her role within a system that treats human life as uniformly sacred, the film prompts the audience to question whether this sanctity undermines the lived experiences of those like her – isolated, burdened and deprived of the agency necessary to ensure their quality of life.

Furthermore, Singer's suggestion to "recognize that the worth of human life varies" finds an echo in the film's examination of Nina's professional ethics. Her position as an OB-GYN requires her to consider the nuanced realities of her patient's lives, where rigid adherence to a one-size-fits-all ethical framework would lead to suffering and despair. Nina's resistance to societal norms thus becomes emblematic of the shift Singer advocates—an evolution toward an ethic that prioritizes individual well-being and contextual decision-making over the blanket moralism of traditional values.

The film's clinical aesthetic parallels Nina's pragmatic approach to her work. As a doctor committed to addressing the unmet need for family planning, she operates in defiance of the patriarchal order, fully aware of the personal costs. One of the most striking aspects of *April* is its unflinching visual language, which captures moments often elided in similar narratives, such as the mechanical precision of medical procedures or the cold aftermath of personal encounters. These choices illuminate Nina's dual role as both healer and scapegoat. Her Hippocratic commitment to "treat

the symptoms" becomes a subversive act in a society that refuses to acknowledge the problems she addresses.

In Kulumbegashvili's film, the decision to withhold Nina's name and delay close-ups until later highlights her social invisibility and precarious position in a community that erases women who challenge its norms. Her marginalization deepens when rumors about her extracurricular medical practices threaten her professional reputation. This is compounded by her transactional relationships and a violent encounter in which her assertion of agency results in retribution, further isolating her emotionally and physically.

The rural setting amplifies Nina's sense of entrapment, with expansive landscapes symbolizing freedom that contrasts with the suffocating social constraints she faces. The intimate, claustrophobic framing of conversations reflects the intrusive nature of her environment, where privacy is a luxury she cannot afford. Nina's professional dedication becomes an act of defiance against this oppressive world, culminating in a rare moment of vulnerability and joy when she smiles at the sight of a healthy newborn. This fleeting moment underscores the paradox of her existence, where her passion for preserving life is met with condemnation instead of recognition.

A pivotal question drives the narrative: What motivates Nina to continue her career-threatening practice of performing clandestine abortions, when, as someone remarks, "No one will thank you and no one will defend you"? (*April* 00:17:16 - 00:17:17). This mystery encapsulates the contradictions of Nina's character – her unyielding compassion juxtaposed against the emotional and physical toll of her choices. Though abortion is legal in Georgia, the oppressive fusion of religiosity and patriarchy forces women to seek these procedures in secret, often at great personal risk. Kulumbegashvili captures this reality with stark precision, particularly in the scene where Nina performs an abortion on a neighbour's daughter. The abstract, locked-off shot transforms a mundane kitchen into an operating theatre, amplifying the visceral tension through subtle sensory details: the rustling of a plastic sheet, the daughter's muffled movements, and the mother's quiet anguish.

Kulumbegashvili's inclusion of the grotesque, stooped homunculus serves as a haunting metaphor for Nina's plight. Its melted, deformed form may symbolize the psychological and societal costs of living in opposition to patriarchal norms.

70

Alternatively, it could be a distorted reflection of Nina herself – stripped of humanity by the relentless demands of her environment. The ambiguity of this imagery aligns with the film's overall refusal to provide easy answers, challenging viewers to grapple with the complexities of Nina's situation.

April is particularly effective in highlighting the intersection of personal vulnerability and collective judgment. The protagonist's fear of social ostracism and her internalized guilt reflects the broader consequences of a society that enforces rigid moral codes without consideration for individual circumstances. Her psychological burden is not just a product of her immediate situation but also a manifestation of generational indoctrination that equates morality with suffering. Through this character, the film invites viewers to question the ethical rigidity that denies individuals the right to make decisions about their bodies.

Economic vulnerabilities and systemic barriers

In *The Girl with the Needle*, Karoline (Vic Carmen Sonne), the film's protagonist, begins her journey in abject poverty, reflecting the despair of her time. Her life is a study of survival – evicted for rent arrears, denied widow's benefits due to the lack of her husband's death certificate and abandoned by society. The opening scene of her eviction encapsulates the stark realities of her existence, setting the stage for a story that examines the brutal intersections of gender, class and social expectations.

The film's visual and aesthetic choices deepen its emotional resonance. Shot in black and white, the cinematography by Michał Dymek and the production design by Jagna Dobesz create an atmosphere that is as stark and unyielding as Karoline's circumstances. The interplay of light, shadow, and framing conveys the psychological weight of the story, immersing viewers in the bleakness of post-war Denmark. The opening sequence, with faces projected onto one another, is a surreal reflection of identity and perception, setting a tone of disquiet that persists throughout. This technique aligns with the film's themes, illustrating the dissonance between societal expectations and individual realities.

The narrative takes a darker turn when Karoline becomes entangled with a wealthy factory owner. Her pregnancy, initially appearing to be a path out of poverty,

becomes another cruel twist of fate when the factory owner's Baroness mother humiliates her with an invasive pelvic exam and ultimately denies her the security of marriage. The Baroness's actions expose the classist and patriarchal structures that perpetuate Karoline's suffering, stripping her of dignity and terminating her employment. This sequence underscores the dehumanizing nature of privilege and power, framing Karoline as both victim and survivor.

The return of Karoline's husband, disfigured and traumatized by the war, further complicates her circumstances. His Phantom of the Opera-like mask becomes a haunting visual metaphor for the hidden wounds of war, while his PTSD manifests the emotional scars that mirror Karoline's psychological struggles. Their reunion is devoid of solace, highlighting the alienation that war and societal neglect impose on individuals.

Foster care, though presented as compassionate, carries underlying coercion by positioning the only acceptable choice for a woman as carrying the pregnancy to term and giving up the child. The dialogue exposes a power dynamic where institutional actors enforce societal norms under the guise of concern, stripping the protagonist of agency. The offer to "escort" her home, framed as a safety measure, actually undermines her autonomy and reflects a biopolitical drive to control bodies seen as deviant or vulnerable. The medicalized language used to describe risk and bleeding suggests a focus on health, but it serves as a broader tool for monitoring and regulating behaviour. The instruction to avoid emotional attachment by not naming the child dehumanizes the process, reducing childbirth to a transactional act and aligning with Foucault's concept of "docile bodies" shaped by systems of power.

The ontological continuity argument raised by critics of abortion, such as those by Liley and Schwarz, posits that the moral and personal value attributed to an individual in later stages of life must be equally recognized at earlier stages, including the fetal stage (Boonin, 2005). This perspective assumes an intrinsic and unbroken respect for life across all stages of development. Karoline's decision to terminate her pregnancy in the narrative stands as a direct challenge to this claim, framing her choice not as a rejection of life's intrinsic value but as an assertion of her agency in navigating a constrained and inequitable world.

In the bathhouse scene, where Dagmar introduces Karoline to the concept of infant fostering, the story explores the idea of value and respect for life in a morally ambiguous context. Dagmar's intervention offers Karoline an alternative to abortion, yet this alternative is not without its moral complexities. The fostering solution, while preserving the fetus's "ontological continuity," as Schwarz might argue, raises questions about the quality of life and agency for both mother and child (Boonin, 2005). Karoline's detachment from her pregnancy and her eventual decision to abort are not merely acts of desperation but also expressions of resistance against the societal expectation to unconditionally preserve life regardless of circumstances. Her physical pain from lactation serves as a visceral reminder of the body's inescapable connection to identity and motherhood. However, this connection is framed in terms of burden and suffering rather than celebration, emphasizing the emotional and social cost of enforcing respect for life without considering the individual's lived experience.

Ultimately, *The Girl with the Needle* is an unflinching examination of the human condition, capturing the intersections of trauma, agency, and societal neglect. Karoline's arc is one of reluctant transformation, her survival instincts giving way to a profound, if bittersweet, understanding of what it means to care and be cared for. This is not a story of triumph but one of endurance, a meditation on the quiet resilience that allows people to navigate even the bleakest circumstances.

Authoritarianism and reproductive autonomy

Cristian Mungiu's *4 Months, 3 Weeks and 2 Days* (2007) is an uncompromising portrayal of human resilience, moral compromise and socio-political oppression under Nicolae Ceaușescu's Romania. Set in 1987, during the last years of Communist rule, the film starkly examines the personal and societal costs of an authoritarian regime that enforces strict anti-abortion laws. Through its minimalist aesthetic and unflinching narrative, the film exposes the brutal intersection of personal autonomy, systemic oppression, and gender inequality.

Otilia's role as the pragmatic friend forced to shoulder the logistical and emotional burdens underscores the unequal distribution of labour and responsibility within their friendship, which mirrors broader gendered expectations. Her silent endurance highlights the patriarchal expectation that women must bear not only their

73

suffering but also the consequences of others' actions, often at the expense of their autonomy. Her sacrifices – such as enduring sexual exploitation by Mr. Bebe – expose how women's reproductive vulnerabilities are exploited to perpetuate male dominance (Schwarz & Latimer, 2012, p.85).

Gabița's passivity and dishonesty reflect the larger societal issue of patriarchal systems that infantilize women, denying them agency over their bodies and lives. Her lies about her pregnancy serve as a survival mechanism in a society that criminalizes her choices. Her dependence on Otilia to navigate the process highlights how patriarchy fractures female solidarity by imposing unequal burdens. The character of Mr. Bebe embodies the exploitative nature of patriarchal power, demanding sexual favors as payment for an abortion, which reduces women's bodies to commodities. This dynamic underscores how women's sexual vulnerability is heightened when they lack control over reproduction, as they are subject to exploitation by men. The film critiques how abortion restrictions perpetuate a cycle of oppression, turning women's bodies into sites of patriarchal control.

Mungiu's visual style is stark and unembellished, mirroring the bleakness of the narrative. The use of long takes and naturalistic lighting creates an almost voyeuristic intimacy, forcing the audience to confront the characters' suffering without reprieve. The absence of non-diegetic music heightens the oppressive silence, emphasizing the isolation and vulnerability of the protagonists. The meticulous framing of scenes, such as Otilia's silent anguish at Adi's mother's dinner table, underscores her alienation and the trivialization of her struggle. The contrast between the dinner guests' banal conversations and Otilia's inner turmoil highlights the disconnect between personal pain and societal indifference. The following dialogue is a depiction of a grim, high-stakes moment that illustrates the brutal reality of illegal abortions and the dehumanizing conditions surrounding them:

- Lie down

- Is there an injection?

- No.

- What's that?

- Water.

- If nothing's happened by tomorrow, do this again yourself. Give me the probe. Don't tense up. Tell me when you feel a sting. Did that sting?

- Yes.

- When you feel it start coming out, go sit on the toilet…Don't move.

- Can I cover myself?

- Yes.

- Oh, I forgot something very important. Don't throw the fetus in the toilet…and throw it down the trash chute.

- Understand?

- Yes. (*4 Months, 3 Weeks and 2 Days* 00:57:09 - 01:02:03)

From a feminist perspective, the dialogue highlights the oppressive conditions women face regarding reproductive rights under a patriarchal and authoritarian regime. The control over the woman's body symbolizes the systemic denial of female autonomy, as her agency is dictated by both the abortionist and societal structures that force her into a dangerous, clandestine situation. The abortionist's cold, clinical tone reflects the commodification of the procedure, reducing the woman to a mere vessel and stripping her of personhood.

In this scene, the woman's body is both vulnerable and resistant. Subjected to violence and dehumanization, the cold, procedural tone and physical trauma of the abortion impose compliance on a body resisting emotionally and physically, reflecting how patriarchal systems demand submission from women. However, her decision to terminate the pregnancy also signifies agency against state control. This resistance is constrained by the conditions of illegality, as seen in grotesque disposal instructions, illustrating the systemic violence women face in restrictive regimes. The act of abortion, while defiant, underscores the oppression women endure in such societies.

The dialogue exemplifies Foucault's concept of bio power, where the state exerts control over individual bodies to serve political and ideological ends (Stormer, 2010). In Communist Romania, abortion was criminalized as part of a broader bio political strategy to increase the population. This policy transforms the female body into a site of state control, where women's reproductive capacities are co-opted for nationalistic goals (Lataianu,2001). The clinical, detached instructions given during the abortion procedure reflect this bio-political control, as the woman's body is treated as an object to be managed and regulated. The lack of medical care, the secrecy, and the emphasis on disposing of the fetus in a way that avoids detection all underscore how the state's bio-political agenda strips women of autonomy and reduces their bodies to instruments of political will.

The scene also illustrates the psychological toll of the legal and societal restrictions that push women into such dangerous situations. The abortionist's impersonal manner and the procedural nature of the dialogue emphasize the dehumanization inherent in this underground practice. The woman's final response, "Yes," to the exhaustive list of grotesque instructions underscores her resignation to a system that offers no safe alternatives. This dynamic reflects the alienation and trauma that result from the criminalization of abortion and the stigmatization of those who seek it.

While deeply rooted in its historical and geographical context, *4 Months, 3 Weeks and 2 Days* resonates beyond 1980s Romania. Its exploration of reproductive rights, gender inequality and systemic oppression has universal relevance, particularly in contemporary debates surrounding abortion access. Mungiu's refusal to provide closure or moral resolution challenges the audience to grapple with the ethical complexities of the story.

The body as a battleground

In *12th & Delaware*, the body emerges as a contested site where ideological, moral and political conflicts converge. The documentary captures the fraught dynamics between an abortion clinic and a crisis pregnancy centre located on opposite sides of the same street, exploring how these opposing institutions attempt to claim authority over women's bodies. The film vividly illustrates how the body

becomes a battleground for control, manipulation and resistance, reflecting broader societal debates over reproductive rights. Judith Jarvis Thomson defended women's autonomy over their bodies as a fundamental aspect of freedom, contending that "we cannot compel someone to carry a child against her will if she chooses not to do so for other reasons" (Nita & Goga, 2020, p.125).

One of the central ways *12th & Delaware* focuses on the body is through the crisis pregnancy centre's (CPC) use of visceral, often graphic, representations of foetal development. Ultrasound imagery and staged foetal models are deployed as tools to evoke emotional responses, aiming to align the woman's sense of self with the idea of the fetus as a distinct, autonomous being (Montoya et al., 2022). This strategy reduces the pregnant woman to a vessel whose autonomy is secondary to the perceived rights of the fetus, enforcing a moral framework that prioritises potential life over the individual's bodily sovereignty. The CPC's reliance on the visual and physical aspects of the body, particularly through the repeated use of medicalized imagery, manipulates the woman's perception of her own body, transforming it into a moral battleground rather than a site of personal agency.

On the other side of the street, the abortion clinic represents the body as a site of personal choice and medical intervention. The clinic staff treat the body with clinical detachment and empathy, emphasising the woman's right to control her reproductive health. However, the presence of protesters outside the clinic introduces an external surveillance that reinforces the idea of the woman's body as public property. Protesters shout slogans and hold signs with graphic depictions of aborted fetuses, framing the act of abortion as a violation of moral norms. This act of surveillance functions as an extension of societal control, policing the woman's choices and subjecting her body to external moral scrutiny.

In one scene, Anne, the director of the CPC, instructs her staff on handling phone inquiries:

> "When she calls, and she says, 'Do you do abortions?' I say, 'Are you calling for yourself, or are you calling for your friend?' …and I say, 'No' – click." (*12th & Delaware* 00:21:26 - 00:21:52)

In this scene, the woman's body is both vulnerable and resistant. While subjected to violence and dehumanization through cold, procedural instructions and physical trauma, her resistance reflects the demand for submission by patriarchal systems. Her decision to terminate the pregnancy, however, signifies agency against state control. This resistance is limited by the illegality of the procedure, as seen in the grotesque disposal instructions, highlighting the systemic violence women endure in restrictive regimes. Though an act of defiance, the abortion underscores the oppression women face, revealing the harsh realities of control over women's bodies in such societies.

Theoretical framework and critical perspectives

The exploration of abortion and bioethical dilemmas in *April*, *The Girl with the Needle*, and *4 Months, 3 Weeks and 2 Days* requires an interdisciplinary approach combining ethical philosophy, feminist theory, and sociocultural criticism. Central to this analysis is the tension between individual autonomy and societal control, a theme explored by feminist theorists like Judith Butler, who examines how societal norms, particularly around morality and gender roles, are constructed and perpetuated. Bioethical considerations challenge traditional paradigms prioritizing collective morality over individual well-being. Drawing on Peter Singer's utilitarianism, the films highlight the consequences of denying reproductive choices. Foucault's theories on biopolitics reveal how institutions regulate bodies and reproductive functions. Cultural criticism contextualizes these films within historical and socio-political frameworks, as seen in *4 Months, 3 Weeks and 2 Days*' portrayal of political control and *The Girl with the Needle*'s critique of economic precariat through Marxism. Together, these perspectives show abortion as a complex, politicized issue shaped by societal forces.

Conclusion

The cinematic portrayals of abortion in *April*, *The Girl with the Needle*, and *4 Months, 3 Weeks and 2 Days* explore the ways societal norms, economic vulnerabilities, and authoritarian ideologies shape women's experiences. These films go beyond the moral debate of abortion, focusing on the lived realities of women

facing complex social, cultural, and economic constraints. They highlight how restrictive policies and societal expectations deprive individuals of bodily autonomy, leading to psychological anguish, physical danger, and systemic neglect. The protagonists in these films are constrained by rigid moral codes and systemic inequities—*April* shows the psychological turmoil caused by religious doctrine and community surveillance, *The Girl with the Needle* critiques economic marginalization, and *4 Months, 3 Weeks and 2 Days* illustrates the oppressive effects of authoritarian regimes. These narratives emphasize that the denial of reproductive rights is not just an individual issue but a societal failure to uphold human dignity and equality. Drawing on feminist theory, bioethics, and sociopolitical critiques, the films challenge dominant discourses on abortion, advocating for a deeper understanding of reproductive choices shaped by external forces. They urge a reevaluation of policies and societal attitudes that disregard individual circumstances, calling for compassion, systemic change, and environments where individuals can make decisions without fear of judgment or coercion. These films foster a discourse transcending cultural and political boundaries, advocating for equity, autonomy, and the dismantling of oppressive frameworks

References

Boonin, D. (2005). *A Defense of Abortion*. Cambridge Univ. Press.

Butler, J. (1990). *Gender trouble: Feminism and the Subversion of Identity*. Routledge.

Lataianu, M. (2001). *The 1966 Law Concerning Prohibition Of Abortion In Romania And Its Consequences. The Fate Of One Generation*. Polish Academy of Sciences.

Maguire, M. (1985). Personhood, Covenant, and Abortion. *American Journal of Theology&Philosophy*,*6*(1), 28–46. JSTOR. https://doi.org/10.2307/27943659

Montoya, M., Judge-Golden, C., & Swartz, J. (2022). The problems with crisis pregnancy centers: Reviewing the literature and identifying new directions for future research. *International Journal of Women's Health*, *14*, 757–763. https://doi.org/10.2147/IJWH.S288861

Nita, A., & Goga, C. (2020). Ethics, Legislation and socio-medical outcomes. Case study: Romania. *Romanian Journal of Morphology and Embryology*, *61*(1), 283–294. https://doi.org/10.47162/rjme.61.1.35

Schwarz, S., & Latimer, K. (2012). *Understanding Abortion*. Lexington Books.

Shakespeare, T. (2002). Singer's controversial moral philosophy. *The Lancet*, *360*(9331), 495–496. https://doi.org/10.1016/s0140-6736(02)09685-x

Stormer, N. (2010). Mediating Biopower and the Case of Prenatal Space. *Critical Studies in Media Communication*, *27*(1), 8–23. https://doi.org/10.1080/15295030903554318

From Trauma to Healing: The Wellness Narrative in *Bangalore Days*

Aysha Muradh P.C & Najla P.M
Asst. Professor; English teacher
SAFI Institute,Vazhayoor; Govt.V.H.S.S, Chottanikara
ayshapcmuradh@gmail.com;   najlapm1@gmail.com

Abstract

Bangalore Days (2014) offers a nuanced portrayal of emotional struggles through its protagonists; Aju, Kuttan, and Sarah, each grappling with personal hardships while finding solace in relationships. Aju's rebellious nature conceals deep-seated frustrations, Kuttan struggles with societal and familial expectations, and Sarah, despite her resilience, faces both physical and emotional challenges. While the film does not explicitly categorize their struggles as mental illness, it sensitively portrays emotional distress, self-doubt, and silent struggles. What sets Bangalore Days apart is its emphasis on healing as a shared experience rather than an individual pursuit. Instead of depicting wellness as an isolated achievement, the film highlights the transformative power of relationships and mutual understanding. Psychiatrist Maxwell Jones' therapeutic community model suggests that healing occurs within supportive environments, where individuals engage in meaningful connections and collective growth. This idea resonates throughout the film, as Aju, Kuttan, and Sarah not only confront their challenges but also serve as sources of strength for one another. Their journey underscores that emotional well-being is nurtured in relationships where acceptance and support are paramount. In a cultural context where mental health is often stigmatized, Bangalore Days subtly challenges the notion that emotional struggles must be faced in silence. By presenting healing as an interpersonal process, the film underscores the significance of companionship in overcoming life's difficulties. Through its heartfelt storytelling, it reaffirms that while pain is deeply personal, healing is often found in shared experiences and the presence of those who truly care.

Keywords: Therapeutic community model, Emotional well-being, Personal struggles and healing, Supportive relationships, Interpersonal connections, Resilience and recovery.

Introduction

Mental health shapes an individual's emotions, thoughts, and behaviors, playing a crucial role in overall well-being. Conditions like anxiety, depression, and Post-Traumatic Stress Disorder (PTSD) disrupt this balance, often stemming from a mix of biological, psychological, and environmental factors. Genetic predispositions and neurochemical imbalances contribute to these struggles, as do personal experiences such as trauma, unresolved grief, and chronic stress. External factors like poverty, social isolation, and a lack of support systems further complicate mental health challenges. These issues can make daily life overwhelming, affecting relationships, responsibilities, and self-perception.

Unfortunately, stigma surrounding mental illness only adds to the burden, discouraging people from seeking help and reinforcing harmful misconceptions. Breaking these barriers is essential for fostering a culture of understanding and support. In contrast, mental wellness is about managing stress effectively, maintaining meaningful relationships, and navigating life's ups and downs with resilience. One approach to mental health treatment that emphasizes community and shared healing is the therapeutic community model, pioneered by psychiatrist Maxwell Jones. This model is built on principles of democratic participation, shared responsibility, social learning, and open communication. In therapeutic communities, individuals actively engage in their own healing while offering support to others, creating an environment where understanding and connection thrive. This approach highlights the importance of relationships and community in achieving emotional well-being.

Cinema has long been a powerful medium for representing mental health, though many films resort to sensationalized or extreme portrayals. However, *Bangalore Days* offers a more subtle and realistic depiction, exploring themes of trauma, grief, loneliness, and emotional withdrawal. Instead of explicitly discussing mental illness, the film conveys emotional struggles through its characters' actions, relationships, and conflicts. This understated approach reflects the reality of mental health in Indian society, where stigma often forces individuals to suffer in silence. This paper examines how *Bangalore Days* embodies the principles of therapeutic community theory through its portrayal of characters' emotional struggles and personal growth. The film illustrates how communal support, open dialogue, and shared experiences which are core tenets of therapeutic

communities help individuals heal and gain self-awareness. By emphasizing the significance of love, family, and interpersonal relationships, *Bangalore Days* highlights the transformative power of a supportive community in fostering emotional balance and mental wellness.

Materials and methods

This paper employs a qualitative analytical approach to examine the portrayal of mental illness and wellness in Bangalore Days through the lens of therapeutic community theory. The analysis is conducted using the following methods:

Film Analysis - A close reading of Bangalore Days is undertaken, focusing on narrative structure, character development, dialogues, and visual storytelling to identify representations of emotional distress, healing, and communal support.

Theoretical Framework - The study applies Maxwell Jones' Therapeutic Community Theory, analyzing how the film's depiction of interpersonal relationships, emotional expression, and communal healing aligns with the core principles of therapeutic communities.

Character and Dialogue Examination- Specific characters are analyzed to explore how their struggles and interactions reflect themes of trauma, resilience, and collective healing. Key dialogues are referenced to highlight implicit discussions of mental wellness.

Contextual Analysis - The film is examined within the socio-cultural context of India, considering how societal stigma, familial expectations, and communal bonds shape the portrayal of mental health and recovery in the narrative.

Results and discussions

Directed by Anjali Menon, Bangalore Days follows three cousins Arjun, Divya and Kuttan who move to Bangalore, each carrying personal dreams, emotional baggage, and hidden wounds. Through a character-driven approach, the narrative highlights how the intertwined experiences of these cousins reflect the core principles of Maxwell Jone's Therapeutic Community theory, emphasizing democratization, shared responsibility, and open communication. By supporting each other through personal challenges, they create

a microcosm of a therapeutic community, fostering self-discovery and emotional healing. This collective journey underscores the transformative power of communal bonds in achieving mental well-being.

Sarah and Arjun: Healing through trust and support

Sarah, played by Parvathy Thiruvothu, is a paraplegic due to a traumatic accident, a life-altering event that leaves her struggling with emotional withdrawal and isolation. While her physical disability presents daily challenges, it is the psychological burden—the feelings of inadequacy and detachment—that weighs her down the most. She hesitates to embrace new relationships, fearing pity and rejection, as society often reduces individuals with disabilities to objects of sympathy rather than seeing them as whole, independent people. Sarah's reluctance to open up stems from a deeply ingrained fear of being perceived as lesser, making her journey toward self-acceptance all the more significant.

Arjun, on the other hand, appears to be the complete opposite of Sarah. He is often seen as a carefree rebel, someone who lives life on his own terms. However, beneath this confident and adventurous exterior lies a young man carrying emotional scars. Coming from a broken home, with his father serving in the Indian Army and his mother having remarried, Arjun has long felt like an outsider, never truly belonging anywhere. His unresolved grief and fear of abandonment manifest in self-destructive behavior and a reluctance to form deep emotional connections. Yet, despite his struggles, Arjun finds solace in his passion for motorcycle racing, which becomes more than just a sport—it becomes a form of therapy. His journey highlights the power of pursuing one's passions as a means of healing and self-discovery. "I will reach somewhere in life without the support of my parents" (*Bangalore Days*, 49:02:05), he declares, determined to carve out his own identity.

The relationship between Sarah and Arjun is one of the most poignant aspects of the film. It serves as a catalyst for both of them, pushing them toward healing and self-growth. Arjun never sees Sarah through the lens of her disability; instead, he treats her as an equal, encouraging her to embrace life without fear or hesitation. His unwavering support helps Sarah rediscover joy, regain her sense of purpose, and break free from the self-imposed limitations she had accepted. "Rather than following you, I like to walk with

you" (*Bangalore Days*, 1:37:17), he tells her, emphasizing his respect and admiration. In turn, Sarah's resilience and strength inspire Arjun to confront his fears and embrace meaningful emotional connections. "When everyone says 'no,' you are the only one who pushes us to take risks" (*Bangalore Days*, 2:37:27), he acknowledges, recognizing her role in his transformation.

Their bond is a testament to the power of self-acceptance. Sarah learns to see herself beyond her physical condition, realizing that her life is not defined by what she cannot do but by the choices she makes. Meanwhile, Arjun slowly lets go of his fear of attachment and loss, understanding that true connections are not about possession or dependency but about mutual support and growth. Together, they heal not by escaping their struggles but by facing them head-on, with courage and encouragement. Their evolving relationship, rooted in understanding and shared experiences, mirrors the therapeutic community's emphasis on communal healing—where individuals help one another navigate personal challenges.

Sarah's mother also plays a crucial role in her journey toward mental wellness. Unlike many who might view a child's disability as a burden, she embraces Sarah's condition with unwavering support and determination. She actively challenges societal stereotypes, refusing to let her daughter settle for anything less than the best. Her approach underscores the significance of familial support in overcoming adversity. "Most parents would find it a burden if they had a childlike Sarah. But I'm not like that. I have always chosen the best in everything for Sarah. Nothing less will suit my daughter" (*Bangalore Days*, 1:57:30), she asserts, reinforcing the idea that love and acceptance within the family can make all the difference in one's mental and emotional well-being.

Das and Divya: Emotional distance and healing

Das, played by Fahad Faasil, is a striking example of how unresolved trauma can create emotional walls, making it difficult to connect with others and preventing self-healing. He is a man burdened by his past, carrying wounds that he refuses to confront. Instead of seeking help or opening up, he chooses emotional isolation, which deeply affects his relationship with his wife,

Divya. She finds herself trapped in a marriage where she feels undervalued and unseen, longing for the warmth and companionship that Das, in his emotional

detachment, struggles to provide. His inability to express his emotions not only distances him from Divya but also from himself.

However, Das's journey toward healing begins when he stops running from his past and finally acknowledges the pain he has been carrying. Avoidance had only deepened his suffering, but acceptance marks the first step toward change. It is through Divya's patience and support that he slowly allows himself to heal. As he begins to open up emotionally, his lost passion is rekindled, giving him a renewed sense of purpose. This shift in him is not just about reconnecting with his interests but also about reconnecting with himself. As he lets go of his emotional barriers, his relationship with Divya strengthens, illustrating that true healing comes from self-acceptance and confronting one's past rather than suppressing it.

Divya, played by Nazriya Nazim, has her own emotional struggles, stemming from unfulfilled dreams and a marriage that does not align with the life she had envisioned. She is a bright and ambitious young woman who, like many, had aspirations beyond the traditional roles assigned to her. However, societal expectations force her into an arranged marriage, which leaves her feeling disconnected and dissatisfied. She struggles with the pressure to conform to her role as a dutiful wife, even as her heart longs for something more fulfilling. Her emotional distress is not just about Das's indifference, it is also about the internal conflict of wanting to be true to herself while meeting the expectations placed upon her.

Divya's journey toward mental wellness begins when she finds the courage to voice her emotions. Open communication with Das becomes a turning point, allowing her to express her frustrations rather than silently enduring them. But her healing is not just dependent on her marriage; it is also deeply tied to the unwavering support of her cousins, Arjun and Kuttan. Their presence in her life reminds her of who she truly is, beyond the labels of "wife" or "daughter-in-law." They encourage her to reclaim her sense of self, reinforcing that she does not have to lose her identity to fit into societal molds. Through her evolving journey, *Bangalore Days* highlights the power of self-expression, emotional support, and the need to break free from restrictive norms that often suppress individual happiness.

The reconciliation between Divya and Das is not instant, nor is it magical. It is a slow and genuine process that unfolds through honest conversations, mutual

understanding, and the willingness to grow. Their relationship is not healed by grand gestures but by the small yet significant steps they take toward each other. Their story underscores the importance of emotional vulnerability and the role of a strong support system in personal healing. The presence of family and friends who genuinely care makes all the difference, embodying the therapeutic community's belief that healing is not a solitary process but one nurtured through meaningful relationships.

Through the journeys of Das and Divya, *Bangalore Days* beautifully captures the struggles of emotional isolation, societal expectations, and the transformative power of love, communication, and support. Their story reminds us that healing does not come from avoiding pain but from facing it,with the right people by our side.

Kuttan: Seeking belonging and self-acceptance

Kuttan, one of the central characters in *Bangalore Days*, longs for the comfort and familiarity of his home village, struggling to find his place in the bustling city of Bangalore. While others around him embrace change and adventure, Kuttan feels like a misfit, lost in the fast-paced, urban chaos that clashes with his deep-rooted desire for stability. His attachment to his hometown is not just about nostalgia; it represents his longing for emotional security and a sense of belonging. The simple life he left behind offers him comfort, something he desperately craves in a world that feels too overwhelming and unpredictable.

This emotional struggle is compounded by his constant need to please others, often at the cost of his own happiness. Kuttan has grown up in a family where everyone; his parents, relatives, and even society has opinions about what he should do, yet he rarely gets to voice his own. "In Kuttettan's life, everyone, his father and mother included, has opinions, except for Kuttettan himself" (*Bangalore Days*, 01:04:33). This line perfectly encapsulates his inner turmoil. He is so used to conforming to others' expectations that he barely acknowledges his own desires, leading to self-doubt and an internalized belief that his choices are never truly his own.

As Kuttan navigates his place in the world, he grapples with questions about identity, personal happiness, and family expectations. He often wonders if he should embrace the modern, independent lifestyle that Bangalore demands or stay true to the traditions and values that define him. This inner conflict takes a toll on his mental well-

being, making him feel out of place no matter where he is. Homesickness adds another layer to his struggles, reinforcing the idea that happiness and security lie in the past rather than in the present. However, his journey toward self-acceptance gradually teaches him otherwise.

Over time, Kuttan begins to understand that being true to himself does not mean rejecting change; rather, it means finding a balance between where he comes from and where he is now. He learns that his love for his village and the simple life it represents does not have to contradict his ability to adapt and grow in a new environment. Instead of feeling pressured to fit into the mold of what others expect, he starts defining happiness on his own terms. His transformation is subtle yet profound; he stops trying to please everyone and starts embracing his own choices, even if they do not align with societal norms.

A crucial part of his healing comes from the unwavering support of his cousins and friends. Arjun and Divya, in particular, remind him that he is not alone in his struggles. Their presence, encouragement, and shared experiences help him realize that growth does not mean losing oneself but rather evolving while holding on to what truly matters. Through their bond, *Bangalore Days* beautifully illustrates the therapeutic community's emphasis on collective engagement, where personal growth is nurtured through strong, supportive relationships.

Kuttan's story highlights the significant impact of internalized pressures, homesickness, and self-doubt on mental health. Yet, it also serves as a reminder that healing is possible through self-awareness, emotional support, and the willingness to embrace change while staying connected to one's roots. His journey reassures us that true belonging is not about a place rather it is about feeling at home within oneself.

Conclusion

Bangalore Days gives us a heartfelt look at how Indian society often deals with emotional struggles and mental health mostly by avoiding the conversation altogether. In a culture where these issues are rarely acknowledged, the film takes a quiet but powerful approach. It doesn't spell things out or put labels on its characters' struggles. Instead, it lets us see their emotional battles through their actions, relationships, and personal

journeys. This reflects the reality of many people's lives, where struggles with mental health exist but are rarely talked about.

Silence and emotional distance are often considered normal, making it hard for people to open up about what they're going through. Many feel pressured to hide their pain instead of admitting they need help. But *Bangalore Days* gently reminds us that healing doesn't happen in isolation—it happens through the love and support of those around us. As one of the characters says, "You can go wherever you want, just take us along with you. You don't have a choice in that" (*Bangalore Days*, 50:03:17). This simple line captures the heart of the movie; no one should have to face their struggles alone.The film draws a strong contrast between isolation and connection. Some characters try to deal with their pain alone, pushing people away, while others slowly begin to heal by letting others in. The movie doesn't offer easy solutions or dramatic turnarounds. Instead, it shows that real healing takes time and happens in small moments through shared laughter, honest conversations, and simply knowing that someone is there for you.

In the end, *Bangalore Days* reflects a society that is slowly changing. Conversations about mental health, which were once brushed aside, are starting to happen. The film encourages self-acceptance, emotional resilience, and the courage to step away from rigid expectations. More importantly, it highlights the power of community, the way friends and family can help us find balance, face our fears, and move forward. Without preaching or forcing a message, the movie beautifully shows that healing is a shared journey, not something anyone has to do alone.

References

Aneez, K. (2015, September 7). *Therapeutic community* [PowerPoint slides]. SlideShare.

Anjali Menon. (Director). (2014). *Bangalore Days* [Film]. Anwar Rasheed Entertainment & Weekend Blockbusters.

Aslam, A., & Balakrishnan, K. (2022). Female gaze in Anjali Menon's movies *Bangalore Days* and *Koode*: An analysis. *International Journal of Science and Research, 11*(5), 1813–1816. https://www.ijsr.net/archive/v11i5/SR22525205145.pdf

Das, S., & Babu, G. N. (2017). Psychiatry and cinema: What can we learn from the magical screen? *Indian Journal of Psychological Medicine, 39*(5), 661–663. https://doi.org/10.4103/0253-7176.217008

De Leon, G., & Unterrainer, H. F. (2020). The therapeutic community: A unique social psychological approach to the treatment of addictions and related disorders. *Frontiers in Psychiatry, 11*, 786. https://doi.org/10.3389/fpsyt.2020.00786

Gautam, S., Jain, A., Chaudhary, J., Gautam, M., Gaur, M., & Grover, S. (2024). Concept of mental health and mental well-being, its determinants and coping strategies. *Indian Journal of Psychiatry, 66*(Suppl 2), S231–S244. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_707_23

Haslam, C., Cruwys, T., Haslam, S. A., Dingle, G. A., & Chang, M. X.-L. (2021). The social route to mental health: A systematic review and synthesis of social group interventions across the lifespan. *Social Science & Medicine, 280*, 114982. https://doi.org/10.1016/j.socscimed.2021.114982

Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Soneson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). The social determinants of mental health and disorder: Evidence, prevention and recommendations. *World Psychiatry, 23*(1), 58–90. https://doi.org/10.1002/wps.21160

Menon, K. V., & Ranjith, G. (2009). Malayalam cinema and mental health. *International Review of Psychiatry, 21*(3), 218–223. https://doi.org/10.1080/09540260902748043

Ponnachan, J. (2023, June 28). Revisiting the timeless appeal of *Bangalore Days*. *Film Companion*.

Post-War Trauma and Identity Fragmentation in "*The Golden Notebook*"

Gauri Asopa & Shreya
PG students, Sharda University, Greater Noida
asopagauri@gmail.com; shreya30319@gmail.com

Abstract

In Doris Lessing's novel, *The Golden Notebook*, it is clear how the fragmented and traumatic lives experienced by her main character, Anna Wulf, reflect upon and relate to broader post-war disaffections politically and the resultant personal despair in which such figures find themselves. Through the novel's innovative notebook structure, Lessing highlights Anna's endeavors to make ends meet among those aspects of her life: memories, relationships, and war experiences. This paper explores how the fragmented narrative reflects Anna's psychological disintegration and the lasting effects of war on consciousness. The research explores how the breakdown of Anna's self is symptomatic of the broader psychological consequences of war by focusing on the interplay between personal identity and societal trauma. The paper further explores how *The Golden Notebook* critiques the emotional scars left by war, illustrating how the protagonist's journey mirrors the complexities of post-war recovery. Ultimately, this research establishes the profound link between personal identity collapse and the trauma of war, making for a better understanding of how the novel reflects psychological distress.

Keywords: Fragmentation, Trauma, Identity, Psychological Impact, Societal Disillusionment

Introduction

Doris Lessing's *The Golden Notebook* (1962) is a point of interest work of postmodern literature, recognized for its innovative story structure and profound investigation of the psychological effects of war. The novel centers on Anna Wulf, an author who battles with a fragmented identity as she endeavours to reassemble the different components of her life following World War II. Through Anna's mental disintegration and her battles with reintegration into post-war life, Lessing studies the trauma that shapes the post-war mind. The novel's structure, consisting of four notebooks—black, ruddy, yellow, and blue—mirrors Anna's fragmented sense of self and serves as a story device to express the disjointed nature of her psyche.

Each notebook serves as a space for Anna to stand up to different perspectives of her existence. Political activism, personal connections, artistic endeavours, and internal reflections. The fragmented account and Anna's struggle for self-coherence symbolize broader post-war disillusionment and the injury of war. Through Anna's disintegration, *The Golden Notebook* investigates the collapse of both personal and societal identity, gender roles, and emotional alienation, drawing associations between individual trauma and the societal destruction that followed the war. This paper argues that *The Golden Notebook* presents fragmentation as an unavoidable consequence of post-war trauma, exploring the dissolution of Anna's identity as a reflection of broader societal collapse. Using psychoanalytic theory, it will further discuss how Lessing critiques the struggles individuals face when trying to reintegrate into a world that no longer makes sense. In particular, the analysis will focus on how gender roles shape Anna's personal and professional lives, contributing to her sense of fragmentation.

Fragmentation of identity in *The Golden Notebook*

The concept of identity fragmentation is central to *The Golden Notebook*. Anna Wulf's look for a coherent self is obstructed by her emotional disintegration, stemming basically from the trauma of war and her failure to fully handle the psychological wounds it caused. Anna's journey to understand her possess identity is marked by her attempts to reconcile numerous, conflicting versions of herself, spoken to in the novel's four notebooks. The black notebook chronicles Anna's political activism and involvement with the Communist Party. This notebook reflects her early commitment to political causes but also growing disillusionment. In the beginning, Anna's political ideology gives her a sense of purpose and coherence in a fractured world. As the narrative progresses, however, it becomes evident that she is becoming disillusioned:

> "I once believed in the revolution. I believed that everything would change. Now, it's hard to believe in anything. Politics used to give me a reason to exist, but now it feels empty, like everything else" (Lessing, 1962, p. 162).

These lines demonstrate the collapse of Anna's ideological identity. The black notebook symbolizes the collapse of her political beliefs, which had once provided structure to her fragmented identity. Lessing critiques the disillusionment that

followed the failure of ideological movements to deliver on their promises, especially in the aftermath of war.

The red notebook, in contrast, focuses on Anna's emotional and sexual life. Here, she writes about her relationship with Michael, a writer, and the alienation she experiences in romantic relationships. Despite a deep physical attraction, Anna feels emotionally detached and struggles with intimacy:

> "Michael and I can have sex, but there is always something between us, something that cannot be bridged. He touches me, but I am not there with him. I love him, but there's a distance, an emotional desert between us that I cannot cross" (Lessing, 1962, p.205).

These reflections reflect the emotional alienation that characterizes Anna's relationships with men. She cannot emotionally connect and this makes her inability to cohere as a self of one piece very much of an issue. Detachment is her mode, underscoring the emotional fragmentation and the trauma war and societal pressure have left upon her.

The yellow notebook provides a space for Anna's writing. She attempts to craft stories and narratives that would offer clarity, but instead, the notebook reveals a chaotic and fractured process of creation:

> "Writing is an attempt to organize the chaos of my life, but there's no coherence, only fragments. I am trying to piece together something that keeps falling apart. I try to form a whole, but I only find more fragments" (Lessing, 1962, p.308).

Here, Anna's writing is a form of personal expression and an attempt to impose order on the disarray of her internal world. The yellow notebook symbolizes both Anna's desire for coherence and her failure to achieve it. Her writing, like her life, remains disjointed and fragmented, unable to reconstruct a cohesive identity. This failure emphasizes the psychological disintegration caused by the trauma of war and the difficulty of recovering from it.

Finally, the blue notebook is the space where Anna reflects on her inner self, where she examines her thoughts and emotions. Even this attempt at introspection is fragmented and unfulfilling:

> "I cannot make sense of my thoughts. They fragment and fly apart. I try to grasp them, but they evade me. I want to understand myself, but I am a shattered mirror. How can I find unity in pieces?" (Lessing, 1962, p.415).

The broken parts of the blue notebook reflect Anna's inner turmoil and her failure to integrate her life. This lack of narrative coherence of the inner life stands as a broad thematic statement throughout the novel in the form of fragmentation and disintegration, within Anna's mind and outwardly in her world.

Post-war trauma and societal disillusionment

The fragmentation of Anna's identity is not just a personal crisis but also a reflection of the broader societal disillusionment that followed World War II. The psychological trauma that Anna experiences parallels the collective trauma confronted by a society struggling to modify itself after the devastation of war. Anna's emotional alienation, political separation, and inability to accommodate her past with her present mirror the challenges confronted by many people in post-war society. In *The Golden Notebook*, the war's impacts on Anna are inescapable, forming her view of the world and her connections. The trauma she endured is not confined to specific memories of battle or loss but pervades her entire existence:

> "The war is always present in my mind, though it feels distant as if it happened to someone else, someone I never knew. The past is like a shadow I cannot outrun. It clings to me, even when I try to move forward" (Lessing, 1962, p.147).

These reflect the dissociation that often follows trauma, as Anna is unable to fully grasp the extent of her wartime experiences. She feels disconnected from her memories, which is symptomatic of the fragmentation caused by trauma.

Lessing thus uses this severance to criticize the bigger social challenge that is reconciling past atrocities and present lives. It is, therefore, a collective crisis besides

being a personal crisis for Anna regarding her being unable to readjust to the "normal" life. Anna's political disengagement further illustrates the collapse of ideological certainty in the post-war world. She becomes increasingly disillusioned with the Communist Party, whose promises of a better, more just world now seem hollow:

> "I no longer believe in revolution. The world promised by socialism is no more real than the world we fought against. The revolution was supposed to bring change, but all it brought was more of the same. Nothing ever really changes" (Lessing, 1962, p. 223).

These reflections suggest that the political promises of the pre-war and wartime years, whether socialist or communist, were shattered in the face of the harsh realities of the post-war world. The cynicism that begins to mark Anna's soul is a general expression of a widespread disillusion at the time; people needed meaning and direction in the wake of a ravaged war.

The fragmentation of identity through political ideologies

The political engagement, which is primarily reflected in the black notebook, where Anna documents her experiences in the Communist Party, exacerbates the fragmentation of Anna's identity. This engagement starts as an attempt to find meaning and purpose in the face of war and post-war disillusionment. At the start, Anna accepts the power of revolution and political action to make a stronger world. However, as the novel advances, she becomes progressively disillusioned with the Communist Party's ideals and initiatives, driving a profound internal conflict. Within the black notebook, Anna's developing disillusionment with politics reflects the collapse of ideological certainty in the post-war world. The failure of communism to offer a coherent and moral framework to deal with the complexities of human experience mirrors the failure of other ideologies to heal the personal and collective wounds left by the war.

This political disillusionment remains one of the main causes behind Anna's fragmentation and psychological break: it increases alienation and ensures that she continues to fail at finding coherence within her life. "I once believed in the revolution. I once believed in all it promised—freedom, equality, just society. But now it's all a lie, nothing but an empty shell" (Lessing,1962, p. 174). The promise of

revolution, which initially seemed to offer hope, has crumbled, leaving her with an overwhelming sense of emptiness. Anna's alienation from the political system she once supported powerfully illustrates the broader disillusionment experienced by many individuals in the aftermath of war. This loss of faith in political ideologies, like the disintegration of personal identity, reveals the larger collapse of meaning in a world scarred by conflict and trauma.

Mental illness and trauma: Individual and collective fragmentation

In expansion to the political disillusionment Anna faces, *The Golden Notebook* addresses the trauma of war and its repercussions, counting the psychological toll of post-war recovery. Anna's falling apart mental state reflects the broader mental deterioration that influenced many people in the wake of the war. Her psychological fragmentation isn't restricted to the misfortune of faith in political ideologies but also includes her emotional alienation, her trouble in shaping relationships, and her battle with writing. All through the novel, Anna is tormented by depressive scenes and sentiments of detachment from both herself and others. Her mental ailment is symbolic of the injury experienced by individuals in a world that has been shattered by war.

The yellow notebook, where Anna endeavours to work through her encounters as a writer, reflects her struggle to reconcile her personality with the world around her. Writing, which aims to be an outlet for healing, gets to be however another manifestation of fragmentation. "I can't grasp them anymore. It's like there's a divider between me and the world. I can't find my place in it" (Lessing, 1962, p.263). The failure to write, to express her inner world, symbolizes Anna's deeper sense of separation and fragmentation. Her battles with mental illness emphasize the psychological cost of war and the difficulty of recuperating from trauma. This theme of psychological disintegration highlights the novel's broader evaluation of the inability of post-war society to address the emotional and psychological needs of individuals.

Mental illness and injury are therefore not only personal encounters but moreover very much a part of collective struggles in society. The psychological disintegration of Anna is a mirror of the social crumbling that the war causes. Fair as

Anna cannot integrate the different parts of her identity, society as an entire cannot reconcile the atrocities of war with the need to on and modify.

Creativity and the quest for coherence

The second key theme in *The Golden Notebook* is creativity as a process of reconstructing a coherent self. For Anna, writing is a desperate attempt at reassembling her shattered identity and a way to articulate the disarray within her. The yellow notebook, which contains Anna's accounts of writing, is an example of how the urge to create coherence is set against the awareness of its unattainability. Writing becomes an act of both self-expression and self-exploration, but Anna's creative process is far from straightforward. Instead of creating a cohesive narrative, Anna's writing handles the divided nature of her life.

The fragmented shape of the novel, composed of separate notebooks, reflects the failure to make a bound-together story out of a disconnected and painful reality. It's the only way she can engage and sometimes change the situation: Writing has been her approach, but she focuses more on how little imagination and creativity can work to alter things once trauma strikes. "I thought writing might help, but it only brings me face to face with the broken pieces of my life. Each sentence I write takes me further from any kind of clarity" (Lessing, 1962, p.305). This explains the paradox of writing in the novel: whereas it is an attempt to create a sense of a fractured world, it only develops the sense of fragmentation. Creativity, in this sense, isn't an instrument for mending but a handle that uncovers the impossibility of achieving coherence in a chaotic and divided world. Lessing uses the writing process to emphasize the difficulty of standing up to trauma and how the exceptional act of attempting to make sense of one's encounters can reinforce a sense of fragmentation.

Creativity/writing process: Healing/reinforcing fragmentation?

The theme of creativity is at the core of *The Golden Notebook*, and Anna Wulf's process of writing can be read as a form of self-healing but also a deeper insertion of the fragmented nature of her identity. Writing becomes a space in which Anna tries to reconcile the disparate parts within her—the political activist, the lover, the writer—it ultimately ends up aggravating the fragmentation rather than healing it. In the yellow notebook, which Anna dedicates to her creative work, she writes

about her experiences as a writer and the struggles she faces in completing her novel. Writing provides Anna with a means of controlling the chaos of her thoughts and providing structure to her disordered life.

However, even her creative endeavours remain fragmented, and she continually questions the efficacy of her writing. This reflects a wider theme concerning the impossibility of constructing any form of coherence to the self within a world that is increasingly described as post-traumatic:

> "I sit before my typewriter and try to make sense out of the chaos inside my head. There isn't any here; no tale, no path that makes for some sort of continuity. Everything I write appears an echo of disorder in my soul" (Lessing, 1962, p.317).

These sentiments underscore the fundamental difficulty that Anna faces in trying to use creativity as a means of redemption. Writing, rather than serving as a cathartic or therapeutic process, becomes yet another site of fragmentation.

Lessing uses Anna's writing process to reflect on the complexities of creativity in a world where meaning seems elusive and identity is fractured. The process of writing, much like the process of self-healing, is an imperfect, nonlinear struggle that doesn't offer easy resolutions. Paradoxically, Anna's writing, too, exemplifies a desire to transcend fragmentation and a deeper entrenchment in it. The structure of the novel itself, with its nested layers and shifting perspectives, echoes Anna's creative struggles.

Existential themes: The exploration for meaning and authenticity

Another vital aspect of *The Golden Notebook* is its engagement with existential questions concerning the exploration of meaning and authenticity in a divided world. Anna's battle to create a sense of her life after the war isn't a matter of psychological or emotional fragmentation; it is additionally an existential hunt for meaning in a world that appears devoid of clear reason.

Post-war existentialism, especially the work of thinkers such as Jean-Paul Sartre and Albert Camus, is an important context for understanding the novel's broader themes. For Anna, the war has exposed the futility of ideological movements,

the disappointment of traditional morality, and the collapse of any sense of a grand, unifying narrative. In this respect, the novel can be interpreted as a response to the existential crisis triggered by the war—an attempt to understand how people live through a world without the traditional structures of meaning. In one passage, Anna reflects on her existential disillusionment:

> "What is the point of it all? The revolution? The men I have loved? The stories I've written? It's as if the world is a series of fragmented moments with no ultimate connection between them. I find myself asking: is it sufficient to essentially live, to exist without any bigger purpose?" (Lessing, 1962, p.143).

This passage highlights Anna's profound existential crisis, as she contemplates the meaninglessness of her activities and connections within the setting of a world that has been irreversibly changed by the trauma of war. For Anna, authenticity gets to be synonymous with standing up to the impossibility of finding meaning in a fragmented world.

This existential theme adjusts with the broader sense of fragmentation within the novel, as people grapple with the failure to discover coherence or purpose in a broken post-war society. The novel's portrayal of Anna's quest for meaning is especially compelling since it stands up to simple resolutions. Unlike traditional stories that guarantee possible understanding or catharsis, *The Golden Notebook* reflects the existential idea that the exploration for meaning is ongoing and, at times, inescapably futile.

Gender and the fragmentation of identity

While *The Golden Notebook* investigates the widespread topic of psychological fragmentation, it moreover highlights the particular challenges confronted by women in a patriarchal society. Anna's character is moulded not only by her war encounters but also by the societal expectations set on her as a woman. The novel evaluates the constraints that gender parts put on women's self-expression and emotional lives. Anna's connections with men are often stamped by dissatisfaction and emotional distance.

Despite her desire for intimacy, she finds herself incapable of fulfilling traditional gender parts as lover or partner. This failure to comply with societal desires of womanhood contributes to her sense of fragmentation: "I cannot be everything to him, which is what he demands. He needs me to be his salvation. Perhaps I was never implied to be a woman in the traditional sense, but how else can I be?" (Lessing, 1962, p.189**).** Anna's emotional alienation is intensified by the parts she feels compelled to play. The social weight to be a "perfect" woman—loving, supporting, and supportive—clashes with her sense of self. Lessing's critique of the gendered limitations placed on women highlights the trouble of shaping a coherent personality when constrained into limiting and frequently contradictory roles.

Conclusion

Doris Lessing's *The Golden Notebook* is a profound reflection on the fragmentation of identity and the psychological consequences of war. Through Anna's battles to piece together her divided self, Lessing evaluates not only the trauma experienced by individuals in the aftermath of war but also the broader societal frustration that characterized the post-war period. The novel's divided structure reflects Anna's emotional and psychological disintegration, whereas its exploration of gendered personality highlights women's challenges in a patriarchal world. Eventually, *The Golden Notebook* gives an insightful critique of individual and societal fragmentation, making the point that recovery from the trauma of war isn't completely conceivable. That character is built both from within and without.

References

Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history*. Johns Hopkins University Press. https://www.press.jhu.edu/books/title/930/unclaimed-experience

Cohn, D. (2003). *Fiction and identity: Exploring the fragmented self in modern literature.* New York University Press. https://nyupress.org/]

Lessing, D. (1962). *The golden notebook*. Harper & Row.

Felman, S., & Laub, D. (1992). *Testimony: Crises of witnessing in literature, psychoanalysis, and history.* Routledge. https://www.routledge.com/

Testimony-Crises-of-Witnessing-in-Literature-Psychoanalysis-and-History/Felman-Laub/p/book/9780415902442

Gilman, S. L. (2002). *Trauma and identity: The post-war condition*. University Press. https://www.cambridge.org/])

Hacking, I. (2004). *The social construction of what?* Harvard University Press. https://www.hup.harvard.edu/catalog.php?isbn=9780674016566

Hecht, M. (1987*). The trauma of war: Psychological effects on post-war identity.* Journal of Post-War Literature, 5(2), 34-48. (https://www.jstor.org/stable/30235530)

Hirsch, M. (1997). Family frames: Photography, narrative, and post memory. Harvard University Press. https://www.hup.harvard.edu/catalog.php?isbn=9780674931233

Miller, D. (2001). *Fragmentation and post-war literature: An overview*. Psychology of War and Society, 45, 143-167. https://www.jstor.org/stable/30236144)

Ricoeur, P. (2004). Memory, history, forgetting. University of Chicago Press. https://press.uchicago.edu/ucp/books/book/chicago/M/bo3647595.html

Young, L. (2008). *The texture of trauma: Exploring the effects of trauma on the narrative structure in post-war literature*. Trauma, Culture, and Society, 12(2), 56-74. https://www.jstor.org/stable/4132345

Balancing Autonomy and Sanctity of Life: Ethical and Legal Debates on Euthanasia

C. S. Prabha

Asst. Professor, The Cochin College, Kochi- 2

prabhachaliyath@gmail.com

Abstract

Euthanasia, derived from the Greek terms *eu* (good) and *thanatos* (death), is the act of intentionally ending a person's life to alleviate suffering, often in the context of terminal illness. The practice remains a subject of intense ethical and legal debate due to its implications for human dignity, autonomy, and the sanctity of life. Euthanasia is classified into three types: voluntary, non-voluntary, and involuntary. Voluntary euthanasia occurs when a competent individual requests death, while non-voluntary involves patients unable to consent, such as those in a persistent vegetative state. Involuntary euthanasia, widely considered unethical and illegal, involves ending life without consent. The central ethical dilemma in euthanasia lies in balancing two competing principles: autonomy, which emphasizes an individual's right to choose regarding their own body and life, and the sanctity of life, which asserts the inherent value and inviolability of human life. This conflict has profound implications for medical practice, law, and bioethics, particularly as advancements in medical technology extend life expectancy and improve palliative care options. Historically, euthanasia was practiced in ancient Greece and Rome under specific circumstances, but its acceptance diminished with the rise of religious doctrines such as Christianity, Islam, and Hinduism, which emphasize the sanctity of life. This paper explores these ethical, legal, and cultural dimensions, aiming to provide a balanced approach to euthanasia that respects both individual autonomy and the sanctity of life, while considering the responsibilities of healthcare professionals and protecting vulnerable populations.

Keywords: Euthanasia, Autonomy, Sanctity of Life, Voluntary and Non-Voluntary Euthanasia, Ethical and Legal Debate

Introduction

Euthanasia, derived from the Greek words eu (good) and thanatos (death), refers to the act of intentionally ending a person's life to relieve pain and suffering. It remains one of the most contentious topics in contemporary bioethics due to its moral,

legal, and societal implications. Euthanasia is broadly classified into three types: voluntary, non-voluntary, and involuntary. Voluntary euthanasia occurs when a competent individual makes an informed and deliberate request to end their life. Non-voluntary euthanasia involves cases where the individual is unable to provide consent, such as patients in a persistent vegetative state or those with severe cognitive impairments. Involuntary euthanasia, widely regarded as unethical and illegal, occurs when life is ended without the individual's consent, often against their will.

The central ethical tension in the euthanasia debate arises from the clash between two fundamental principles: autonomy and the sanctity of life. Autonomy, a cornerstone of bioethics, emphasises the individual's right to make decisions concerning their body and life, particularly in contexts involving terminal illness or unbearable suffering. In contrast, the sanctity of life principle, deeply rooted in religious, moral, and cultural traditions, upholds the inviolability and intrinsic value of human existence. It asserts that life, irrespective of its quality or condition, deserves protection and preservation. This dichotomy presents profound ethical challenges, particularly in medical contexts where decisions about life and death are made. The debate surrounding euthanasia holds significance beyond individual cases, shaping broader discussions on human rights, medical ethics, and public policy.

Advancements in medicine, which have extended life expectancy and improved palliative care, have brought attention to the moral and legal boundaries of end-of-life decisions. The discourse raises important questions about the responsibilities of healthcare professionals, the need to protect vulnerable populations, and the risks of societal harm through the potential misuse or abuse of euthanasia practices. The ethical and legal dimensions of euthanasia involve a critical analysis of the principles of autonomy and the sanctity of life. These conflicting values present significant challenges in ensuring compassionate end-of-life care while safeguarding the dignity of human life. A balanced approach requires an exploration of philosophical foundations, legal precedents, and ethical considerations to develop frameworks that respect individual choice without compromising the intrinsic value of life. Such an approach contributes to the broader discourse on euthanasia, addressing the complexities of autonomy and the sanctity of life in contemporary bioethics.

Historical and ethical perspectives on Euthanasia

The practice of euthanasia, while heavily debated in modern times, has historical roots that trace back to antiquity. In ancient Greece and Rome, euthanasia was neither universally condemned nor accepted, but it was practised under specific circumstances. The Stoics, for instance, upheld the idea that a person could choose death if their quality of life was severely diminished by illness or incapacity, viewing it as a rational decision rather than an ethical transgression. Similarly, certain Roman practices included the use of substances to hasten death in cases of extreme suffering. However, the advent of Christianity and its moral doctrines introduced a significant shift in attitudes toward euthanasia. The Christian emphasis on the sanctity of life emerged as a fundamental moral principle, categorically opposing euthanasia. Rooted in the belief that life is a sacred gift from God, Christian theology regards the intentional ending of life as a violation of divine will. This perspective, strongly reflected in the writings of early Church fathers such as Augustine and Aquinas, dominated Western thought for centuries. Similarly, Islamic teachings uphold the sanctity of life, asserting that only God has the authority to end human life. Islamic jurisprudence considers euthanasia to be contrary to the principles of Sharia, which emphasises the duty to preserve life. In Hinduism, the sanctity of life is underscored by the concept of ahimsa (non-violence) and the belief in the karmic cycle of birth, death, and rebirth. While suffering may be seen as part of one's spiritual journey, actively ending life is generally viewed as an act that disrupts this natural cycle.

The debate over euthanasia can be understood through the lens of two opposing principles: autonomy and the sanctity of life. Autonomy, derived from the Greek autos (self) and nomos (law), underscores the importance of personal freedom and self-determination. John Stuart Mill, in his seminal work *On Liberty*, argued that individuals should have sovereignty over their own bodies and minds, provided their actions do not harm others. This concept has become a cornerstone of modern bioethics, supporting the notion that competent individuals should have the right to make decisions about their lives, including the choice to end them under conditions of unbearable suffering. Immanuel Kant's philosophy of autonomy adds another dimension to this principle. Kant viewed autonomy as a moral imperative, rooted in the capacity of rational beings to legislate their own moral laws. However, Kant's

framework is more restrictive in the context of euthanasia. While he advocated for respect for human dignity, his categorical imperative—the principle that one must act in a way that could become a universal law—complicates the justification for euthanasia. From a Kantian perspective, the intentional termination of life may conflict with the duty to preserve one's existence and the inherent value of human life. On the other hand, the sanctity of life principle, deeply embedded in religious and cultural traditions, posits that human life has intrinsic value irrespective of its quality or condition. This principle, which often forms the ethical foundation for opposition to euthanasia, contends that life must be preserved and protected. It asserts that decisions to end life should not be based on subjective assessments of suffering or utility, as such judgements risk devaluing the universal worth of human existence.

Evolving societal attitudes towards euthanasia and assisted suicide reflect a complex interplay between these philosophical and religious frameworks and broader cultural, medical, and legal developments. In the Enlightenment era, increased emphasis on individual rights and rationalism led to more nuanced discussions on personal choice in end-of-life scenarios. The 20th and 21st centuries, marked by advances in medicine and palliative care, have further shaped public and professional perceptions. Movements advocating for the legalisation of euthanasia and physician-assisted suicide gained momentum in the late 20th century, with landmark cases and legislative changes in countries such as the Netherlands, Belgium, and Canada. These developments reflect a gradual shift in societal attitudes, wherein the principle of autonomy is increasingly recognised in certain contexts, though not without controversy. While some societies have embraced legal frameworks permitting euthanasia, others remain deeply influenced by the sanctity of life doctrine, maintaining strict prohibitions. Cultural and religious diversity continues to shape these attitudes, highlighting the enduring tension between individual choice and moral absolutes. The historical and philosophical context of euthanasia underscores the complexity of this issue, as it grapples with fundamental questions about life, death, and the ethical obligations of individuals and societies.

Autonomy, informed consent and ethical boundaries in Euthanasia

The ethical considerations surrounding euthanasia are deeply rooted in competing principles of autonomy, the sanctity of life, and the responsibilities of

healthcare professionals. "Artificially terminating the life of a human is an unethical act even though there is any rational or motivation by the person requesting euthanasia" (Kim, 2023, p.2). By examining these dimensions through the lenses of autonomy and informed consent, the sanctity of life, the slippery slope argument, and the interplay between compassionate care and ethical boundaries, a clearer understanding of this complex debate emerges. The principle of autonomy is foundational in medical ethics, emphasising the right of individuals to make decisions about their own lives, including their healthcare choices.

Autonomy entails the recognition of a patient's capacity to determine their own course of action, free from coercion or undue influence. In the context of euthanasia, respecting patient autonomy requires acknowledging their right to choose a dignified end to their life, particularly in cases of terminal illness and intolerable suffering. Informed consent is critical in upholding autonomy in medical practice. It ensures that patients are provided with all necessary information regarding their diagnosis, prognosis, and treatment options, enabling them to make decisions based on a clear understanding of their circumstances. "Informed consent is a process in which a healthcare professional educates a patient about the risks, benefits, and alternatives of a given procedure or intervention" (Shah et al., 2022, p.7). Ethical end-of-life decisions depend on the integrity of the informed consent process, where the patient's capacity to comprehend and evaluate their choices is safeguarded. For instance, in jurisdictions such as the Netherlands, where euthanasia is legal, strict protocols mandate that patients provide explicit, voluntary, and well-informed consent before the procedure is undertaken. Ethical issues concerns arise when there is ambiguity regarding the patient's capacity to make such decisions, necessitating rigorous safeguards to prevent potential misuse.

The sanctity of life doctrine posits that human life possesses inherent value and must be preserved under all circumstances. This principle, deeply rooted in religious, cultural, and philosophical traditions, is a central argument against euthanasia. In Christian theology, for example, life is viewed as a divine gift, and its intentional termination is considered morally impermissible. This belief is echoed in Islamic teachings, which regard life as sacred and emphasise the duty to preserve it, with euthanasia deemed incompatible with Sharia principles. Hinduism also upholds the inviolability of life, viewing it as part of a karmic cycle where suffering may carry

106

spiritual significance. Philosophical arguments further reinforce the sanctity of life principle. The moral imperative to preserve life is often based on the idea that its value is independent of subjective assessments of quality or utility. This perspective challenges the notion that suffering justifies euthanasia, asserting instead that human dignity is preserved through the unconditional affirmation of life. Critics of euthanasia warn that normalising the practice risks undermining this principle, with potential societal consequences such as devaluing vulnerable populations, including the elderly and disabled.

One of the most contested ethical objections to euthanasia is the slippery slope argument, which posits that legalising euthanasia could lead to broader societal harm. This concern arises from fears that normalising euthanasia may lower ethical standards, resulting in abuse, coercion, or the expansion of eligibility criteria to include non-terminal conditions. The argument suggests that what begins as a compassionate response to suffering could gradually erode the moral and legal boundaries surrounding the practice. "The slippery slope argument has been the mainstay of many of those opposed to the legalisation of physician-assisted suicide and euthanasia" (Materstvedt, 2003, p.123).

Evidence from countries where euthanasia is legal offers insight into the validity of this concern. In Belgium and the Netherlands, for example, the initial legal frameworks limited euthanasia to cases of terminal illness and unbearable physical suffering. Over time, however, eligibility criteria have expanded to include psychological suffering and conditions such as dementia. While proponents argue that these developments reflect an evolving understanding of patient autonomy, critics contend that they exemplify the slippery slope in action, raising ethical questions about the potential for misuse. The slippery slope argument also highlights the risk of coercion, particularly for vulnerable individuals who may feel pressure to choose euthanasia due to financial constraints, societal expectations, or a perceived burden on their families. Safeguards such as mandatory psychological evaluations, independent reviews, and stringent consent protocols are essential in mitigating these risks. However, the effectiveness of these measures remains a subject of ongoing debate.

A central tension in the euthanasia debate lies in balancing the moral responsibility to alleviate suffering with the ethical duty to preserve life.

Compassionate care, which seeks to relieve the physical and emotional distress of patients, is often cited as a justification for euthanasia. Advocates argue that denying a suffering individual the option of a dignified death may itself constitute a failure of compassion, particularly in cases where palliative care proves insufficient. The ethical boundaries of compassionate care are complex. While relieving suffering is a fundamental goal of medicine, the intentional termination of life challenges traditional medical ethics, which are guided by principles such as primum non nocere (first, do no harm). Opponents of euthanasia argue that the practice contradicts the physician's role as a healer and undermines trust in the medical profession. Palliative care plays a significant role in the euthanasia debate, offering an alternative approach to managing end-of-life suffering. Advances in pain management, hospice care, and psychological support have transformed the landscape of terminal care, enabling many patients to experience a dignified death without resorting to euthanasia. Proponents of palliative care emphasise its potential to address the physical, emotional, and spiritual needs of patients, preserving their quality of life while respecting ethical boundaries. However, palliative care is not universally accessible, and disparities in healthcare systems often leave patients without adequate support. This reality underscores the importance of addressing systemic inequities alongside ethical debates, ensuring that patients are not driven to consider euthanasia out of necessity rather than genuine choice.

The ethical dimensions of euthanasia are marked by profound and often conflicting principles. The importance of respecting patient autonomy is balanced against the sanctity of life, while fears of a slippery slope underscore the need for stringent safeguards. Compassionate care remains a cornerstone of medical ethics, but its limitations highlight the ongoing challenges in addressing end-of-life suffering. By critically examining these dimensions, the euthanasia debate continues to shape discussions on human dignity, healthcare ethics, and the responsibilities of society. The legal dimensions of euthanasia reflect a diversity of approaches across nations, shaped by cultural, religious, and philosophical attitudes. By examining the comparative status of euthanasia laws, key case studies, and the distinct considerations surrounding physician-assisted suicide (PAS), a comprehensive understanding of the legal frameworks can be developed. Safeguards and policies also play a critical role in ensuring ethical compliance and preventing misuse.

Global Euthanasia laws: Legal frameworks and ethical debates

Euthanasia laws differ significantly across countries, reflecting varying societal values and ethical priorities. The Netherlands, Belgium, and Canada are prominent examples of nations where euthanasia has been legalised under specific conditions, whereas many other countries prohibit it outright. In the Netherlands, euthanasia has been decriminalised since 2002 under the Termination of Life on Request and Assisted Suicide Act. This law permits euthanasia and PAS, provided that strict criteria are met. Patients must make a voluntary and well-considered request, be experiencing unbearable suffering with no prospect of improvement, and have no reasonable alternative treatment options. Physicians must consult with at least one independent medical professional and document the process thoroughly. A regional review committee assesses the compliance of each case post-procedure. Belgium, which legalised euthanasia in 2002, follows a similar framework but extends eligibility to individuals suffering from non-terminal conditions, including mental illness. In 2014, Belgium became the first country to allow euthanasia for minors, provided they possess the capacity to make an informed decision and their suffering is deemed incurable. Canada legalised euthanasia in 2016 through the Medical Assistance in Dying (MAiD) Act, which permits both euthanasia and PAS for individuals with a grievous and irremediable medical condition. Amendments in 2021 broadened eligibility criteria to include patients with non-terminal illnesses, sparking renewed ethical debates. Conversely, countries such as the United Kingdom, Ireland, and India maintain stringent prohibitions against euthanasia. In the UK, assisting suicide is a criminal offence under the Suicide Act 1961, punishable by up to 14 years in prison. While public opinion has increasingly favoured reform, legislative efforts to decriminalise PAS have been repeatedly rejected.

Legal battles have significantly influenced the development of euthanasia and physician-assisted suicide (PAS) laws, establishing key precedents. In Canada, the *Carter v. Canada* (2015) case led to the Supreme Court ruling that prohibiting physician-assisted dying violated the Canadian Charter of Rights and Freedoms, resulting in the introduction of the MAiD Act. In the Netherlands, the *Chabot* case (1994) allowed euthanasia for patients with psychological suffering, influencing the inclusion of mental health in euthanasia laws. In the U.S., *Washington v. Glucksberg*

(1997) upheld the prohibition of PAS but recognised states' rights to regulate it, leading to PAS legalization in states like Oregon with the Death with Dignity Act (1997). Euthanasia involves a physician actively administering lethal medication, while PAS involves the patient self-administering medication provided by the physician. These differences lead to varying legal treatments. PAS is legal in countries like Switzerland, where it is decriminalised under specific conditions, but not explicitly legalised. Ethical dilemmas arise for healthcare professionals, particularly regarding the Hippocratic Oath, which traditionally stresses life preservation. Conscientious objection laws allow healthcare providers to refuse involvement, complicating the practice.

To prevent misuse, robust legal frameworks include safeguards like mandatory second opinions and psychological assessments to ensure decisions are informed. In Canada and Belgium, time-bound cooling-off periods allow patients to reflect before proceeding. Transparency through detailed documentation and oversight is also essential for accountability. Critics argue that legalising euthanasia may pressure vulnerable populations, including those with disabilities or limited access to healthcare. Safeguards aim to ensure requests are voluntary and free from coercion. The debate around euthanasia and PAS continues to evolve, highlighting the need for careful legal frameworks to ensure ethical integrity, protect vulnerable individuals, and balance cultural, religious, and societal concerns.

Ethical challenges and frameworks in Euthanasia and PAS

Healthcare professionals face significant psychological and moral burdens when involved in euthanasia and physician-assisted suicide (PAS). They often experience emotional distress, including feelings of guilt or moral injury, as they reconcile their duty to alleviate suffering with their commitment to preserving life. This dual responsibility can be especially challenging when their participation in euthanasia contradicts personal or professional beliefs. To address these issues, specialized training, ethical guidelines, and institutional support are essential to help healthcare workers navigate such complex decisions.

Vulnerable populations, such as the elderly, people with disabilities, and economically disadvantaged individuals, are at greater risk of coercion or undue

influence when considering euthanasia. Factors like economic pressure or limited healthcare access may drive individuals to view euthanasia as a way to ease the burden on others. To ensure ethical decision-making, rigorous safeguards like mandatory second opinions, voluntary assessments, and transparent documentation must be implemented. Additionally, investments in palliative and mental health care can provide alternatives, addressing the root causes of suffering and offering more compassionate care.

Cultural and religious diversity adds further complexity to euthanasia laws. Different religious traditions, such as Christianity and Islam, may view euthanasia as morally unacceptable, while secular perspectives may prioritize autonomy and alleviating suffering. Policymakers must create inclusive ethical and legal frameworks that respect various cultural and religious values, ensuring that healthcare professionals are sensitized to patients' beliefs and that laws reflect diverse perspectives.An ethical framework for euthanasia should balance autonomy and the sanctity of life, ensuring that safeguards are in place to protect vulnerable individuals. This framework should emphasize shared decision-making, independent evaluations, and transparent practices. Additionally, strengthening palliative care services can reduce the demand for euthanasia by addressing physical, emotional, and psychological suffering, offering a more compassionate alternative to end-of-life decisions.

Conclusion

The debates surrounding euthanasia remain at the intersection of deeply held ethical, philosophical, and legal principles. Central to the discourse is the tension between individual autonomy, which upholds the right of individuals to make decisions about their own lives, and the sanctity of life, which insists on the intrinsic value and inviolability of human existence. This tension has shaped both historical and contemporary perspectives on euthanasia, with the increasing demand for end-of-life choices prompting an examination of the moral, legal, and healthcare dimensions involved. A balanced approach is necessary to respect personal autonomy while safeguarding the sanctity of life. Ethical frameworks that integrate safeguards—such as mandatory psychological assessments, second opinions, and transparency in decision-making—are essential to ensuring that euthanasia is only sought by those

who are fully informed, mentally competent, and free from external pressures. The role of palliative care must also be emphasised, as it provides a compassionate alternative to euthanasia by alleviating suffering without hastening death. The legal and ethical complexities of euthanasia highlight the need for continued interdisciplinary research that bridges medical, legal, and ethical disciplines. Such research is vital for the development of robust policies and frameworks that protect vulnerable populations, promote autonomy, and uphold the dignity of life. As societies continue to grapple with the moral implications of euthanasia, it is crucial that future policymaking incorporates diverse perspectives, ensuring that end-of-life decisions are made with due consideration for the ethical, cultural, and social contexts in which they arise. Further research and dialogue are necessary to refine these frameworks and address the challenges posed by euthanasia in an evolving medical landscape. The ongoing engagement with the ethical, legal, and healthcare dimensions of euthanasia is essential for shaping policies that balance respect for individual choice with a commitment to preserving life. A comprehensive, ethically sound approach to euthanasia is imperative, one that ensures that end-of-life decisions are made with compassion, careful consideration, and a deep respect for both personal autonomy and the inherent value of human life.

References

BBC. (n.d.). *Euthanasia: Anti-euthanasia arguments*. BBC Ethics Guide. Retrieved January 31, 2025, from https://www.bbc.co.uk/ethics/ euthanasia/against/ against_1.shtml

Foster, C. (2009). *Choosing life, choosing death: The tyranny of autonomy in medical ethics and law*. Hart Publishing.

Groenewoud, J. H., van der Heide, A., Onwuteaka-Philipsen, B. D., Willems, D. L., van der Maas, P. J., & van der Wal, G. (2000). Clinical problems with the performance of euthanasia and physician-assisted suicide in the Netherlands. *New England Journal of Medicine, 342*(8), 551–556. https://doi.org/ 10.1056/NEJM200002243420805

Kim, S. H. (2023). Ethical issue of physician-assisted suicide and euthanasia. *Journal of Korean Medical Science, 38*(1), e1. https://doi.org/10.3346/jkms.2023.38.e1

Materstvedt, L. J., & Bosshard, G. (2009). Deep and continuous palliative sedation (terminal sedation): Clinical-ethical and philosophical aspects. *The Lancet Oncology, 10*(6), 622–627. https://doi.org/10.1016/S1470-2045(09)70165-0

Shah, P., Thornton, I., Turrin, D., & Hipskind, J. E. (2022). Informed consent. In . StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK430827/

Ottayan: A Narrative of Trauma, Disability, and Social Responsibility

Ms. Emil George

Asst. Professor, Naipunnya Institute of Management and Information Technology, Pongam

emilgeorgepalatty@gmail.com

Abstract

P. Paul Varghese's Malayalam short film *Ottayan* presents a poignant narrative of trauma, disability, and social responsibility, portraying the psychological and economic struggles of a family grappling with adversity. This study examines the film through trauma studies, disability studies, and social responsibility theories. Drawing on Cathy Caruth's trauma theory and Judith Herman's model of trauma and recovery, the research explores how the protagonist, Rahul, internalises psychological distress, leading to self-isolation and suicidal thoughts. Lennard J. Davis' concept of the 'normate' and Rosemarie Garland-Thomson's notion of the 'staring gaze' provide insight into societal perceptions of disability, while Martha Nussbaum's capabilities approach contextualises the economic hardships that exacerbate familial tensions. The study also incorporates sustainability and economic justice theories to examine the intersection of financial instability and emotional well-being. Through an analysis of *Ottayan*'s dialogues, visual metaphors, and narrative structure, this paper argues that the film critiques societal attitudes toward disability and economic disparity while highlighting the importance of collective empathy and support systems. The findings underscore the necessity of fostering inclusive narratives in regional cinema to drive conversations on mental health, disability rights, and sustainable social responsibility.

Keywords: Trauma studies, disability studies, social responsibility, Malayalam short films, mental health

Introduction

Short films have the power to capture human experiences in their rawest form, shedding light on issues often overlooked by mainstream narratives. *Ottayan,* a Malayalam short film, intricately weaves together themes of trauma, disability, and socioeconomic struggles, offering a compelling case for scholarly exploration. The film follows the life of Rahul, a once-aspiring young man now bedridden after a devastating bike accident, his mother who is burdened with financial and emotional responsibilities and his younger brother Kannan, who grapples with his own frustrations. Through its

poignant narrative, *Ottayan* highlights the psychological toll of trauma, the marginalisation of disabled individuals, and the ethical responsibilities of society toward vulnerable populations.

To analyse *Ottayan,* this study employs an interdisciplinary approach rooted in trauma studies, disability studies, and theories of social responsibility. Trauma studies, particularly Cathy Caruth's trauma theory and Judith Herman's model of trauma and recovery, provide insights into Rahul's psychological state and the long-term effects of unresolved trauma. Caruth posits that trauma is not just an event but a recurring psychological wound that disrupts an individual's sense of self. Similarly, Herman's framework, which outlines stages of trauma recovery - establishing safety, remembrance, and reconnection - becomes crucial in understanding Rahul's journey through despair and eventual hope. His fragmented sense of reality, triggered by past memories and verbal wounds inflicted by his own family, is a testament to the cyclical nature of trauma.

Disability studies further enrich the discussion by shedding light on how society constructs and perceives disability. Lennard J. Davis' concept of the "normate" examines how Rahul, due to his physical limitations, is excluded from societal participation, reinforcing the idea that disability is a social construct rather than merely a medical condition. Tobin Siebers' *Disability Aesthetics* provides a lens to understand how the film visually represents Rahul's isolation - his restricted movement, confined perspectives, and symbolic framing all contribute to the narrative of marginalisation. By presenting disability not as an individual defect but as a societal issue, *Ottayan* challenges the audience to reconsider notions of ability, dependence, and dignity.

The film's exploration of financial hardship and familial tensions invites an analysis through the lens of social responsibility and economic justice. Martha Nussbaum's capabilities approach highlights the limitations imposed on Rahul and his family due to economic constraints, questioning the extent to which society provides support for the disadvantaged. Furthermore, Paulo Freire's *Pedagogy of the Oppressed* becomes relevant in understanding how economic disparities perpetuate cycles of helplessness, as seen in Kannan's resentment and the mother's desperation. Additionally, theories of slow violence by Rob Nixon contextualise the long-term, unseen suffering caused by economic instability, showing how the burden of caregiving and poverty erodes individual agency over time.

By applying these literary theories, this study seeks to establish *Ottayan* as more than just a regional short film - it is a deeply layered narrative that brings critical social issues to the forefront. Through textual analysis of dialogues, visual metaphors, and narrative structures, this research will highlight the film's relevance in contemporary discourse on trauma, disability, and societal ethics. The study ultimately argues that *Ottayan* is not only a reflection of lived experiences but also a call for collective awareness and responsibility in shaping a more inclusive and empathetic society.

Materials and methods

This study employs a qualitative research methodology to analyse *Ottayan* through the lenses of trauma studies, disability studies, and social responsibility. The primary focus is on textual and visual analysis, using film dialogues, cinematography, and character interactions as key data points. The research relies on established literary theories to interpret the psychological, social, and ethical dimensions of the film.

The primary material for this study is the Malayalam short film *Ottayan*, which presents a deeply emotional narrative revolving around trauma, disability, and financial struggles. The study also references relevant scholarly works in trauma studies, including Cathy Caruth's *Unclaimed Experience* and Judith Herman's *Trauma and Recovery*, to examine the protagonist's psychological distress. Disability studies frameworks, particularly Lennard J. Davis' *Enforcing Normalcy* and Tobin Siebers' *Disability Theory,* guide the analysis of Rahul's marginalisation and self-perception. Additionally, economic and ethical perspectives are drawn from Martha Nussbaum's capabilities approach and Paulo Freire's *Pedagogy of the Oppressed* to contextualise the family's financial struggles and social responsibilities.

This study follows a two-stage methodological approach. First, as part of the thematic analysis, the film is examined for recurring themes related to trauma, disability, and social marginalisation. Key dialogues, visual elements, and character interactions are identified and categorised. Special attention is given to how Rahul's disability is portrayed, how trauma affects familial relationships, and how financial struggles shape character decisions. Next, at a theoretical application level, trauma studies theories are applied to analyse Rahul's psychological state, focusing on his response to loss, isolation, and emotional distress. Disability studies provide insight into how the film constructs

disability, both as a personal experience and as a societal issue. Social responsibility theories examine the ethical dilemmas faced by the characters, especially regarding economic hardship and caregiving. By employing this interdisciplinary approach, the study aims to offer a nuanced understanding of *Ottayan*, illustrating its relevance to contemporary discussions on trauma, disability, and social justice.

Results and discussion

The short film *Ottayan* offers a compelling narrative that resonates deeply with themes of trauma, disability, sustainability, and social responsibility. Through a close reading of the film's dialogues, visual metaphors, and character interactions, this section explores how the film engages with these theoretical perspectives, emphasising the broader social implications of the protagonist's struggles.

Trauma studies and the psychological toll of suffering

Trauma studies offer a lens to examine the psychological wounds that *Ottayan* explores. The film depicts intergenerational trauma, where economic hardship and disability contribute to cycles of emotional distress. The mother, who bears the burden of both financial instability and caregiving, exhibits signs of caregiver burnout, an often-overlooked form of trauma. Her emotional breakdown, expressed through her outburst about poisoning her children, "Once I'll poison you guys and put an end to all this" (13:29) is not an actual desire but a manifestation of accumulated stress and helplessness. Cathy Caruth's theory of trauma suggests that individuals who experience extreme distress may express their suffering through fragmented or involuntary recollections (Caruth, 1996). This is evident in Rahul's internal replaying of conversations, where phrases of dismissal and frustration repeat in his mind. The recollection of the lines "You think of playing with the ball now" (17:06), "But you can't even get up right?" (17:10), "Even if she gets the money, she'll run to the hospital taking you" (17:14), "After my marriage, it's only you who's left" (17:19), and "Once I'll poison you guys and put an end to all this" (17:23) amplifies his suicidal thoughts.

The film also underscores the societal perception of disability as a source of shame or burden. When Nichu innocently remarks, "But you can't even get up, right?" (6:38), it reflects how disability is often seen through a lens of incapacity rather than resilience. Judith Herman's *Trauma and Recovery* (1992) discusses how trauma survivors often

117

internalise societal judgments, leading to self-imposed isolation. Rahul's withdrawal from the outside world, his refusal to eat, and his reluctance to communicate with his family all align with the psychological patterns of trauma victims. His moment of crisis, holding a knife while remembering his mother's words, represents the culmination of these internalised wounds.
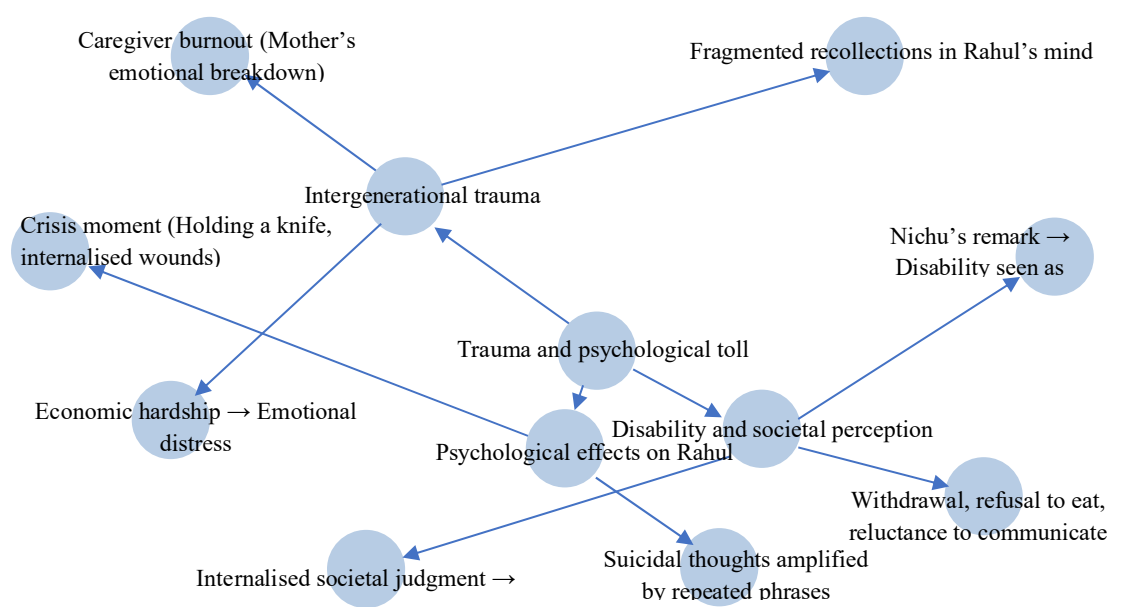
Concept Map 1: Trauma and Psychological Suffering in *Ottayan*

Disability studies: from victimhood to agency

Disability studies challenge the traditional medical model of disability, which frames impairments as personal tragedies. Instead, scholars like Lennard J. Davis argue that disability is a socially constructed phenomenon, where the real barriers stem from societal exclusion rather than physical limitations (Davis, 2013). *Ottayan* presents a nuanced depiction of disability, not merely as an individual struggle but as a condition influenced by external attitudes and economic constraints.

Rahul's situation reflects a dual struggle: his physical condition and the loss of his social identity. Before the accident, he was active, independent, and hopeful. Afterward, he is treated primarily as a dependent figure, with his needs often overshadowed by financial concerns. His younger brother, Kannan, views him as a passive recipient of care rather than an individual with aspirations. This dynamic aligns with Rosemarie Garland-

Thomson's concept of the "staring gaze" (2009), which highlights how society often views disabled individuals with either pity or curiosity, stripping them of agency. However, Rahul's request for *The Alchemist* signifies his latent desire for self-determination. When Nichu asks "Which book is that?" (6:25), Rahul says "It's the book of a shepherd, who never fails in life." (6:27) By engaging with a narrative about perseverance, he symbolically rejects the idea that his life is over, positioning himself toward a path of self-renewal.

Sustainability and economic struggles

Economic sustainability is a critical theme in *Ottayan.* The family's financial instability exacerbates their emotional suffering, highlighting the intersection of poverty and mental health. The mother's desperate attempts to secure a loan illustrate how economic systems often fail vulnerable individuals. The aggressive creditor, Shankar says "There's no point in spending on him. I want my money returned tomorrow. Or else, you'll see my true nature. I am just reminding you myself. Him being alive, I don't think I will get that money." (11:44 -59). His words represent a larger issue within financial structures - where the urgency of repayment takes precedence over human well-being. Sustainable economic models emphasise the importance of financial inclusivity, where resources are allocated to support those in crisis rather than push them deeper into debt (Sen, 1999). In this context, *Ottayan* critiques a system that prioritises financial recovery over human dignity. The film suggests that economic sustainability should extend beyond environmental concerns to include social and financial stability, ensuring that individuals like Rahul's family are not left to fend for themselves.

Moreover, the film subtly critiques materialism through Kannan's addiction to his mobile phone. While his family struggles to afford necessities, he immerses himself in digital escapism, detached from reality. This contrast between real-life struggles and technological distractions echoes Guy Debord's *Society of the Spectacle (*1967), which argues that modern society prioritises superficial engagement over authentic human connections.

Social responsibility: The role of community support

One of the film's central messages is the importance of social responsibility in supporting vulnerable individuals. Rahul's suicidal contemplation is not merely the result

of his accident but a reflection of the neglect he experiences from those around him. His mother, overwhelmed by financial stress, unintentionally neglects his emotional needs. Kannan, wrapped up in his personal frustrations, fails to see his brother's suffering. When his mother says "Your brother was supposed to be taken to the hospital yesterday, I couldn't do that also" (3:13-15), his response is "Then, let the checkup go on. Even after spending this much, you haven't realised anything right?" (3:17-19) Even the creditor, Shankar, prioritises debt collection over human compassion.

The film suggests that mental health is not an isolated issue but a collective responsibility. Scholars like Emile Durkheim (1897) argue that suicide is often linked to social disconnection rather than personal weakness. Rahul's descent into despair could have been mitigated through stronger communal support. The brief yet significant moment where his mother kisses his forehead before leaving ultimately prevents his suicide, symbolising the power of even the smallest gestures of care.

The closing awareness message by Namitha Pramod reinforces this point, urging viewers to approach mental health with empathy rather than judgment. The film aligns with social responsibility theories, which emphasise that sustainable societies are built not only through economic and environmental policies but through emotional and psychological well-being.

Visual symbolism and narrative techniques

Beyond dialogues, *Ottayan* employs visual storytelling to enhance its thematic depth. The cluttered, dimly lit home reflects the entrapment felt by the characters. The contrast between the vibrant outside world, as seen through Rahul's window, and the confined interior space emphasises his isolation. These visual cues align with cinematic techniques used in realist filmmaking, where the environment serves as an extension of the character's psychological state (Bazin, 1967).

Additionally, the use of sound plays a crucial role in conveying tension. The abrupt horn of Kannan's friend's bike signifies escapism, highlighting Kannan's detachment from family responsibilities. The shattering of glass near Rahul's bed foreshadows his emotional breakdown, reinforcing how minor incidents accumulate into psychological distress.
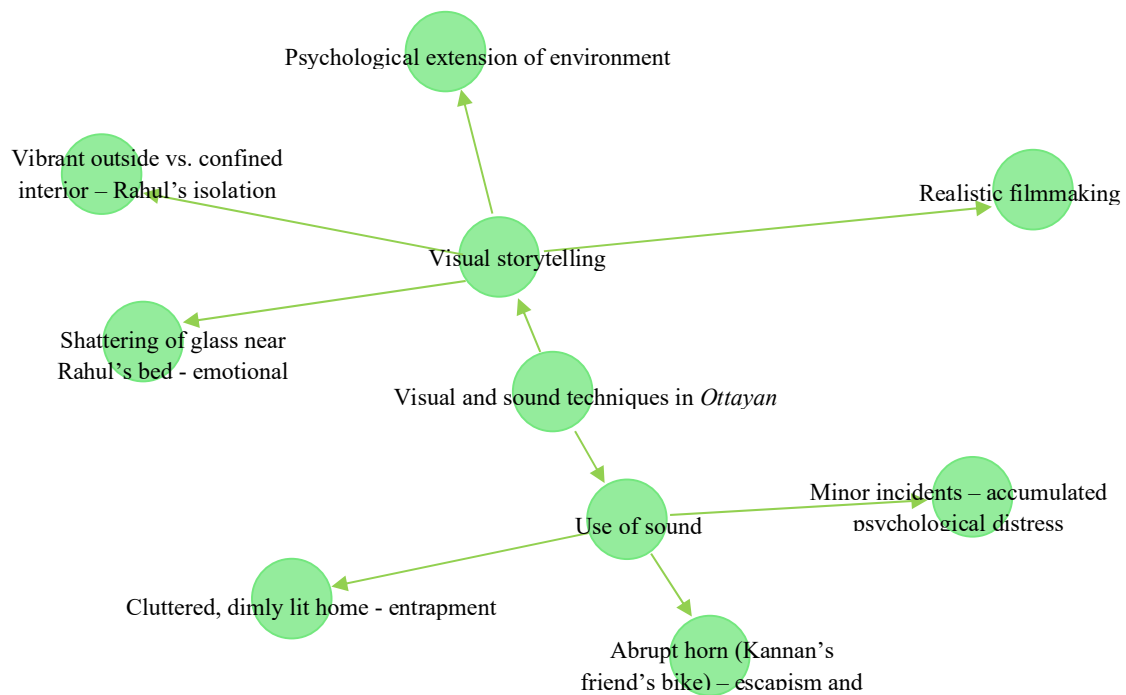
Concept Map 2: Visual and Sound Techniques in *Ottayan*

Conclusion

The findings suggest that *Ottayan* is more than a narrative about disability and poverty - it is an exploration of how trauma, economic instability, and social neglect contribute to psychological suffering. By applying trauma studies, disability studies, sustainability, and social responsibility theories, the film can be understood as a critique of systemic failures and a call for collective empathy. Its message is clear: words and actions have consequences, and even the smallest gestures of care can be life-saving. The film urges society to recognise the silent struggles of marginalised individuals and to foster a culture of emotional and financial support. Through its poignant storytelling, *Ottayan* compels viewers to reconsider their own roles in shaping a more compassionate and sustainable world. The responsibility to alleviate suffering is not solely an institutional burden but a moral duty shared by all.

References

Bazin, A. (1967). *What is cinema?* University of California Press.

Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history.* Johns Hopkins University Press.

Davis, L. J. (2013). *The disability studies reader* (4th ed.). Routledge.

Debord, G. (1967). *The society of the spectacle.* Zone Books.

Durkheim, É. (1897). *Suicide: A study in sociology.* Routledge.

Freire, P. (2018). *Pedagogy of the oppressed* (M. B. Ramos, Trans.; 50th Anniversary ed.). Bloomsbury Academic. (Original work published 1968)

Garland-Thomson, R. (2009). *Staring: How we look.* Oxford University Press.

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror.* Basic Books.

Nixon, R. (2011). *Slow violence and the environmentalism of the poor.* Harvard University Press.

Nussbaum, M. C. (2011). *Creating capabilities: The human development approach.* Harvard University Press.

Sen, A. (1999). *Development as freedom.* Oxford University Press.

Siebers, T. (2010). *Disability aesthetics.* University of Michigan Press.

Varghese, Paul. (2020). *Ottayan.* Arun Varghese Entertainment.

Between Remembering and Forgetting: An Exploration of Trauma, Identity and Memory in *Memento*

Ms. Gigy Johnson

Asst. Professor, Naipunnya Institute of Management and Information Technology, Pongam

gigy@naipunnya.ac.in

Abstract

This paper titled "Between Remembering and Forgetting: An Exploration of Trauma, Identity and Memory in *Memento*" analyses the psychological complexities of trauma and its effects on memory and identity. The film centers on Leonard Shelby, who suffers from anterograde amnesia after experiencing a traumatic event, which disrupts his ability to form new memories and distorts his understanding of the past. Using trauma theory as a framework, the study examines how Leonard's memory loss due to the trauma he experienced leads to a fragmented sense of self and a distorted understanding of reality. This paper explores how trauma severely impacts Leonard's identity, driving his actions and decisions, while also highlighting the role of memory in his quest for justice. Through the nonlinear narrative structure of the film, the paper investigates how Nolan challenges conventional storytelling to depict the disorienting effects of trauma on the mind. His emotional and psychological state is further complicated by his inability to distinguish between truth and self-deception, which ultimately deepens the cycle of trauma. The paper delves into how the theories of scholars such as Cathy Caruth and Judith Herman helps interpret Leonard's psychological state and his quest to reconcile with the past. By analyzing *Memento* through the lens of trauma theory this paper underscores the role of trauma in distorting not only memory but also one's sense of reality and self, offering insights into the psychological impact of unresolved trauma on identity.

Keywords: Trauma, identity, memory, nonlinear narratives, self

Introduction

Identity refers to our sense of self, which includes our memories, experiences, relationships, societal obligations, etc., whereas trauma can be defined as difficult or disturbing situations that may impact an individual's emotional and mental health. Trauma often leads to severe fragmentation or distortion of a person's sense of self, making it difficult for them to understand who they truly are. It profoundly impacts how an individual views himself. It can also affect his/her sense of purpose in society and the

world. Ultimately, trauma results in someone feeling disoriented, confused and perplexed. The term 'trauma' was originally used to describe physical injuries or wounds. But it is now mostly recognized in its psychological connotation, as a distressing experience triggered by emotional pain and shock.

Accidents, war, natural disasters, death of a family member or friend, abuse, rape or violence, etc. are some of the reasons for trauma. This can lead to a range of emotions, both immediately after the event and in the long-term. People may feel overwhelmed, helpless, or shocked and may have difficulty processing their experiences. Trauma can also cause physical symptoms. Therefore, individuals who have gone through such experiences often have panic attacks, fear, and sleeping disorders and nightmares. The reason behind this is that traumatized individuals are always "haunted or possessed by the past and performatively caught up in the compulsive recognition of traumatic scenes-scenes in which the past returns and the future is blocked or fatalistically caught up in a melonic feedback loop" (LaCapra, 2001, p.21). All these factors led to the emergence of trauma theory as a significant field of study.

Cathy Caruth, a pioneering figure in the field of trauma studies, in her book *Unclaimed Experience,* explains her concept of trauma: "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". Trauma theory is an interdisciplinary approach that examines how trauma is portrayed in literature, movies and other media, focusing on how societies and individuals cope with the repercussions from traumatic events. One of the main objectives of trauma studies is to understand the psychological impact of trauma on identity, memory and narrative by emphasizing on the fragmented nature of experience and the challenge of expressing trauma in a cohesive manner. Lenore Terr (1990) clarifies when and why trauma happens: "psychic trauma occurs when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind" (8).

The psychological journey in *Memento* to reconstruct reality

Christopher Nolan is a British-American filmmaker known for his non-linear storytelling and psychologically complex characters. His films often push the boundaries of conventional narrative structures, which often challenges the audience's perception of

reality. Most of Nolan's works explore universal themes such as identity, memory and reality through his emotionally disturbed characters. In Christopher Nolan's films, trauma is a recurring theme. His characters frequently struggle with the psychological aftermath of traumatic events, leading to distorted perceptions of reality and self. Films like *Memento*, *Inception*, *The Dark Knight Trilogy* and *Interstellar* are just a few of the films that examine how trauma can fracture memory as well as identity. Nolan frequently employs intricate and non-linear narrative frameworks to reflect the disorienting effects of trauma on both society and the human psyche. Nolan's characters often face internal conflicts where trauma challenges their understanding of who they are and their place in the world. Nolan's exploration of trauma emphasizes how it shapes a character's decisions and sense of identity.

The movie *Memento* by Nolan is about a man who suffers from anterograde amnesia, which makes it impossible for him to store new memories in his brain. The only way he can remember things is through the tattoos on his body and handwritten notes. The movie has a paranoia-inducing undertone, almost forcing the viewer to wonder if they can trust their own brain since our perception of reality can be easily distorted by others' actions. In *Backwards: Memory and Fabula Construction in Memento by Christopher Nolan*, Stefano Ghislotti argues that:

> Memento is a film about memory and oblivion…. It tells the story of a ten minute guy, who would be unable, as Sammy Jankins was, to comprehend an entire film. Memento is a film about time passed by, and about remembering. The viewer is invited to use his cognitive and memorial skills to comprehend what the main character is unable to comprehend. If Leonard lacks the possibility of seeing the situation of his current life in its totality, the viewer can take this wide range look. And what the viewer can understand is the center of our interest (Nolan, 2000).

The film begins with Guy Pearce as Leonard Shelby murdering Teddy (played by Joe Pantoliano). Leonard has anterograde amnesia, which is a loss of the ability to create new memories after the event that caused the amnesia, leading to a partial or complete inability to recall the recent past, while long-term memories from before the event remain intact. Leonard was hit over the head during an attack which resulted in his wife being raped and murdered. Since the attack, Leonard has set out to exact revenge on the man

who has done this to him. He helps himself by writing notes, taking photographs and even tattooing himself with important notes and facts. These are substitutes for his failing memory. The audience also joins Leonard on his quest for the unknown attacker. Leonard, who is emotionally traumatized by his loss and psychologically weakened by his diminishing memory, has to sort out intricate clues of Polaroid pictures and tattoos on his body. He must also distinguish friends from foes as he struggles to accomplish his new purpose of life.

Fragmented memory and trauma: Nonlinear narrative in *Memento*

In many films that explore the theme of trauma, filmmakers frequently employ the fragmented storytelling technique using non-linear storytelling, flashbacks/flashforwards, reverse chronology, parallel timelines etc., in order to make the audience understand the fractured mental state of the trauma survivor. Classical narrative structure that follows a linear pattern might not effectively capture the profound impact of trauma on the human psyche. According to scholars such as Judith Herman and Cathy Caruth, trauma affects an individual's ability to process his/her past experiences, leading to fragmented memories and distorted perceptions of reality. This sense of uncertainty and disorientation is produced by nonlinear narrative structures that jump back and forth between past and present. The use of flashbacks, fragmented timelines and nonlinear storytelling effectively communicates the disorienting effects of trauma on the mind and how it distorts both past and present. Filmmakers use these approaches to make the audience experience trauma in a visceral, subjective way, echoing the protagonist's psychological state.

Christopher Nolan's *Memento* (2000) is a prime example of a film that utilizes a nonlinear structure to reflect on the psychological and emotional disorientation of the protagonist. Leonard is not able to form new memories as a direct result of a traumatic incident that happened in his life —the murder of his wife, and his quest for revenge becomes a way for him to make sense of his fragmented past. Nolan constructs the film's narrative in reverse, with scenes unfolding in the opposite direction from the film's conclusion to its beginning, mirroring Leonard's disjointed memory. The film's nonlinear structure serves as a cinematic representation of how trauma affects a person's memory, trapping the affected individual in his past.

The movie challenges established narrative standards of traditional storytelling conventions by adopting a unique and innovative narrative structure that simulates the protagonist's fragmented memory. The plot is split into two streams running in opposite temporal directions. Chronological scenes are shown in black and white; colour scenes are in reverse chronological order. In short, the middle of the story is the climax; two time slots are intertwined at the end of the film, and these two parallel stories colliding in the climax reveals the characters' full motivations and intentions. The dual narrative structure of the film not only captivates the audience but also takes them to a fragmented and disoriented world which makes them experience the same level of confusion and disarray Leonard feels.

However, when the two separate narrative sequences meet during the climax of the film it becomes clear to the audience that Leonard is not so innocent after all. The audience discovers that Leonard wilfully ignores fact when it suits him. He can erase his own past in an act of outrageous audacity and will. Teddy claims Leonard has confused parts of his own life and in fact his wife wasn't raped and murdered but it was Leonard who inadvertently murdered her. Teddy also accuses Leonard of deliberately creating an "unsolvable puzzle" to give himself purpose and that his search could go on indefinitely, he claims they had already killed the guy who committed the attack over a year ago – they did it together. Leonard in a conscious, deliberate decision burns all collected evidence and writes a new note to get a tattooed fact of Teddy's car licence plate, setting Teddy up as a new suspect, ultimately leading to his murder, shown at the beginning of the film. The films narrative initially sets up the audience to feel Leonard's confusion and to sympathise with him because they are also unaware of the preceding events and are trying to discover the truth too, however a much more bitter feeling towards Leonard is created for the audience at the end of the film once true style of Leonard's investigation is revealed. *Memento*'s plot moves creatively to put the audience in a position of interest; they too want to know who the attacker was, and then they want Leonard to get the justice he deserves. Then in a dramatic twist at the end the audience understands the investigation and the events leading up to Teddy's murder.

In *Memento*, backward plot is the first strategy. Backward plot, which is the reversed arrangement of time, is scarce in film history. The first shot of *Memento* is a trick shot that rewinds the film. Images of the Polaroid picture disappear as it is shaken, red blood goes up the wall, and a bullet goes back into a pistol. Such shots suggest that

this film's time goes backward. In the film, scenes are composed in about 10-minute units, just like Leonard's memory capacity, to show the viewer the information from the same time perspective as Leonard. The second strategy is frame narrative. If this strategy is used separately, the scenes are in line with the natural development of chronological order, as in the traditional narratives. These scenes faithfully carry out their duties of setting up the narrative by introducing the protagonist and by presenting the first goal of avenging his wife's death with clues such as tattoos, pictures, and handwritten notes. These strategies force the viewer to use their intellectual intervention to understand the plot. In other words, *Memento* has a structure that exquisitely inserts the backward plot at regular intervals in the framework of the traditional narratives.

Memory, identity and trauma

Cathy Caruth's (1996) foundational work on trauma theory reveals that trauma essentially defies conventional memory processes, manifesting as involuntary, fragmented flashbacks that are often challenging to integrate into a coherent personal narrative. According to Caruth, trauma arises from experiences that are intense or horrific, rendering them difficult to process or articulate immediately. This overwhelming nature of trauma creates a disjunction between the event itself and the individual's ability to fully grasp or narrate it. Caruth posits that traumatic experiences, because they defy easy comprehension and articulation, exist in a liminal space beyond immediate understanding. This leads to gaps in memory that present themselves not as seamless narratives but as disjointed, fragmented recollections that disrupt the continuity of an individual's life story.

In *Memento*, Christopher Nolan skillfully combines the themes of memory, identity and trauma illustrating how traumatic experiences can profoundly affect a person's sense of self. Memory impairment of Leonard results in a fragmented sense of identity, where he is unable to integrate new experiences into his self-concept. The film explores how trauma disrupts both memory and identity, leaving Leonard in a perpetual state of confusion and emotional stagnation. The lingering effects of his past have created a fragmented self-image deeply intertwined with unresolved grief. His traumatic experiences are not merely events stored in memory; it created a complex relationship between his past and present. Leonard says, "Memory can change the shape of a room; it can change the colour of a car. And memories can be distorted. They're just an

interpretation, they're not a record, and they're irrelevant if you have the facts" (Nolan, 2000). He believed that memory is unreliable, that it can be changed or distorted. He had forged a strong link between the past and the present using notes, annotated polaroids and tattoos on his body. For him anything that was tattooed on his body or scribbled onto a polaroid picture was the truth, reminding him of the thing he is after, his goal, his life's mission.

Leonard has to rely on external aids to figure out what actually had happened to him- only means to construct his identity. He is unable to create a continuous narrative for himself, since he cannot link his new experiences to his past. Memory is integral to the formation of our identity, and when memory is fragmented, so too is the sense of self. Hence, he is on a continuous quest for revenge through which he believes he will get closure. There are different ways to express the resistance, as stated by Judith Herman in *Trauma and Recovery*, namely forgiveness, compensation or, quite fittingly, revenge (1992). Revenge is seen as a counterpart for the traumatic memory where victim and criminal change places, a way of giving closure to the torment. However, revenge does not actually work in that way, in fact, it is the other way around. Those individuals who effectively retaliate are the ones who eventually end up dramatically disturbed (Herman, 1992). Leonard's quest, therefore, is fruitless, for it will not help him out to get rid of the pain. Even though he states that his wife deserves to be avenged regardless of him remembering, it is revealed that revenge was not the answer, for he already killed the man who broke in his house and assaulted his wife (Cabral, 2013). Teddy tells him they did hunt that man down as Leonard looks at the picture Teddy took of him right after killing him. Guy Pearce's acting is key in this sequence, for he manages to convey a feeling of remembering. Moreover, Leonard has always been looking for the wrong person, for the murder of his wife was committed by himself. Teddy breaks the news to him that he has been lying to himself with the intention to refuse to accept what really happened:

> TEDDY: So, you lie to yourself to be happy. There is nothing wrong with that. We all do it. Who cares if there's a few little details that you'd rather not remember (Nolan, 2000).

When Lenny jots down Teddy's license number, he asks: "Do I lie to myself to be happy? In your case, Teddy… yes, I will" (Nolan, 2000). People often create their own "truth" and believe what they want to believe in order to cover the real truth for their own

contentment. Lenny's sole happiness is his wife so when Teddy told him that he already killed the real John G. who raped his wife, he still did not want to trust Teddy. This is because there was no evidence that would validate Teddy's statements since he merely relies on his tattoos and notes of his polaroid photos due to his condition. Unfortunately, the photo after killing the real John G. did not have any note on it. Having said that, Lenny lies to himself to coat his memories. He created his own investigation just to give himself a sense and purpose for his existence since he does not want to remember that it was he who killed his wife. This denial was evident when Lenny ignored his memory about him doing the injection of insulin to his wife's leg and replacing it with a visualization that it was just a pinch. Thus, Leonard lives in a state of perpetual instability, where his memory and identity are both deeply manipulated as an aftereffect of the trauma that has defined his life.

Conclusion

In conclusion, *Memento* offers an exploration on trauma's impact on memory and identity, and how a traumatic event can irreparably fracture one's sense of self. Leonard Shelby's struggle to navigate his fragmented reality, compounded by his inability to form new memories, serves as a stark portrayal of how trauma can distort both the past and present. Through the lens of trauma theory, a deeper understanding of Leonard's psychological state and the interplay between memory, identity, and the trauma that shapes them is analyzed. The nonlinear structure of the film not only reflects Leonard's disjointed memory but also immerses the audience in the disorienting effects of trauma. By following a non-chronological narrative that mirrors Leonard's fragmented psychological experience, Christopher Nolan challenges traditional storytelling techniques to convey the profound instability and confusion that trauma can impose. This examination highlights the complexity of trauma's effect on the human psyche, suggesting that healing or closure may be elusive when one is trapped in a continuous cycle of self-deception, memory distortion, and emotional stagnation.

References

Cabral, N. (2013, July 14). Do I lie to myself to be happy? Buddhist and Platonic themes in the film, Memento. Philosophy Is a Ten Letter Word. https://nedcabral. wordpress.com/2013/07/14/do-i-lie-to-myself-to-be-happy-buddhist-and-platonic-themes-in-the-film-memento/.

Caruth, C. (1996). *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press.

Daouda, C. (n.d.). *Figuring Trauma in Christopher Nolan's Memento*. Retrieved February 18, 2025, from https://revuebaobab.net/wp-content/uploads/2023/03/article-1.pdf.

Herman, J. L. (1992). *Trauma and recovery: Aftermath of Violence from Domestic Abuse to Political Terror*. Basicbooks.

Lacapra, D. (2001). *Writing history, writing trauma*. Johns Hopkins University Press.

López Antoñanzas, J. (2018). Healing without feeling time: Trauma in Christopher Nolan's Memento. In *Facultad De Letras Y De La Educación* [TRABAJO FIN DE ESTUDIOS]. https://core.ac.uk/download/464898898.pdf.

Nolan, C. (Director). (2000). *Memento* [Film]. Newmarket Films.

Robhestand. *Non-Traditional Narrative Structures: "Memento" and the Art of Puzzle Films*. (2024, June 12). A.I. In Screen Trade. https://aiinscreentrade.com/2024/06/12/non-traditional-narrative-structures-memento-and-the-art-of-puzzle-films/.

Terr, L. (1990). *Too scared to cry: Psychic trauma in childhood*. HarperCollins.

Sense and Sensibility of Mental Illness: Rereading and Redefining Charlotte Brontë's *Jane Eyre*

Jesleen Jose

Asst. Professor, Naipunnya Institute of Management and Information Technology, Pongam

jesleen@naipunnya.ac.in

Abstract

The institution of marriage has obliged women all across the world to compromise their mental health for ages. This paper substantiates the impact of changing societal perceptions on women's mental health over the ages through the novel Jane Eyre (1847) by Charlotte Brontë. The paper tries to redefine the concept of madness and mental health by analysing the way the character Bertha Mason, who is termed the "madwoman in the attic" in the novel, was reformulated over time. The paper also draws attention to the novel Wide Sargasso Sea (1966) by Jean Rhys, which is a prequel to Jane Eyre. The paper applies trauma studies to analyse how both narratives portray women's struggles with oppression and self-definition, highlighting the influence of shifting societal expectations on their identity, freedom, and choices. Furthermore, the paper critically examines how patriarchal systems historically dictated women's roles by limiting their independence, controlling their bodies, and silencing their voices, and how women's roles have evolved due to variations in perspectives on gender roles and mental health. By tracing these changes, the paper highlights both the progress made in dismantling patriarchal norms and the continuing struggles women face in their pursuit of identity and autonomy. In addition, it examines the misconceptions surrounding the mental health issues faced by married women in contemporary society and seeks to identify some measures that can assist them in leading a better life.

Keywords: Mental health, Domestic violence, Patriarchy, Identity, Gender stereotypes, Trauma

Introduction

A patriarchal society has always controlled the lives of women. They have determined the way a woman should speak, behave and live. *Jane Eyre* takes place in a typical patriarchal society where women had no say in their lives. When terms like depression are discussed, a common comment from previous generations is that they

haven't experienced or even heard of such terms and that these are all made up. It would be similar to claiming that diseases were fewer back then than they are now. They are unaware that many people with diseases perished without ever being diagnosed. Similarly, simply because people were unaware of depression at the period does not mean that society was mentally healthy. If we take the case of women, it is obvious that their mental health was compromised. It is applicable to some extent to today's society as well. The lockdown due to corona was an eye opener to society as it paved the platform for discussing mental health and terms like depression. Depression as a clinical term in psychology came into use only in the 1900s. It took years even after that for the term to be discussed in society.

The literature of each time period reflects the society of those times. The concept of normal and abnormal has varied with changing times, just as society's view of women has evolved. When novels like *Jane Eyre* and *Wide Sargasso Sea* were written, women had no choice but to obey others. They were not supposed to express their opinions or feelings and had to suppress them within themselves. Women who expressed their opinion or dissatisfaction were considered abnormal by society. Sandra Gilbert and Susan Gubar, in their most famous work, *The Madwoman in the Attic* (1979), argue that female characters in literature of their time are often forced into two roles. One is that of the "Angel in the House", which refers to the obedient, self-sacrificing woman like Jane Eyre, and the "Madwoman", which refers to the rebellious, passionate woman who resists societal expectations like Bertha Mason. This can be applied to the society of that time too. The title of *The Madwoman in the Attic* comes from Bertha Mason, the first wife of Mr. Rochester in *Jane Eyre*, who is locked away in the attic due to her supposed madness. We have to analyse the character Bertha Mason in the novel *Jane Eyre* as well as the character Antoinette Cosway in the novel *Wide Sargasso Sea* to understand the situation of married women during those times. We should also read between the lines to gain a clearer understanding of their lives and the challenges they faced in their marriage.

The changing conception of mental illness from the 19th to 20th century is also considered. The characterization of Bertha and Antoinette illustrates the responses to the cultural contexts from which the novels arose. It is also essential to understand that these novels were published in two very different times, in two different centuries. While the novels take place around the same time, in the 19th century, they were published in two separate times where the understanding of mental illnesses would not have been the same.

Rereading and redefining mental illness

Charlotte Brontë's work *Jane Eyre*, published in 1847 under the pen name Currer Bell, depicts a woman's inner life and her conflicts with societal expectations. Jane, as a victim of patriarchal culture and an orphan, develops into a strong, independent lady. She falls for her boss, Edward Rochester, while working as a nanny at Thornfield Hall. On the day of their wedding, she discovers that Rochester is already married to Bertha Mason, a mad lady being held captive in the mansion. When Jane returns from her escape, Thornfield has been completely destroyed by fire, Bertha is dead, and Rochester is blind. Despite their struggles, they discover happiness together and get married.

It is important to consider from whose perspective a story or incident is narrated. In Jane Eyre, the story of Bertha is narrated through her husband Rochester, who locks her up in a room in the mansion, declaring her mad. The readers, like Jane, only know that Bertha is mad but are ignorant of the reason for her so-called madness. Nothing is mentioned about Bertha's character, her past, or her married life. She is voiceless in the novel, and hence, to know about the real condition of Bertha, it is significant that we take a look into the novel *Wide Sargasso Sea* by Jean Rhys.

Wide Sargasso Sea was written by the Dominican-British author Jean Rhys in 1966. It functions as a postcolonial and feminist prequel to Charlotte Brontë's *Jane Eyre* (1847). Rhys reinterprets *Jane Eyre* and challenges the original novel's concepts of gender, racism, and power by portraying Bertha as a victim rather than a monster. The novel describes the background to Mr. Rochester's marriage from the point of view of his wife Antoinette Cosway, a Creole heiress. "What it was, whether beast or human being, one could not, at first sight tell" (Brontë, 1847, p.321). The "it" referred to here is Bertha Mason, Mr. Rochester's mad wife in the novel *Jane Eyre*. In *Wide Sargasso Sea* (1966), written by Jean Rhys, Bertha Mason is rewritten as Antoinette Cosway. She is given a background and her own story.

While Bertha is an antagonist in *Jane Eyre*, Antoinette is the protagonist in Jean Rhys's novel. The reader gets to see how Antoinette's mind deteriorates along with her marriage to Mr. Rochester. Both the characters of Bertha and Antoinette face trauma as well as identity issues which are concealed in *Jane Eyre* whereas hinted at in Wide *Sargasso Sea.* The first time the reader encounters Bertha in *Jane Eyre*, she is not actually

seen. Instead, she is the malicious laughter on the other side of Jane's closed door, lighting a fire in Mr. Rochester's bedroom. The description of Bertha is animalistic and represents the stereotypical "madwoman".

Bertha is written as the mystery in the story since it takes quite some time for the reader to learn about her character and her connections to Mr. Rochester. Initially, she is the antagonist that the reader cannot identify. She is both mysterious and dangerous, that much is clear, but her true identity remains hidden for so long. It is evident that Rochester is a manipulator from the fact that Rochester doesn't inform Jane about his previous marriage nor about Bertha. It is only on the day of their wedding, she discovers that Rochester is already married to Bertha Mason, whom he has locked in the attic declaring her mad. Therefore, Bertha is in some sense a minor character in the novel. Bertha is needed to highlight Jane's moral character and to illustrate the contrast between the good/sane woman and bad/insane woman. However, in *Wide Sargasso Sea*, Jean Rhys rewrites Bertha's character as the main character, Antoinette.

Antoinette Cosway is Rhys's version of Brontë's "madwoman in the attic". Antoinette's story spans from her troubled childhood in Jamaica, to her unhappy and miserable marriage to an English gentleman, Mr. Rochester, who renames her Bertha, declares her mad, takes her to England, and isolates her from the rest of the world in his mansion. *Wide Sargasso Sea* delves into the power of relationships between men and women and discusses the themes of race, Caribbean history, and assimilation as Antoinette is trapped in a white, patriarchal society in which she fully belongs neither to Europe nor to Jamaica.

The effects of childhood trauma

There are many reasons behind Antoinette's troubled childhood in Jamaica. Antoinette's widowed mother, Annette, must remarry to wealthy English gentleman Mr. Mason, who is hoping to exploit his new wife's situation. Angry at the returning prosperity of the planter class, emancipated slaves living in Coulibri burn down Annette's house, killing Antoinette's mentally disabled younger brother, Pierre. The grief of losing her son weakens Annette's sanity who already struggles with her mental health due to her miserable marriage. Mr. Mason sends her to live with a couple who torment her. In addition to the loss of her younger brother, Antoinette is alarmed at the abuse she

witnesses by the servants to her mother. Later she is traumatized to know about the pathetic death of her mother as a result of the abuse she had to face.

The trauma and anxiety that Antoinette might have gone through after getting married to a person who marries her just for her wealth and beauty and who isolates her from the rest of the world, declaring her mad, is unimaginable. He begins to call her Bertha rather than her real name and shows off an affair in front of her to cause her pain. Antoinette's already unstable mental and emotional state is thrown off balance by her growing paranoia and the disappointment of her failed marriage. The time period in which the novel was written lacked an understanding of terms like depression and mental health. When analysing the condition of Bertha, we can see that many women like her—those with unfaithful husbands, unhappy marriages, uprooted from their families, unloved, and lonely—show signs of what we now recognize as depression. It is possible for anyone to fall into depression after experiencing such miserable circumstances in their life. In such unhappy marriages, women are also at risk of emotional and physical abuse. The novel portrays Antoinette's lack of control over her own body and fate, which aligns with themes of reproductive oppression.

Bertha's as well as Antoinette's depression can be either categorized under PTSD (Post-Traumatic Stress Disorder) or either can be PPD (Postpartum Depression). The chance for PTSD is evident considering the trauma she had to go through in her childhood whereas there is also a great chance for PPD given the case that she might have had to go through forced sex or domestic rape and also there is a great risk for abortion considering the stress and anxiety she might be facing due to her miserable marriage. There is also a chance for forced abortion, taking the case of her brother's mental illness. Any woman without any hereditary mental issue will be thrown into insanity if she is forced to go through such miserable experiences. There are two ways in which a person can become insane. One reason is heredity; the other is because of environmental factors. Bertha Mason can be considered as a representative of married women whose mental health is compromised due to their unhappy marriages. Such works reflect on the helplessness of married women who have no control over their lives and fate. It shows us how horrible their fate can turn into.

Mr. Edward Rochester of Charlotte Brontë's *Jane Eyre* chooses *not* to institutionalize his wife, who has been deemed "mad" by "medical men" (Brontë, 1847,

p.332). Instead, he conceals Bertha Mason Rochester in a third story attic of Thornfield Hall to "shelter her degradation" of mental illness "with secrecy" (Brontë, 1847, p.333). Brontë writes only a handful of scenes in *Jane Eyre* relating directly to Bertha and her insanity, and most but not all of them are set at night. Furthermore, a number of the ways in which Bertha is "mad" can be directly associated with her restless, deviant behaviour at night. Brontë did not write Bertha as an insomniac character. But on looking deeply into it, we can also assume that Bertha might be having problems with sleeping. In a reading by *Karen Beth Strovas* of Bertha Mason in her article titled "No Rest for the Wicked: Immoral Implications of Insanity and Sleeplessness in *Jane Eyre*" (2016) she implies that Bertha might be suffering from insomnia. Maybe lack of treatment might have pushed her into insanity. Bertha's mental state deteriorating at night can also have suggestions to sexual frustration too.

When people experience unmet sexual desires or a lack of physical intimacy, it can manifest in various emotional and behavioural ways. In women, sexual frustration is often more complex than simple irritability or longing for sex. It involves emotional, psychological, and sometimes physical reactions, influenced by their individual personality, relationship dynamics, and social context. One of the most noticeable signs of sexual frustration is a shift in mood. Studies show that sexual frustration can create a physical tension in the body, which can lead to restlessness and even difficulty sleeping. Women who are not sexually satisfied or who have sexual frustration can have mood fluctuations. It is not just about the act of sex, but also the emotional connection, intimacy and bond created out of it. Healthy and intimate sex can lead to the release of a number of sex hormones like estrogen, progesterone etc. and also happy hormones like dopamine, oxytocin (love hormone) etc. that helps in the mental health of an individual.

Research continues to prove that sex hormones affect the entire brain. Depression, memory loss, and mood disorders result from decreasing estrogen levels. Therefore, lack of sex for a longer period could cause mood swings and even depression due to lesser production of such hormones. Also, given that sex helps an individual by releasing numerous hormones that help to maintain good sleep.Applying trauma studies to *Jane Eyre* will aid us to understand the core reasons behind the miserable state of Bertha. Psychological trauma, its representation in language, and the role of memory in shaping individual and cultural identities are the central concerns that define the field of trauma studies. Trauma studies explore the impact of trauma in literature and society by analysing

its psychological, rhetorical, and cultural significance. Scholarship analyses the complex psychological and social factors that influence the self's comprehension of a traumatic experience and how such an experience shapes and is shaped by language.

The Trauma theory

Trauma studies first developed in the 1990s and relied on Freudian theory to develop a model of trauma that imagines an extreme experience which challenges the limits of language and even ruptures meaning altogether. This model of trauma indicates that suffering is unpresentable. The formal innovations of texts that display insights into the ways that identity, the unconscious, and remembering are influenced by extreme events thus remain a significant focus of the field. The process of remembering inflicts the psychological pain but also ascribes value to a previously repressed experience in the unconscious. This traumatic remembering is termed "pathogenic reminiscences" for the pathologic symptoms the memory causes (Breuer & Freud, 1955, p.40). Trauma is thus defined in relation to the process of remembering. Traumatic neurosis is marked by the "compulsion to repeat" the memory of the painful event with the hopes of mastering the unpleasant feelings (Freud, 1920, p.19). The narrative of the event is crucial to recovery. According to Freud the self does not remember the actual event but only the "reproductions" of the traumatic experience that arise in dreams (Freud, 1920, p.19). The more we try to forget a traumatic experience, the more strongly it returns into our unconscious mind. And as long as we try to repress those memories, it will surface in some way or the other. One prominent way in which it returns is through our dreams.

Antoinette has a recurring nightmare about a stranger leading her through the woods and up a flight of stairs. She explains about a dream she had in her childhood: "I dreamed that I was walking in the forest. Not alone. Someone who hated me was with me, out of sight. I could hear heavy footsteps coming closer and though I struggled and screamed I could not move. I woke up crying. The covering sheet was on the floor and my mother was looking down at me" (Rhys, 1966, p.6). This dream she had in her childhood may be a foreshadowing technique used by the writer to give a hint about her married life in the future. Antoinette might have had anxieties about married life because of witnessing the miserable married life of her mother with her step-father and also might be scared that she would also have to suffer for her mother.

She had the second nightmare just before her marriage. "Again, I have left the house at Coulibri. It is still night and I am walking towards the forest. I am wearing a long dress and thin slippers, so I walk with difficulty, following the man who is with me and holding up the skirt of my dress. It is white and beautiful and I don't wish to get it soiled. I follow him, sick with fear but I make no effort to save myself; if anyone were to try to save me, I would refuse. This must happen. Now we have reached the forest. We are under the tall dark trees and there is no wind. Here? " He turns and looks at me, his face black with hatred, and when I see this, I begin to cry. He smiles slyly. Not here, not yet, " he says, and I follow him, weeping. Now I do not try to hold up my dress, it trails in the dirt, my beautiful dress" (Bronte, 1847, p.23) The colour of the dress in her dream is white which makes it obvious that she dreams of her wedding. It again portrays the fear and anxiety she has about married life. Both the dreams she had before her marriage are like premonitions about her future life.

The third dream happened in the last part, where Antoinette was in the attic in her husband's house. Antoinette was already diagnosed as mad and brought to her husband's country, England. "That was the third time I had my dream, and it ended. I know now that the flight of steps leads to this room where I lie watching the woman asleep with her head on her arms. In my dream I waited till she began to snore, then I got up, took the keys and left myself out with a candle in my hand…" (Bronte, 1847, p. 87) A person who has gone through any traumatic experiences will have regrets about not being able to avoid them. It is the intense regret they have that brings back the traumatic experiences in their unconscious mind. They may try to suppress their pain and regret, but these emotions often surface in their dreams. Antoinette's dreams reflect her anxiety and fear about married life. They also act as foreshadowing as a premonition in the novel.

"Wedding" and "marriage" are contrasting words, especially for those who have unhappy marriages. A wedding is usually full of joy, laughter, and beautiful moments, whereas marriage is often different. It can be frightening at times, and there is no certainty that it will be peaceful. For many, marriage can be a risk to their peace of mind and happiness, especially if they marry into a toxic relationship or family. Her wedding dress trailing in the dirt and getting dirty can be a suggestion that her married life may deteriorate. The person in her dream leads her to a forest that is so dark that she is unable to see where she is going. Darkness often symbolizes uncertainty. The dark forest hints at the unpredictability of married life.

The uncertainty in married life causes anxiety even in the present generation. And especially in the case of women in many countries around the world, the anxiety is even more as they are uprooted from their family to a new one, which is unfamiliar to them. Even though European countries have progressed in this context, the situation of many other countries around the world is still problematic. It is still applicable, especially in the case of arranged marriages. Girls are frequently reminded as well as threatened from a very young age that they will get married and should be a part of another family. They are forced to speak, behave, and live based on many rules set by society. They are made to believe that the motive in their life is to get married. A girl who is threatened from her childhood will develop anxiety and fear about marriage. Even today, caste, religion, wealth, etc., are prioritised over love, which is another significant reason for unhappy marriages.

The complexities of identity

Women also face identity issues as they feel that they belong nowhere. not in her husband's family nor in her own family. It is evident that Bertha faces identity issues because she is brought into a culture and environment that is alien to her. Within a night, a girl is expected to change her identity, home, and family, which is really pressurising to most of the girls. Another reason why men marry is for dowry and to get an unpaid servant. Women who are married for dowry will have to face mental as well as physical torture from her husband as well as her in-laws, which may tragically lead to her murder or suicide. In addition to facing an identity crisis, women who are treated like servants will feel worthless and hence also face an existential crisis, which makes their lives meaningless, ultimately leading to them ending their own lives. Bertha as well as Antoinette are the victims of it. They are termed mad and isolated, taking away their identity and making them suffer from an existential crisis, which leads them to give up their lives.

Misconceptions about women's mental health persist, with hormones playing a key role in mood fluctuations during menstruation, pregnancy, postpartum, and menopause. Conflicts may arise if partners or others fail to recognise these differences. Despite their efforts, some women experience feelings of worthlessness as they try to balance a growing number of duties. The responsibilities of women have increased to the extent of affecting their mental health. Before, men would go to work, whereas women

would look after the household and children. Whereas now it is expected that women go for work as well as look after the family. As both partners are working, it is mandatory that both take responsibility for household tasks as well as children. It is found that women who have supportive husbands who share household duties are mentally healthy and happy compared to women whose husbands are not supportive. Hormonal factors and combined demands can result in emotional outbursts or severe distress, which are frequently misinterpreted as personality defects rather than symptoms of stress or depression. This can have severe consequences if it is not identified and treated appropriately.

The novel *Jane Eyre* is relevant to contemporary society as well because even today, if mental health issues like depression are not taken seriously or treated well, they can push an individual to insanity or even to death. Such people will try to achieve their ultimate emancipation from their traumatised lives through death. Especially taking the case of women, their physiology makes them more prone to emotional and mood fluctuations leading to depression due to the hormones. PPD is one to be taken really seriously. Postpartum depression is both a psychological condition and a literary theme that reflects real-life struggles with motherhood, mental illness, and societal expectations. Some mothers with postpartum major depression may have suicidal thoughts or obsessive ideas about killing their infants, although they are hesitant to share this information until asked specifically. Treatment options for the illness include psychotherapy and selective serotonin reuptake medications. If left untreated, postpartum severe depression can cause poor mother-baby attachment, delays in child growth and development, and an increased chance of anxiety or depressed symptoms in the infant later in life.

Though all these problems still exist, the transformation in society has influenced the way people view mental health. Laws have become strong against dowry and abuse of women, which has made the lives of women much better. There is an increasing consciousness about mental health as well as related problems. People have realised how counselling can make the mental health of people better. Pre-marriage counselling is given to people in some religious sectors, but the effect and efficiency of it are questionable. Most of it is done with the purpose of promoting their religion and thus expanding it. Mandatory and proper pre-marriage counselling should be provided by the government, which should include life skill training, sex education, awareness of mental health and related issues, etc.

The World Health Organisation has defined life skills as "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. Most development professionals agree that life skills are generally applied in the context of health and social events. UNICEF, UNESCO, and WHO list the ten core life skill strategies and techniques as problem-solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions. Self-awareness, self-esteem, and self-confidence are essential tools for understanding one's strengths and weaknesses. Consequently, the individual is able to discern available opportunities and prepare to face possible threats.

Conclusion

This research paper sheds light on the characters Bertha Mason of *Jane Eyre* and Antoinette Cosway of *Wide Sargasso Sea* and shows that the changing societal perceptions on women's mental health have improved the mental health of women and thus have made the lives of women much better. Women who are manipulated, isolated, and thrown into depression, like Bertha and Antoinette in today's society, have less risk of becoming insane or committing suicide. Women who are well aware of their rights and freedom are at less risk of mental or physical abuse. Those battling with depression (PPD, PTSD, etc.) seek help through counselling and life skill training, which helps them to overcome it. Laws should be made stricter against rape, dowry issues, domestic rape, and mental and physical abuse. Men as well as women should be made aware of the rights and freedom of women, about the different physical and mental health issues women have to go through the different stages in their lives; proper counselling and life skill training should also be provided to people for aiding in leading a peaceful and happy life. Thus, let us make sure there are no more "madwomen in our attics."

References

American Academy of Family Physicians. (2010). *[Postpartum Major Depression]. American Family Physician, 82(8),* 926. https://www.aafp.org/pubs/afp/issues/2010/1015/p926.html

Balaev, M. (2018). [Trauma Studies].University of South Australia. https://lo.unisa.edu.au/pluginfile.php/2655680/mod_resource/content/1/Balaev%202018.pdf

Breuer, J., & Freud, S. (1955). *Studies on hysteria* (J. Strachey, Trans.). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2). Hogarth Press. (Original work published 1895)

Brontë, C. (1847). *Jane Eyre.* Smith, Elder & Co.

Freud, S. (1959). *Beyond the pleasure principle.* Norton.

Gilbert, S. M., & Gubar, S. (2000). *The madwoman in the attic: The woman writer and the nineteenth-century literary imagination.* Yale University Press.

Rhys, J. (1999). *Wide Sargasso Sea* (J. L. Raiskin, Ed.). Norton.

Showalter, E. (1986). *The female malady: Women, madness, and culture in England, 1830-1980.* Pantheon Books.

Strovas, K. B. (2016). *No rest for the wicked: Immoral implications of insanity and sleeplessness in Jane Eyre. CEA Critic, 78(3),* 384-392. https://www.jstor.org/stable/26574834?read-now=1

Törntorp, H. (2021). *Mad or misunderstood? A study of the different portrayals of Mr. Rochester's first wife in Jane Eyre and Wide Sargasso Sea.* Academia.edu. https://www.academia.edu/64138235/Mad_or_Misunderstood_A_Study_of_the_Different_Portrayals_of_Mr_Rochesters_First_Wife_in_Jane_Eyre_and_Wide_Sargasso_Sea

Trivedi, M. (2008). *Bertha, the traditional madwoman in the attic versus Bertha, the victim: An intertextual reading of Jane Eyre and Wide Sargasso Sea. ICFAI Journal of English Studies, 3(4),* 57-71

Unpacking the Trunk: Trauma, Memory and Psychoanalysis in Korean Drama Narratives

Jouhara K.P.
Asst. Professor, SAFI Institute of Advanced Study, Vazhayoor, Malappuram
jouhuasu@gmail.com

Abstract

This paper examines the Korean Drama *The Trunk* (2024) through the interdisciplinary frameworks of trauma studies and psychoanalysis, exploring its intricate portrayal of repressed memories, relational dysfunction, and intergenerational trauma. At the heart of the narrative lies a mysterious trunk submerged in a lake, serving as a symbolic repository for suppressed emotions, buried secrets, and unprocessed psychological wounds. Drawing on Cathy Caruth's theories of trauma as an unclaimed experience, Freud's concepts of repression and the return of the repressed, and Jungian archetypes such as the shadow, this study unpacks how *The Trunk* navigates the fragmented nature of traumatic memory and its psychological reverberations. The drama's protagonists—Han Jeong-won, a music producer scarred by childhood abuse, and Noh In-ji, a marriage agency employee grappling with emotional isolation—illustrate the enduring impact of trauma on identity, attachment styles, and intimacy. Through fragmented storytelling, uncanny imagery, and layered character dynamics, the series mirrors the nonlinear temporality of trauma while emphasizing its somatic and relational effects. The narrative also engages with postmemory, collective trauma, and societal repression, situating individual pain within Korea's broader historical and cultural landscape shaped by colonization, war, and modernization. My paper argues that *The Trunk* operates as a psychological and cultural metaphor, revealing the interplay of memory, identity, and repression in the formation of human experience. By blending the personal with the collective, the series offers a nuanced lens for understanding the interconnection between trauma, psychoanalysis, and media narratives.

Keywords: Trauma studies, Repressed memory, Post memory, Collective trauma, Relational dysfunction, Attachment theory

Introduction

Trauma has long been a central concern in both literature and visual narratives, shaping how stories are told and how audiences engage with them. The Korean drama *The Trunk* (2024) presents a compelling case study for examining trauma through the

interdisciplinary frameworks of trauma studies and psychoanalysis. The series, starring Gong Yoo and Seo Hyun-jin, revolves around a mysterious trunk found submerged in a lake, which unravels hidden secrets and unresolved emotional wounds. This trunk serves as both a literal and symbolic repository of suppressed memories, reflecting the fragmented and often inaccessible nature of trauma. Drawing from trauma theorists such as Cathy Caruth, Marianne Hirsch, and Dominick LaCapra, as well as Freudian and Jungian psychoanalysis, this study explores how *The Trunk* portrays individual and collective trauma.

Caruth's notion of trauma as an "unclaimed experience," Freud's theory of repression and the return of the repressed, and Jung's archetype of the shadow serve as key theoretical frameworks in understanding the psychological and narrative structures of the series. As Caruth asserts, "trauma is not simply an effect of destruction but also, fundamentally, an enigma of survival" (Caruth, 1996, p.58). This study will analyze *The Trunk* in three key areas: (1) the role of repressed memory and its symbolic representation through the trunk, (2) the impact of trauma on relational dysfunction, attachment, and intimacy, and (3) the broader engagement with postmemory and collective trauma, particularly within Korea's historical and cultural context.

Materials and methods

This research employs an interdisciplinary methodology, combining psychoanalytic theory and trauma studies with textual and visual analysis of *The Trunk*. The study draws on primary theoretical frameworks from Freud (1915, 1919), Jung (1951, 1959), Caruth (1995, 1996), Hirsch (2008, 2012), and LaCapra (2014). A close reading of the series is conducted to identify narrative techniques, character development, and symbolic imagery that contribute to the representation of trauma.

The research is structured around three analytical lenses: Repressed Memory and Symbolic Representation – Examining how the physical trunk and its discovery function as metaphors for the unconscious and the return of the repressed. Trauma and Relational Dysfunction – Investigating the impact of trauma on characters' attachment patterns, intimacy, and emotional stability. Post memory and Collective Trauma – Situating the series within the broader historical and cultural context of South Korea's past, exploring inherited trauma and intergenerational suffering.

Results and discussion

At the core of *The Trunk* is the physical trunk discovered submerged in a lake—a powerful symbol that operates on multiple levels within the series, embodying the complexities of trauma, memory, and psychological suppression. *The Trunk*, hidden beneath the water's surface, serves as a metaphor for the human mind's capacity to repress painful experiences, much like the unconscious mind buries distressing memories to shield the individual from emotional and psychological distress.

Freud's theory of repression suggests that traumatic memories, particularly those too overwhelming to process at the time of their occurrence, are pushed into the unconscious, where they remain inaccessible until triggered by external stimuli. According to Freud, repression is "a process that keeps something from becoming conscious" (Freud, 1915, p.147), effectively pushing distressing memories into the depths of the unconscious. However, repression is never absolute; these buried experiences continue to exert influence over an individual's thoughts, emotions, and behaviours, often resurfacing in unexpected and disruptive ways. In *The Trunk*, the discovery of the sunken trunk mirrors this psychological phenomenon, as its unearthing forces the characters to confront long-suppressed truths and hidden aspects of their pasts. The lake, a liminal space between visibility and obscurity, further reinforces this idea by symbolizing the fragile boundary between conscious awareness and the depths of the unconscious.

As the narrative unfolds, the opening of *The Trunk* becomes an act of psychological excavation, compelling the characters to engage with their repressed traumas. Freud famously described the "return of the repressed" as the moment when "what one has forgotten was always there" (Freud, 1919, p.226), often emerging in distorted, uncanny, or symbolic forms. The uncanny nature of the trunk's reappearance reflects this theory, as its presence disrupts the illusion of normalcy and forces a confrontation with past trauma. Thus, the trunk is not merely a plot device but a profound representation of the way trauma lingers beneath the surface, waiting to be acknowledged and processed.

Similarly, Jung's concept of the shadow refers to the hidden, often unacknowledged aspects of the self, which can manifest as fears, suppressed desires, or unresolved conflicts. Jung described the shadow as "the thing a person has no wish to be"

(Jung, 1951, p.8), emphasizing how individuals unconsciously reject and repress parts of themselves that conflict with their self-image. However, these suppressed elements do not simply disappear; rather, they continue to exert influence, often emerging in distorted or unexpected ways.

In *The Trunk*, the physical act of discovering the trunk in the lake serves as a metaphor for unearthing repressed trauma, paralleling the psychological process of confronting one's shadow. Jung argued that "one does not become enlightened by imagining figures of light, but by making the darkness conscious" (Jung, 1959, p. 265), suggesting that true psychological integration requires acknowledging and confronting these hidden aspects of the self. The lake, a liminal and reflective space, reinforces this symbolism by representing the unconscious mind, while the trunk itself embodies the buried fears and unresolved past experiences of the characters.

As the narrative unfolds, the characters are forced to confront the unsettling truths revealed by the trunk, mirroring Jung's idea that the shadow, when left unacknowledged, can manifest in destructive ways. The uncovering of the trunk is not merely a physical discovery but a psychological reckoning, compelling the characters to integrate their fragmented pasts and unprocessed emotions. This aligns with Jung's belief that "the meeting with oneself is, at first, the meeting with one's own shadow" (Jung, 1951, p.167), highlighting the transformative yet painful process of self-confrontation.

The drama opens with the eerie and unsettling discovery of the trunk, which immediately raises questions about what is hidden inside. The trunk, long submerged in water, represents the passage of time and the unconscious mind's ability to suppress painful experiences. The murkiness of the lake, coupled with the mystery of its contents, aligns with the Freudian notion that trauma remains inaccessible until an external event forces it into conscious awareness. As the characters begin to investigate the trunk, its contents reveal deep-seated secrets that have been hidden for years. This moment aligns with Caruth's idea that trauma does not simply reside in the past but continues to haunt the present. She argues that trauma is "not locatable in the simple violent or original event in an individual's past, but rather in the way that its unassimilated nature—repeatedly returns to haunt the survivor later on" (Caruth, 1996, p.4). In *The Trunk*, this haunting is literalized through the physical presence of the submerged trunk and the unresolved histories it contains.

The narrative techniques

The series employs fragmented storytelling—flashbacks, unreliable memory sequences, and sudden recollections—to mimic the way trauma disrupts linear temporality. According to Caruth, trauma "is experienced too soon, too unexpectedly, to be fully known" (Caruth, 1995, p.6) and, as a result, does not integrate into normal memory processing. Instead, it returns in fragmented, intrusive ways, disrupting the present. In *The Trunk*, this is reflected in the characters' struggles to reconstruct the past, as memories emerge in disjointed flashes rather than a coherent narrative. The frequent use of non-linear storytelling techniques reinforces the complexities of trauma and repression, making the audience experience the disorientation that trauma survivors often endure.

By intertwining past and present through these narrative techniques, *The Trunk* highlights the enduring psychological and emotional effects of trauma, illustrating Caruth's assertion that "the impact of the traumatic event lies precisely in its belatedness" (Caruth, 1996, p.11). The characters' journey of uncovering the trunk's contents is not just an investigation into external mysteries but an exploration of how trauma lingers, resurfacing unexpectedly and shaping their present realities.

Trauma does not exist in isolation; it significantly impacts interpersonal relationships, shaping attachment patterns, intimacy, and emotional stability. In The Trunk, both Han Jeong-won and Noh In-ji exhibit behaviors consistent with trauma-induced relational dysfunction. Han Jeong-won, as a survivor of childhood abuse, struggles with attachment and dependency, while Noh In-ji's emotional detachment highlights the self-protective mechanisms often developed by trauma survivors.

Attachment theory, developed by John Bowlby and later expanded by Mary Ainsworth, suggests that early childhood experiences shape an individual's ability to form and maintain relationships. Han Jeong-won exhibits traits of anxious attachment, particularly in his reliance on his ex-wife, Lee Seo-yeon. His unresolved childhood trauma manifests in an obsessive need for validation and stability, often leading to self-sabotaging behaviors.

One of the most emotionally charged scenes in the series occurs when Jeong-won, overwhelmed by resurfacing childhood memories, experiences a breakdown. In a moment

of vulnerability, he revisits his childhood home, triggering flashbacks of his father's abusive behavior. This scene exemplifies Freud's notion of the return of the repressed—memories long buried suddenly emerging in full force. The cinematography heightens this effect, using dim lighting and erratic camera movements to mimic psychological distress.

Noh In-ji, in contrast, exhibits an avoidant attachment style, distancing herself emotionally from those around her. Her role at a marriage agency, where she arranges temporary marriages for others but refuses to invest in relationships herself, speaks to a deeper avoidance of emotional vulnerability. This aligns with trauma theories that suggest detachment can serve as a survival mechanism, preventing individuals from re-experiencing past pain.

In a pivotal scene, In-ji is seen standing alone in her apartment, surrounded by neatly arranged objects but devoid of any personal warmth. The sterile environment reflects her internal state—controlled, detached, and emotionally numb. This visual portrayal aligns with Jung's concept of the persona, the outward mask individuals create to conform to societal expectations, often at the expense of their true selves. Jung argues that "the persona is a compromise between individual uniqueness and social demands" (Jung, 1951, p.3), suggesting that In-ji's carefully curated surroundings serve as an external manifestation of her psychological defense mechanisms.

However, Jung's theory of individuation posits that true psychological healing requires confronting the shadow self—the repressed, often unsettling aspects of one's psyche. Jung states that "individuation means becoming an 'in-dividual,' and, in so far as 'individuality' embraces our innermost, last, and incomparable uniqueness, it also implies becoming one's own self" (Jung, 1959, p.275). In-ji resists this process, clinging to a structured and emotionally distant existence to avoid confronting past wounds.

It is only through the unsettling events surrounding the trunk that In-ji is forced to reconcile with her suppressed emotions and unresolved trauma. Jung emphasizes that "one does not become enlightened by imagining figures of light, but by making the darkness conscious" (Jung, 1951, p.265), highlighting the necessity of engaging with painful truths. The psychological unravelling she experiences as the series progresses mirrors this journey toward individuation, illustrating how trauma, repression, and self-discovery are deeply intertwined.

Cultural and collective trauma

Beyond individual trauma, *The Trunk* also engages with broader themes of cultural and collective trauma. Marianne Hirsch's concept of post memory—the inherited trauma experienced by subsequent generations—plays a critical role in understanding the intergenerational struggles depicted in the drama. Hirsch defines post memory as the relationship that later generations have to "the personal, collective, and cultural trauma of those who came before" (Hirsch, 2012, p.5), emphasizing that these inherited memories shape identity and emotional landscapes, even for those who did not directly experience the original events.

In *The Trunk*, the characters' personal traumas are not isolated experiences but are shaped by a larger historical context. South Korea's history of colonization, war, and rapid modernization serves as an unspoken backdrop to their psychological struggles, illustrating Hirsch's assertion that "post-memory is not about recall but about imaginative investment, projection, and creation" (Hirsch, 2008, p.107). The past lingers in fragmented memories, inherited anxieties, and unresolved familial tensions, manifesting in the ways characters navigate relationships, identity, and loss.

The series reflects how trauma is not only an individual burden but also a shared cultural and generational inheritance. The discovery of the trunk acts as a symbolic excavation of both personal and historical repression, reinforcing LaCapra's idea that "working through trauma requires a recognition of its effects across time and generations" (LaCapra, 2014, p.142). By intertwining personal pain with collective memory, *The Trunk* offers a poignant exploration of how trauma extends beyond the individual, shaping broader cultural and historical consciousness.

The trunk itself can be read as a powerful metaphor for Korea's collective past—events that remain submerged yet continue to shape the present. Just as the physical trunk in the lake contains hidden remnants of forgotten or suppressed histories, so too does the nation's past linger beneath the surface of contemporary Korean society. The trauma of war, colonization, forced displacement, and authoritarian rule remains embedded in collective memory, influencing the identities and emotional landscapes of subsequent generations.

Historical trauma, as theorized by Dominick La Capra, is not merely an event that belongs to the past; it is an unresolved wound that continues to haunt the present. He argues that "trauma is not simply a memory of the past but an experience that intrudes upon and disrupts the present" (La Capra, 2014, p.142). In *The Trunk*, this idea manifests through the drama's exploration of loss, repression, and the persistence of history in shaping personal and national consciousness. The discovery of the trunk in the lake, rather than signifying closure, represents the resurfacing of long-buried truths that demand recognition and reckoning.

Moreover, Marianne Hirsch's theory of post-memory suggests that the children of trauma survivors inherit the emotional and psychological weight of historical suffering, even if they did not directly experience the original events. In *The Trunk*, the characters' struggles with intimacy, identity, and emotional detachment mirror this inheritance, illustrating how trauma is transmitted across generations. The drama implies that whether through the unresolved grief of lost loved ones, the forced displacement of families, or the lingering fear instilled by authoritarian regimes, Korea's history remains embedded in the fabric of contemporary life.

Thematically, *The Trunk* challenges the notion that history is ever truly "buried." Instead, it suggests that what is repressed will inevitably return, demanding acknowledgment and engagement. This aligns with Freud's concept of the "return of the repressed," wherein unprocessed memories and emotions resurface in unexpected and often unsettling ways. The series, through its evocative imagery and non-linear storytelling, compels both its characters and its audience to confront the past, recognizing that healing can only occur through the act of remembrance and reconciliation

Throughout the series, flashbacks to older characters hint at unresolved traumas passed down through generations. A particularly striking moment occurs when Jeong-won discovers an old letter hidden in the trunk, revealing family secrets linked to a historical event. The weight of unspoken pain mirrors the real-life struggles of many Korean families, where societal pressure often dictates silence over acknowledgment. By incorporating these elements, *The Trunk* moves beyond a personal trauma narrative to comment on the enduring effects of collective suffering. The intergenerational transmission of trauma is depicted not only through dialogue and storytelling but also through visual cues—photographs, heirlooms, and, of course, the symbolic trunk itself.

These narrative devices reinforce the idea that trauma is not confined to the past but continues to shape identity, relationships, and cultural memory in complex and often unconscious ways.

Conclusion

This research has demonstrated how *The Trunk* employs psychoanalytic and trauma theories to depict the intricate nature of repression and memory. Drawing on Freud's concept of the "return of the repressed," the study highlights how the buried contents of the trunk mirror the psychological mechanisms by which individuals and societies suppress painful histories, only for them to resurface in disruptive ways. Jung's theory of individuation further contextualizes the character arcs, showing how Han Jeong-won and Noh In-ji's psychological struggles exemplify the necessity of integrating one's shadow self to achieve emotional wholeness. Additionally, Hirsch's (2012) notion of post-memory helps frame the series' broader engagement with intergenerational trauma, illustrating how historical wounds persist through familial and societal dynamics.

Furthermore, the findings indicate that *The Trunk* utilizes fragmented storytelling, nonlinear temporality, and symbolic imagery to authentically represent trauma's impact on perception and memory. The series' use of flashbacks, unreliable narration, and sudden recollections mimics the way traumatic experiences disrupt chronological time, reinforcing Caruth's assertion that trauma is an unassimilated experience that returns in fragmented, haunting ways. This analysis also reveals how the physical trunk functions on multiple levels: as a container of personal secrets, as a metaphor for the unconscious mind, and as a symbolic repository of Korea's historical burdens—echoing LaCapra's argument that historical trauma is continuously reactivated across generations.

The Trunk serves as a powerful testament to the ways in which trauma lingers, both in individuals and in society. By blending psychological depth with cultural critique, the series not only captivates its audience but also invites critical reflection on the universal nature of pain, memory, and the human desire for resolution. This study underscores the importance of media narratives in shaping public understanding of trauma, emphasizing that storytelling can serve as both an aesthetic and therapeutic medium for confronting and working through historical and personal wounds. The

research findings suggest that *The Trunk* is not merely a psychological thriller but a deeply layered exploration of repression, post-memory, and the enduring impact of unresolved trauma in contemporary society.

References

Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist, 44*(4), 709–716. https://doi.org/10.1037/0003-066X.44.4.709

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.

Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history*. Johns Hopkins University Press.

Freud, S. (1915). Repression. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 146-158). Hogarth Press.

Freud, S. (1919). The uncanny. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 17, pp. 217-256). Hogarth Press.

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Hirsch, M. (2012). *The generation of postmemory: Writing and visual culture after the Holocaust*. Columbia University Press.

Jung, C. G. (1951). *Aion: Researches into the phenomenology of the self* (R. F. C. Hull, Trans.). Princeton University Press.

Jung, C. G. (1959). *The archetypes and the collective unconscious* (R. F. C. Hull, Trans., 2nd ed.). Princeton University Press.

LaCapra, D. (2014). *Writing history, writing trauma*. Johns Hopkins University Press.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Disability, Ableism, and Inclusion: Analyzing Stephen Chbosky's *Wonder* Through the Lens of Disability Studies

Rafah V Rafeeq

PG student, Union Christian College, Aluva

rafahrafeek11@gmail.com

Abstract

Disability Studies is an interdisciplinary field that critically examines disability through social, cultural, political, and historical perspectives. It challenges the traditional medical model, which views disability as a defect within the individual that needs to be cured, and instead emphasizes the social model, which identifies societal barriers—such as inaccessible environments, discriminatory attitudes, and inadequate policies—as the true sources of disadvantage for people with impairments. Central to this field is the concept of ableism, a system of discrimination that prioritizes typical abilities and marginalizes disabled individuals. It also includes advocacy for accessibility and inclusion, the representation of disability in media and culture. The 2017 film *Wonder*, directed by Stephen Chbosky and based on R.J. Palacio's novel of the same name, serves as a powerful narrative that reflects the core themes of Disability Studies. Centered on August "Auggie" Pullman, a boy with Treacher Collins syndrome, the film explores the social rejection and bullying he faces due to his facial differences, urging viewers to confront societal norms of beauty and normalcy. Through its portrayal of empathy, resilience, and inclusion, *Wonder* critiques ableism and promotes a more inclusive and compassionate society by highlighting the importance of dismantling social barriers rather than focusing on individual impairments.

Keywords: Disability Studies, Ableism, Inclusion, Representation

Introduction

Stephen Chbosky is an American filmmaker, screenwriter, and author whose works often explore themes of adolescence, identity, and social inclusion. He gained widespread recognition with his bestselling coming-of-age novel *The Perks of Being a Wallflower* (1999), which he later adapted into a critically acclaimed film in 2012. His directorial portfolio also includes *Wonder* (2017), a drama centred on disability and acceptance, and the 2021 adaptation of *Dear Evan Hansen*. In addition to his work in contemporary drama, Chbosky ventured into psychological horror with his novel

Imaginary Friend (2019). His diverse body of work reflects a deep engagement with complex social issues, making his films and literature valuable subjects for scholarly analysis, particularly *Wonder* in the field of Disability Studies.

Stephen Chbosky's *Wonder* unravels the deeply ingrained societal attitudes that shape the experiences of individuals with disabilities. While the film ostensibly promotes inclusion and empathy, it also reveals the subtle yet persistent biases that dictate the way disability is perceived and accommodated. Disability, much like other marginalized identities, is framed within a narrative of perseverance rather than systemic change. Auggie Pullman, the protagonist, is celebrated for overcoming obstacles placed before him, but his journey ultimately highlights society's unwillingness to create an environment where difference is seamlessly integrated. His acceptance by peers is portrayed as an achievement rather than a fundamental right, reflecting the prevailing ableist notion that inclusion must be earned rather than granted.

Auggie's character is important in understanding how disability is portrayed in films. He is not defined solely by his facial difference, which is caused by Treacher Collins syndrome; he is intelligent, funny, and kind. The movie challenges stereotypes by showing that disabled individuals are not merely objects of pity or inspiration but real people with strengths and struggles. However, *Wonder* also presents challenges in how it tells Auggie's story.

Thematic analysis

This qualitative research analyses Stephen Chbosky's *Wonder* (2017) using thematic analysis to examine its narrative, character development, and emotional impact. Data collection included textual analysis and discourse analysis. Key themes identified were empathy, bullying, and personal growth. Findings indicate that the novel enhances emotional engagement and fosters awareness of social inclusion and self-acceptance. The discussion emphasizes storytelling's role in promoting empathy and social change.

At the beginning of *Wonder*, Auggie and his mother visit the school, where he is given a tour by three students—Julian, Jack, and Charlotte—at the request of the principal, Mr. Tushman. Julian's discriminatory and ableist attitude becomes evident during their first conversation, where he consistently talks down to and underestimates Auggie. For example, he makes dismissive comments about Auggie's abilities and the

challenges he might face, reinforcing harmful stereotypes about disability. Julian says, "So the science elective is supposedly really hard. So, you probably won't be spending much time here. No offense, but if you've never been in a real school before..." Jack Will responds, "Dude, he's been homeschooled," and Julian continues, "Okay, I'm just saying science is supposedly really hard, but you're taking it, too, right? Hey, maybe you could fail together." (Chbosky, 2017, 00:08:34)

Julian's remark about science being "really hard" and the suggestion that Auggie might fail with him reflects a common ableist mindset within educational spaces. It underscores how students are often labelled based on presumed abilities, dismissing or isolating those who don't fit traditional norms. The assumption that someone home-schooled and disabled might struggle in a mainstream school environment speaks to societal views on "difficulty" and competence, especially in subjects like science.

Navigating rejection

Throughout *Wonder*, Auggie Pullman experiences various forms of bullying and social exclusion due to his facial difference, highlighting the challenges faced by children with disabilities in mainstream environments. One of the earliest instances occurs when Auggie enters the classroom for the first time. As he grabs a chair to sit down, another student claims it as his own, forcing Auggie to find another seat. This seemingly small yet significant moment reflects the unspoken social hierarchies within school spaces, where individuals who appear different are often made to feel unwelcome.

The cafeteria scene in the beginning further emphasizes Auggie's isolation. While eating, he is stared at by his classmates due to the way he chews his food, a result of his facial deformity. When Julian approaches and asks to sit next to him, they cruelly retract the offer, mocking him by saying, "You are eating just like Monster Saylak" (Chbosky, 2017, 00:15:20).This moment illustrates how ableist attitudes manifest in everyday interactions, reinforcing the idea that those who do not conform to able-bodied norms are subject to ridicule and exclusion. Auggie's dislike of eating in public also stems from his fear of being ridiculed and perceived as different. Late in the movie, he only gains the confidence to eat in public when other students join him, highlighting how social acceptance plays a crucial role in the experiences of people with disabilities. Through

this, the movie emphasizes the power of inclusion and the impact of small acts of kindness in fostering a more accepting environment.

In an exchange between Julian and Auggie, Julian asks Auggie, "What about Darth Sidious? Do you like him?" (Chbosky, 2017, 00:18:19) in reference to *Star Wars*. The question is not only an attempt to engage with Auggie but also reflects an ableist or prejudiced mindset that associates Auggie's facial disfigurement with that of Darth Sidious, a character whose appearance is similarly marked by disfigurement. This question indirectly draws a comparison between Auggie and Darth Sidious, whose face is scarred and altered by dark forces, highlighting how people with visible differences are often linked to negative or sinister characteristics.

Jack and Auggie's friendship in *Wonder* highlight's themes of acceptance, loyalty, and personal growth. Initially, Jack befriends Auggie at the request of Mr. Tushman but soon grows to genuinely appreciate him. Their friendship provides Auggie with a sense of belonging, as Jack treats him like any other kid. However, their bond is tested when Auggie overhears Jack making a hurtful comment about him to fit in with the popular kids.

> Miles: "It does look like him."
> Julian: "This part, right?"
> Amos: "Yeah."
> Miles: "I mean, he's always reminded me, like, the shrunken head, you know?"
> Amos: "Or an Orc."
> Miles: "Yeah."
> Julian: "If I looked like him, I'd swear I'd put a hood over my face every day."
> Jack: "Yeah, if I looked like him, I think I'd kill myself." (Chbosky, 2017, 00:45:30)

This exchange reflects the deeply ingrained ableist attitudes that disability studies critique, particularly the ways in which society equates physical difference with monstrosity and social exclusion. Julian and his friends' comments dehumanize Auggie by likening his facial difference to grotesque or villainous figures like Darth Sidious, a shrunken head, or an Orc—associations that reinforce the cultural stereotype that visible disabilities or disfigurements are something to be feared, ridiculed, or hidden. Jack's

comment, in particular, exemplifies the extreme internalization of ableist beliefs, suggesting that life with a visible difference is so undesirable that it is not worth living.

The social construction of disability

Disability studies challenge these harmful narratives by emphasizing that disability is a socially constructed experience shaped by exclusionary attitudes rather than inherent deficiency. Auggie's treatment in this scene illustrates how individuals with disabilities are often positioned as "other," reinforcing the notion that their inclusion in social spaces is conditional and fragile. The boys' remarks not only reflect society's failure to accept difference but also highlight how ableist language can contribute to the marginalization and psychological harm of disabled individuals.

A rumor spreads in the school that touching Auggie would give them "plague." Although Auggie appears unbothered by the bullying to some extent, his conversation with his sister, Olivia, reveals that it deeply affects him. From a disability studies perspective, this rumour reflects the social stigma and othering often faced by individuals with visible differences. Auggie is able to navigate these challenges only through inclusion, which begins with his friendships with Jack and later Summer. It is through Summer's act of befriending him and her willingness to engage in physical contact that other students begin to abandon the misconception that Auggie carries the "plague." This shift underscores the importance of social acceptance and the role of interpersonal connections in challenging ableist attitudes.

His classmates actively avoid him, and he discovers that his face has been removed from the class photograph displayed on a locker. These actions highlight the emotional toll of exclusion and the ways in which disabled individuals are systematically erased from social spaces. From a disability studies perspective, this erasure reflects society's tendency to marginalize those who do not fit within normative standards of appearance and ability.

The film also critiques how adults, particularly parents, perpetuate ableist mindsets in children. This is evident in the case of Julien's parents, who fail to acknowledge their son's bullying. Rather than correcting his behaviour or helping him understand the harm he causes, they justify it as something Auggie should simply accept as a part of life. The situation escalates to the point where Julien's mother even goes so

158

far as to photoshop Auggie out of the class photo before showing it to her friends. This act reinforces how society often treats disabled individuals as deviations from the norm, rendering them invisible rather than embracing their presence. Such instances illustrate how disabled communities suffer under the expectations of an ableist society that prioritizes conformity over inclusion.

Auggie's journey in *Wonder* highlights the deeply ingrained prejudices faced by individuals with disabilities while also demonstrating the potential for growth and change in social attitudes. The nature retreat serves as a turning point, illustrating how allyship and solidarity can help dismantle social barriers. During this scene older children encounter Auggie and react with disgust, calling him a "freak," an "orc," and "the ugliest thing" they have ever seen. This moment not only represents an instance of verbal abuse but also reflects the broader issue of how disability is often met with fear and revulsion in a society that prioritizes normative physical appearances. However, when Auggie and Jack are defended by their peers, it signifies a shift from isolation to acceptance, reinforcing the importance of fostering inclusive communities.

Auggie's recognition at the graduation ceremony with the Henry Ward Beecher Medal not only honours his resilience but also challenges the idea that people with disabilities must prove their worth through extraordinary perseverance. Instead, his journey underscores the need for systemic change—where schools and society as a whole create environments that celebrate diversity, foster empathy, and ensure that inclusion is a right, not a privilege.The school setting in *Wonder* raises important questions about inclusion. Auggie does find friends and support, but his struggles show that simply placing disabled students in mainstream schools is not enough. True inclusion isn't just about letting someone be part of a space—it's about changing that space to make sure everyone feels welcome and supported. The movie encourages conversations about how schools and other institutions can create environments that truly embrace diversity instead of just tolerating it.

The film also shows different forms of ableism, both obvious and subtle. Auggie faces bullying from classmates, which is a direct form of discrimination. But even the people who love him, like his parents and teachers, sometimes reinforce ableist ideas by focusing too much on his resilience instead of questioning why the world makes things harder for him. The story's focus on his personal triumph can make it seem like

acceptance is something disabled individuals must earn, rather than something society should naturally offer.

Conclusion

Wonder is a heartwarming and inspiring film that beautifully captures themes of kindness, empathy, and resilience. At its core, it tells the story of Auggie Pullman, a boy with a craniofacial condition, as he navigates the challenges of attending school for the first time. Through his journey, the film encourages audiences to see beyond appearances and embrace the importance of compassion. However, while *Wonder* does an excellent job of raising awareness about the experiences of disabled individuals, it also brings up important discussions about disability and inclusion. The film highlights the difficulties that disabled individuals face in a society that often marginalizes them. It effectively elicits empathy from viewers, helping them understand the social and emotional struggles that come with looking different. At the same time, it subtly reinforces the notion that disabled individuals must work extra hard to gain acceptance, placing the burden of inclusion on them rather than on society as a whole. True inclusion is not just about individual perseverance—it requires systemic change.

A truly inclusive society does not simply applaud disabled individuals for their resilience but actively works to remove barriers and foster an environment where everyone belongs. This means addressing societal attitudes, improving accessibility, and ensuring representation that goes beyond narratives of struggle and triumph. Moving forward, it is crucial to continue questioning how stories about disability are told. While films like *Wonder* contribute to greater awareness, they should also push for a shift in perspective—one where inclusion is not seen as an extraordinary achievement but as a natural and expected part of society. By promoting stories that emphasize the value of all individuals without positioning disability as an obstacle to overcome, we can take meaningful steps toward true inclusivity.

References

Altay, N., & Erbas, M. M. (2024). Examination of Wonder Film in the Context of Social Stigma and Internal Stigma Towards Individual Differences. *International Online Journal of Educational Sciences*, *13*(2), 362-389. 10.15345/iojes.2021.02.004

Chbosky, S. (Director). (2017). Wonder [Film]. Lionsgate.

Fatimah, S. S. D. (2021). *Bullying in Elementary School: An Analysis of The Film Wonder (2017)* (Doctoral dissertation, Universitas Pendidikan Indonesia). https://doi.org/10.17509/psg.v9i2.39028

Halim, N. R. S., & Syamsudin, O. R. (2020). The character and moral values in the movie *Wonder* by Stephen Chbosky. *INFERENCE: Journal of English Language Teaching, 3*(1), 58–63. http://dx.doi.org/10.30998/inference.v3i1.6024

Shetgiri, R. (2013). Bullying and victimization among children. *Advances in Pediatrics, 60*(1), 33–51. https://doi.org/10.1016/j.yapd.2013.04.004

Trauma and Memory: A Psychoanalytical Reading on Sylvia Plath's *The Bell Jar*

Romeena Roy

PhD Scholar, Department of English and Cultural Studies

CHRIST (Deemed to be University), Bengaluru.

romeena.roy@res.christuniversity.in

Abstract

Psychological trauma and its depiction in language and its influence on individual and cultural perspectives form a significant focus in trauma studies. Critical analyses that represent severe repercussions on self and consciousness are grounded in psychoanalytic theories and enriched by post-structural, sociocultural, and postcolonial frameworks. Sylvia Plath's only autobiographical novel, The *Bell Jar* offers profound explorations of psychological elements that depict one's mental health as a character's life being suffocated by a bell jar. The study analyses Esther Greenwood's life through the lens of trauma, portraying the interplay between personal struggles and societal pressures, pointing to Sylvia's journey of life and death and the parallels between *The Bell Jar* and her life. The paper delves into the psychological dimensions of Plath's narratives, foregrounding themes of memory, trauma, and resilience. The study examines how the societal expectations related to gender, success, and independence amplify Esther's struggle with her identity. By employing narrative theories of trauma as analytical tools, the study interrogates the psychological repercussions of memories, through Cathy Caruth's traumatic aspects, revealing the intricate interplay between personal suffering and survival. This exploration further investigates how Plath's narrative structure mirrors the fractured and disjointed nature of trauma itself, reflecting the disconnection between past experiences and present reality. Esther's fragmented journey through mental illness, isolation, and recovery demonstrates how trauma disrupts not only individual consciousness but also one's perception of time and self. The study considers how Plath's portrayal of Esther's struggles reveals the complex relationship between memory, identity, and healing, providing insights into how trauma is not only an individual experience but also a cultural and societal phenomenon.

Keywords: Trauma, Mental Health, Resilience, Culture, and Memory

Introduction

The central concerns that characterize the domain of trauma studies include psychological trauma, how it is illustrated in language, and how memory shapes both personal and cultural identities. Psychoanalytic theories on trauma, serve as the foundation for criticism that analyses depictions of severe experiences and their impact on identity and memory. Psychological trauma, meant to be an emotional reaction to a peak intensity or series of events, such as tragedies, rape, or natural calamities, is known as psychological trauma or mental trauma. "Traumatic experiences leave deep scars that can remain unresolved for decades, generations, even centuries" (Bond and Craps, 2020, pg.2). Psychological shock and psychological denial are prevalent responses. The idea of trauma, which is subject to criticism, is typically viewed as an unsettling act that has a significant negative impact on how one's self organizes emotions and perceives the outside world.

Sylvia Plath's novel, *The Bell Jar* under the lens of Freud and Cathy Caruth's Trauma theory could portray the influence of trauma on an individual and society pointing to the numerous aspects of traumatic elements in the novel. "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life" (Herman, 1992). Trauma studies examine the psychological, rhetorical, and sociological relevance of trauma in terms of understanding how well it impacts literature and humanity.

Sylvia Plath, an American poet, credited with advancing the genre of confessional poetry is best known for her only semi-autobiographical novel, *The Bell Jar* (1963), published under the pseudonym Victoria Lucas in 1963 before her suicide in the same year. Plath is the most renowned author for her two other poetry collections, *The Colossus and Other Poems and Ariel*. Her writings are intensively autobiographical as she illustrates mental illness and real-life journeys that depict memory, love, and death. In 1982 she won the Pulitzer Prize for, *The Collected Poems*, a poetry collection edited by her husband, Ted Hughes. Plath's novel is regarded as the 'roman a clef', which highlights the real-life events of one's life. Plath's *The Bell Jar* appears as a novel, depicting the myriad aspects of mental illness and trauma through the narrative of the protagonist, Esther Greenwood.

The story illustrates the struggles and challenges endured by a nineteen-year-old girl who deteriorates into a mental breakdown. The novel draws readers into an intriguing state of the title, which evokes the image of a jar enclosing a woman in it, a powerful metaphor for the suffocating and constrained existence of a woman trapped by societal laws and familial pressures. The traumatic lens could portray the disassociation of the central character of the story, which is related to the real life of Plath, and her suffering from clinical depression. The novel highlights the traumatic events that she underwent in her life, such as the death of her father at a young age, convincing society of feminine roles she didn't fit, the controversies and fantasies of a lifestyle of desire to have sex, a violent sexual assault, and other instances. The novel is a mix of fictionalized and real versions of the author herself, which illustrates death, love, violence, and trauma healing. She captures the deep frustration of growing up as a girl in a world that refused to value her talents or embrace her dreams.

Trauma, memory and the psyche in Caruth and Freud

Cathy Caruth is a renowned expert specializing in Trauma Studies, with a focus on how trauma is expressed through language in testimonies, literature, and contemporary discussions about the decimation and survival of language. She graduated from Princeton University and pursued a Ph.D in Comparative Literature from Yale. She taught at Yale and then Emory, where she developed an archive of Holocaust testimony. Currently, she is a professor of English at Cornell University, where she holds positions in the English and Comparative Literature departments. Caruth's *Trauma: Exploration in Memory*, highlights the myriad aspects of trauma and memory depicting the significance of past flashbacks, and thoughts and the representation of how those moments affect one's psyche. She illustrates the emotional outbursts, and the impact of trauma as a social and historical one as, traumatic events such as war, genocide, and natural disasters have profound social and political consequences.

Sigmund Freud, an Austrian neurologist was the founder of psychoanalysis. It is considered the therapeutic method developed and founded by Freud in the 1890s, in cooperation with Josef Breuer and others. It ideates the human psyche from three instances. The id, ego, and superego satisfy instinctive needs. Freud depicted the conscious and unconscious realms of the psyche and argued that the contents of the unconscious largely determine cognition and behaviour. Synthesizing Cathy Caruth's

trauma theory with Freud's psychoanalytic framework, the article explores the portrayal of trauma and memory as the central figures in one's psyche.

Trauma and memory in Plath's Esther Greenwood

Sylvia Plath's semi-autobiographical novel *The Bell Jar* represents the traumatic elements through the narrative of Esther Greenwood, the protagonist character. Esther's life as a young woman grappling between alienation and despair is portrayed throughout the novel. Esther bemoans: "Now I saw that the stupidest person at my mother's college knew more than I did. I saw they wouldn't even let me in through the door, let alone give me a large scholarship like the one I had at my own college" (125). Esther's journey as one who suppressed her painful memories reveals the psychological turmoil of one's life and depicts, how the impact of trauma affects one's psyche. "I thought how strange it had never occurred to me before that I was only purely happy until I was nine years old" (Plath, 1999, p.75).

Plath prominently centralizes Esther, highlighting her as a young woman who has received the prestigious Mary Elizabeth Award and a summer internship at a magazine. Joan, the character who plays a role in Esther's journey, is often evaluated as the reflection of Esther, she is what Esther calls "a big wheel", and reflects Plath's exploration of mirroring personalities and shared struggles. Esther's dream to become a poet is stifled by society's expectations. "The beaming double of my old best self, specially designed to follow and torment me" (205). Joan feels like a completely different person to Esther. They share a few superficial similarities, like their attention to detail and their encounters with Buddy, but these are common traits and likely coincidental. Esther's former ambition, something she once valued deeply, is now rejected. However, this rejection stems from the grip of her depression, not a genuine change in her desires. "I couldn't see the point of getting up. I had nothing to look forward to" (117). The societal pressure to become a woman who takes care of family, as a wife and mother was not something she wished or dreamed of. Those instances lead her to pressure herself in her life, and her life is connected to a woman who is pressured, frustrated, and suppressed by societal expectations trapped in a jar. Esther's relationship with Buddy signifies her discomfort as he prioritizes familial domestic duties rather than her likes and dislikes. Further, these conditions exacerbated her mental strain and eventually, she resembled genophobia.

Esther's struggles are compounded by the intense societal pressures that dictate the roles she is supposed to play as a woman, which leave her feeling suffocated and misunderstood. The expectations placed upon her to conform to traditional gender roles—such as marriage, motherhood, and domesticity—become a source of immense conflict. Her relationship with Buddy, who epitomizes the idealized vision of the "American dream" and the role of the dutiful wife and mother, heightens her alienation. Buddy's focus on conventional aspirations, such as settling down and fulfilling societal norms, is sharply at odds with Esther's desire for autonomy and intellectual fulfillment. Her discomfort with Buddy's values is evident when she recognizes how his own ambitions and narrow view of women's roles only deepen her feelings of inadequacy and disillusionment. This is not merely a rejection of Buddy but a rejection of the societal scripts he represents. As she realizes her inability to conform to these expectations, Esther's trauma becomes more pronounced, manifesting in a deepening sense of disorientation and self-loathing.

Plath effectively uses the bell jar as a metaphor for these oppressive forces, encapsulating Esther's mental state as she feels trapped under an invisible weight, unable to escape the confines of her mind or society's limitations. This struggle with societal expectations, combined with Esther's increasing disconnection from her desires and identity, accelerates her psychological collapse. As her depression intensifies, she becomes more estranged from her previous self, illustrating the devastating impact of trauma on both individual identity and one's capacity to engage with the world around them.

Exploring trauma, memory, and repression in *The Bell Jar*

Trauma, often termed as traumatizing, refers to a severe encounter that includes only one event or situation as well as concomitant feelings and emotions. Moreover, psychological trauma has adverse long-term consequences. Uncertainty and insecurity can trigger trauma, with common causes including experiences like sexual violence, employment discrimination, excessive use of force, harassment, domestic violence, and especially childhood traumas. Significantly, trauma from early life might result in aggressive behavior. Major disasters like war, betrayal, humiliation, and sexual assault often lead to psychoanalytic trauma. The central concept is that diverse people respond in various ways to similar situations. Trauma is multidisciplinary and firmly tied to other

disciplines, including psychiatry, ethics, politics, war, economy, and, most significantly, literature.

Caruth's trauma theory reverberates deeply with Esther's experience. According to Caruth, trauma is considered an ongoing struggle with distorted memories that haunt the present moment. Caruth further explains that "traumatic experience beyond the psychological dimension of suffering it involves, suggests a certain paradox: the most direct seeing of a violent event occur as an absolute inability to know it; that immediacy, paradoxically may take the form of belatedness" (Caruth, 1996, p.92). It isn't about the past, but the sense of past intruding on the present which mirrors her struggle to make sense of her deteriorating mental state and the events leading up to it. Caruth points out the "rhetorical potential" of recurring figures in texts that capture splintered referentiality that points to the "knowing and not knowing" of the traumatic past, which in turn reveals the "traumatic nature of history" itself (Caruth, 1996, p.4,18).

Freud's theory could offer valuable insights into Esther's struggles, pointing to the painful experiences she confronted in life and how the mind could deal with them in the novel. The representation of the bell jar symbolizes Esther's descent into mental and emotional distress. Furthermore, the theoretical bell jar lifts from Esther, "suspended, a few feet above my head," (215). Plath demonstrates the suffocation, and frustrations, of a woman cut off from the world, and who is trapped in a distorted reality through her protagonist character of the novel. The jar represents how Esther's mind is imprisoned by her thoughts and past haunting memories. This aligns with the idea of Freud, which depicts the traumatic experience of an individual who can be buried deeply within their mind and feels trapped or unable to express emotion. Caruth emphasizes how trauma could shatter the sense of self, leaving the struggle to cope with the present while constantly grappling with the past.

The bell jar in *The Bell Jar* thus becomes a multifaceted symbol, not just of isolation, but also of repression, representing how Esther's trauma is both ever-present and elusive. The bell jar is a metaphorical space in which time and memory collapse, trapping Esther in a cyclical relationship with her trauma. As Caruth notes, the traumatic event does not simply reside in the past but keeps intruding into the present, preventing the individual from achieving a coherent understanding of their experiences. This constant intrusion of the past into the present creates a disorienting reality where the

individual is unable to distinguish between what is real and what is distorted by traumatic memories. For Esther, the bell jar represents not only her isolation from society but also the suffocating effect of her own mind, which becomes both her prison and her battleground. This creates a fractured self, where Esther's identity is no longer stable or unified. Her inability to reconcile her past with her present reality results in a profound sense of alienation, further exacerbating her mental distress. Freud's concept of repression is particularly relevant here, as it explains how Esther's mind seeks to protect itself by burying painful memories, only for these memories to resurface in distorted and fragmented forms. The bell jar, as a symbol of this repression, encapsulates Esther's struggle to break free from both the confines of her mind and the societal expectations that contribute to her trauma, offering a poignant depiction of the psychological experience of being trapped within oneself.

Conclusion

The idea of trauma is criticized because it is often regarded as a highly upsetting experience that has a significant detrimental effect on how the self organizes its emotions and perceives the exterior world. "The impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located, in its insistent appearance outside the boundaries of any single place or time" (Caruth, 1996, p.9). Trauma investigates the implications of trauma in literary texts by interpreting its psychic, sophistry, and symbolic value. Thus, it results in trauma, which could then lead to neurosis. Trauma in the senses that it has been defined in this paper, runs through the gamut of Plath's novel.

In *The Bell Jar*, the trauma experienced by Esther is not confined to a single event but is a cumulative effect of societal expectations, personal disillusionment, and mental health struggles that disrupt her sense of self. Plath intricately explores how trauma permeates every aspect of Esther's life, creating an internal conflict that is difficult to resolve. As Caruth's theory suggests, trauma is not easily categorized or fully understood—it manifests as a persistent presence that cannot be neatly placed within a particular time or context. This sense of timelessness and fragmentation is evident in Esther's journey, where memories, desires, and fears blur together, making it impossible for her to maintain a cohesive sense of identity. The impact of trauma, as highlighted in both Caruth's analysis and Plath's portrayal of Esther, is that it reshapes the individual's perception of reality and self. It leads not only to psychological distress but also to a

disconnect from the world, where healing becomes an elusive goal. In examining trauma within the novel, the paper demonstrates how literature can act as a vehicle for understanding the complex nature of psychological wounds, emphasizing the deep psychological toll trauma takes on both the individual and their relationship with society. Ultimately, Plath's narrative shows that trauma, in its various forms, can shape an individual's entire life, leaving them trapped in a cycle of suffering that is difficult to break, yet deeply essential for understanding the human experience.

References

Aranganathan, A. (2024). Sylvia Plath's effect in trauma narrative in Sylvia Plath's *The Bell Jar*. *JARJ, 5*(2), 9–11.

Bond, L., & Craps, S. (2020). *Trauma*. Routledge, Taylor & Francis Group.

Balaev, M. (2012). *The nature of trauma in American novels*. Northwestern University Press.

Caruth, C. (1996). *Trauma: Explorations in memory*. The Johns Hopkins University Press.

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. BasicBooks.

Kaur, P. (2023). *Cathy Caruth's trauma theory and contemporary Indian fiction: A study* [Doctoral dissertation, Dayalbagh Educational Institute, deemed to be University]. https://shodhgangotri.inflibnet.ac.in/bitstream/20.500.14146/13996/1/synopsis.pdf

Mandal, K. D., & Singh, S. (2022). Sigmund Freud's psychoanalytic perspectives on trauma theory with special reference to hysteria. *Journal of Positive School Psychology, 6*(4), 10256–10260. http://journalppw.com

Marder, E. (2006). Trauma and literary studies: Some enabling questions. *Reading On*. USA: Emory University.

Plath, S. (1999). *The Bell Jar*. UV Studios.

The Impact of Mobile and Computer Overuse on Human Flourishing Among Students in the Post-Corona Era

Sabina Leo

Asst.Professor, Naipunnya Institute of Management and Information Technology, Pongam

sabina@naipunnya.ac.in

Abstract

Human flourishing[1] refers to a state of optimal well-being, where individuals can reach their full potential and live a wholesome life. It encompasses various aspects of human existence, including physical, emotional, mental, and social well-being. This concept is rooted in ancient Greek philosophy, particularly in the works of Aristotle[2], who believed that humans have a unique potential for excellence and that living a virtuous life is essential to optimise happiness and fulfilment. It has been ascertained that the COVID-19 pandemic triggered a massive shift in digital habits among students[3], as mobile devices and computers became indispensable for remote learning and social interactions leaving a drastic impact on human flourishing. While these technologies played an integral component in maintaining academic continuity and personal connections during lockdowns, their addiction and overuse[4] in the post-pandemic era[5] has raised concerns about their impact on students' overall well-being[6], thus obliterating human flourishing. This study authenticates how excessive exposure to technology leads to multiple physical and mental health disorders[4]. Moreover, academic challenges like reduced concentration, impaired memory retention, and poor time management have also been observed. A survey that was conducted provided quantitative data on their digital habits and well-being, while in-depth interviews with few participants offered qualitative insights into their experiences. The findings highlight a concerning trend: while technology has been a vital tool, its unbalanced use can hinder human flourishing. This research emphasizes the urgent need for educational institutions, mental health professionals, and policymakers to promote balanced technology use, ensuring students can achieve holistic well-being and thrive in the post-Corona era.

Keywords: COVID-19, Quarantine, Addiction, Higher Education, Expectations, Survey

Introduction

COVID-19 emerged in late 2019 and forced many countries including India to implement quarantine measures, such as lockdowns, home confinement, self-isolation, and social distancing, which raise public health concerns. Because students had to take online classes from home during the pandemic, there was a significant increase in their use of mobile phones which led to the rise in mobile phone addiction. It has also been found that pandemic lockdown measures resulted in a rise in negative emotions in adolescents, which manifested as sleep problems, anxiety[7], depression, anger[4], isolation and suicidality. Indeed, youth has faced a significant global health concern during the pandemic. However, neither the connection between mobile phone addiction and the increased mental and health issues of students during the pandemic, nor the associated psychosocial mechanisms, have been adequately explored. Therefore, to fully understand the underlying mechanisms in the relationship between adolescent mobile phone addiction and mental and physical health during the COVID-19 pandemic, there has been a call for more profound investigative research.

Mobile phone addiction which affects the human flourishing

Mobile phone addiction is defined as the inability to regulate personal mobile phone use, which can eventually lead to symptoms similar to substance abuse disorders, such as compulsive use, withdrawal, cravings, loss of control[8], and mood dysregulation. There were many studies conducted to study the impact of addiction in students in many countries. Annual Status of Education Report (ASER)[9] 2024 published on January 28, 2025 states that over 80% teens know how to use smartphones, only 57% engage for educational purpose. It further reported that Kerala stood out prominently, with over 80% of children using smartphones for educational activities and more than 90% for social media engagement. And in India about 82.2 per cent of teenagers aged 14-16 know how to use a smartphone, however, only 57 per cent engage in an educational activity on their device, while 76 per cent used it for social media during the same period, shows the latest edition of the Annual Status of Education Report (ASER) released, January 28, 2025[9].

According to the HT News Desk of January 28, 2025[10], 76% kids aged 14-15 using smartphones for social media, usage more among boys than girls. The report noted that more than 82 per cent of the children in the said age group know how to use a

smartphone and more boys than girls own one. A report on education in India revealed that 76 per cent of children in the age group of 14-16 use smartphone devices for accessing social media while over 57 per cent use them for educational purpose, which was facilitated by an NGO, "Pratham"[10]. Several studies have also found that "mobile phone addiction could result in several physical and mental health issues, such as dry eyes, migraine headaches, sleep disorders, intellectual impairment, depression, and anxiety"[6]. However, only a few studies have investigated the associations between mobile phone addiction and its effect on Human Flourishing. It has been found that mobile phone addiction can lead to adverse psychological sequelae, with depression and sleep disturbance being the most commonly reported[11].

Research questions for students, teachers and parents

1. Do you use mobile phone for -

   a. Educational Activity   b. Social Media   c. Other purposes

2. What type of problems have you faced while using a Mobile phone? (Physical, Technological, Mental, Psychological)

3. Can you describe some ways in which mobile phones have helped or hindered student-learning during the pandemic and after the Pandemic?

4. In your opinion, what is the most significant impact of excessive mobile phone use on the health of student's attention span and working memory during the pandemic and after the pandemic?

5. How does prolonged mobile phone use contribute to poor posture and musculoskeletal problems in students?

6. How does excessive mobile phone use contribute to increased stress and anxiety levels in students?

7. Can you describe the relationship between social media use and self-esteem problems in students, and?

8. What role do you believe mobile phones play in promoting or disrupting student's social connections and relationships?

9. How can excessive mobile phone use during study hours negatively impact student academic performance and learning outcomes?

10. What steps can parents or educators take to encourage responsible mobile phone use in a balanced and healthy way, and help students stay focused on their studies?

Methods

To analyse the effect of this situation, a survey had been conducted and data recorded from the Students of Classes 11th and 12th of St. Dominic Savio College (280 students). The mode of conducting the survey was done online. A questionnaire was prepared in Google Form which comprised 10 questions. Out of the total participants, 51.2% participants were girl students and 48% were boy students.

The recorded data was analysed statistically to get meaningful interpretations from the information provided by the subjects.
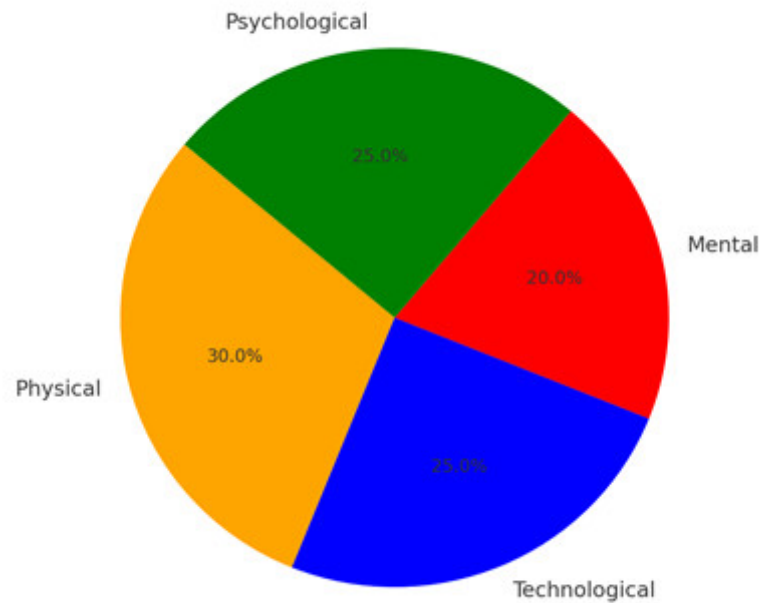
Results of the survey:

Q1. THE USE OF MOBILE PHONE.

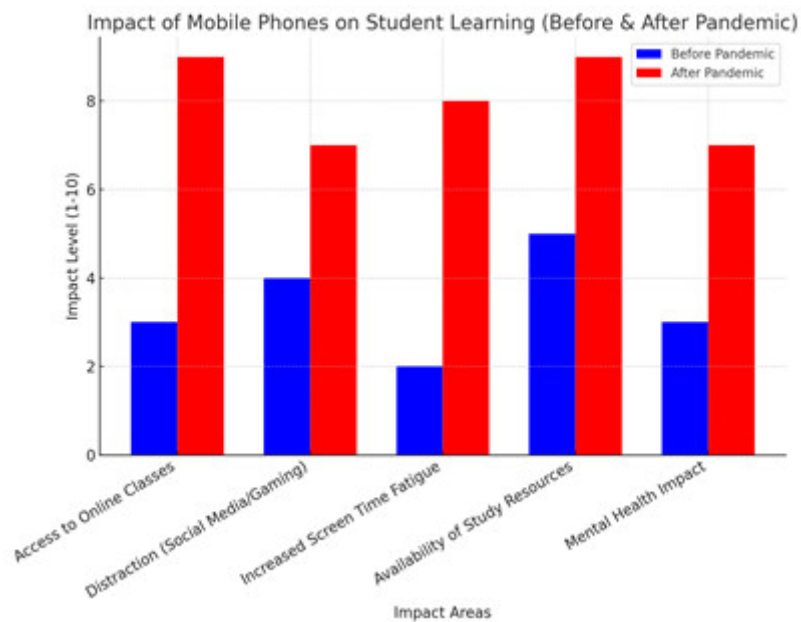
Mobile Phone Usage by Indian Students (Ages 16-18)
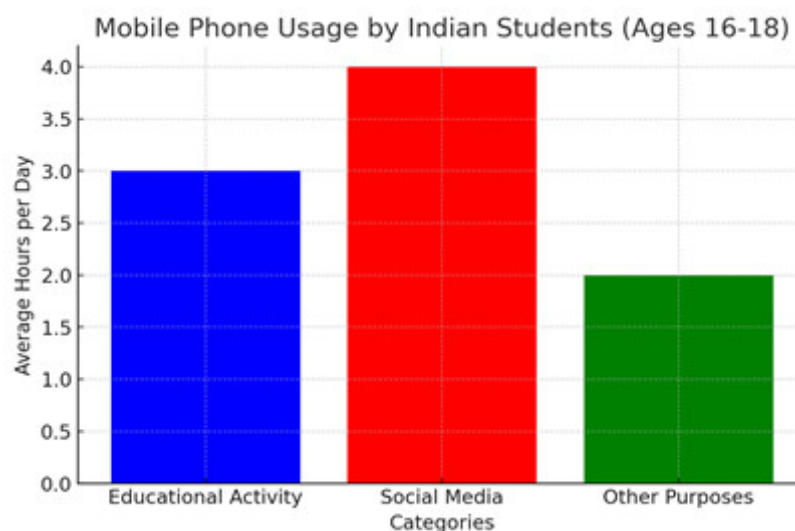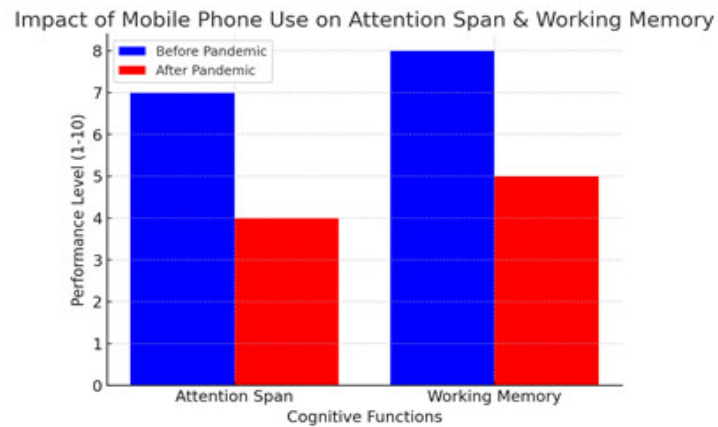
Q2: PROBLEMS FACED BY STUDENTS WHILE USING THE PHONE.

Problems Faced by Students While Using Mobile Phones

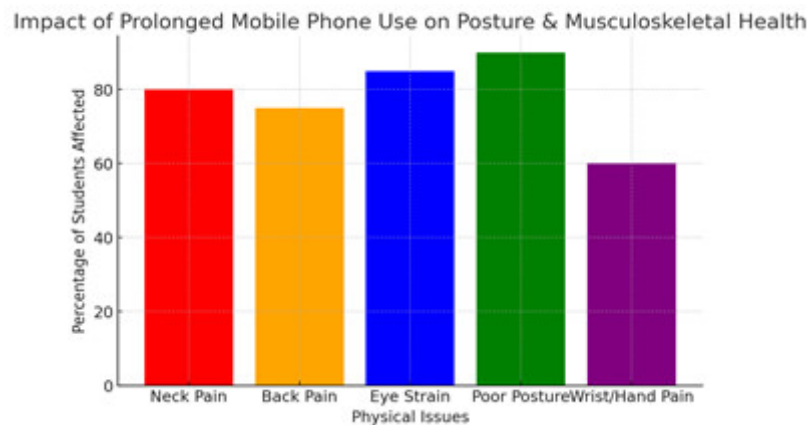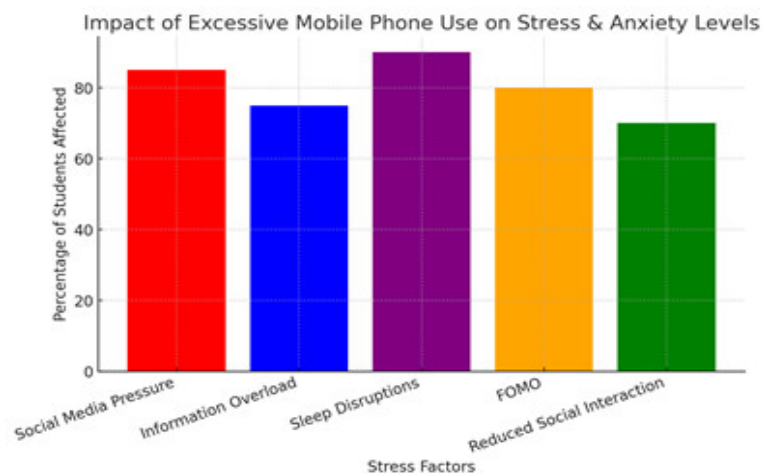Q3. THE IMPACT OF PHONES ON LEARNING BEFORE &AFTER THE
PANDEMIC.

Impact of Mobile Phones on Student Learning (Before & After Pandemic)

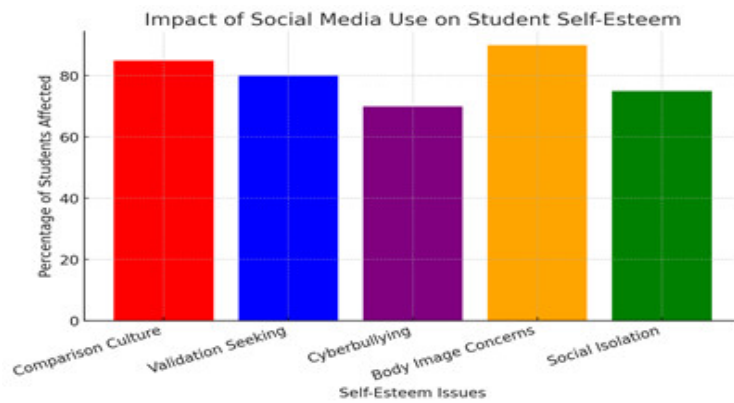## Q4. IMPACT OF MOBILE USE ON ATTENTION SPAN & WORKING MEMORY.

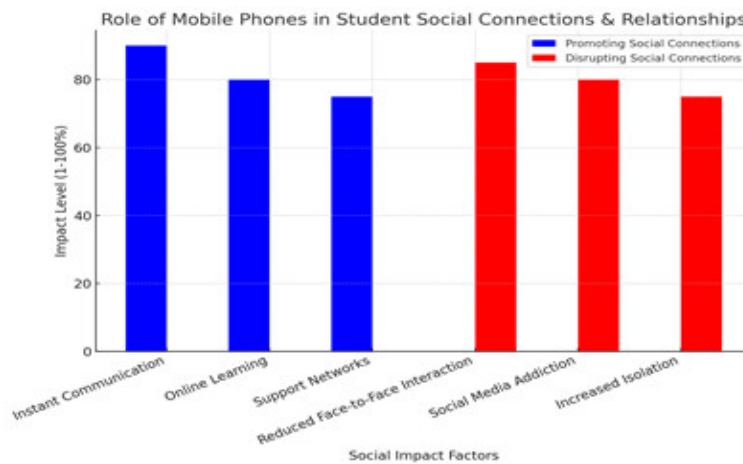## Q5. IMPACT OF PROLONGED MOBILE PHONE USE ON POSTURE AND PHYSICIAL HEALTH.

Q6. IMPACT OF EXCESSIVE MOBILE PHONE USE ON STRESS & ANXIETY LEVELS.
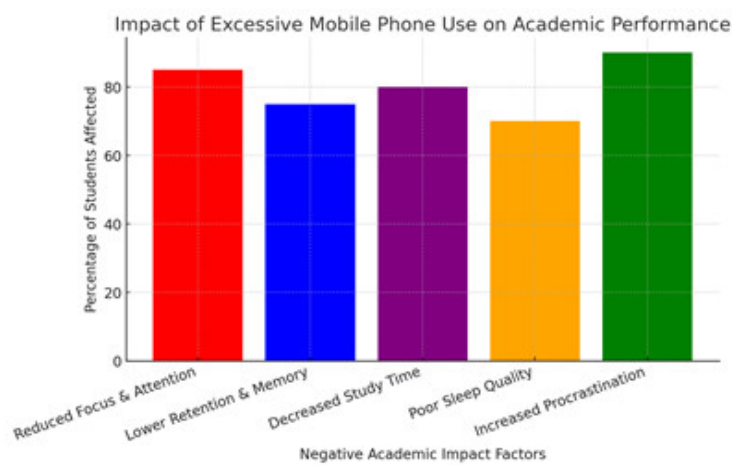
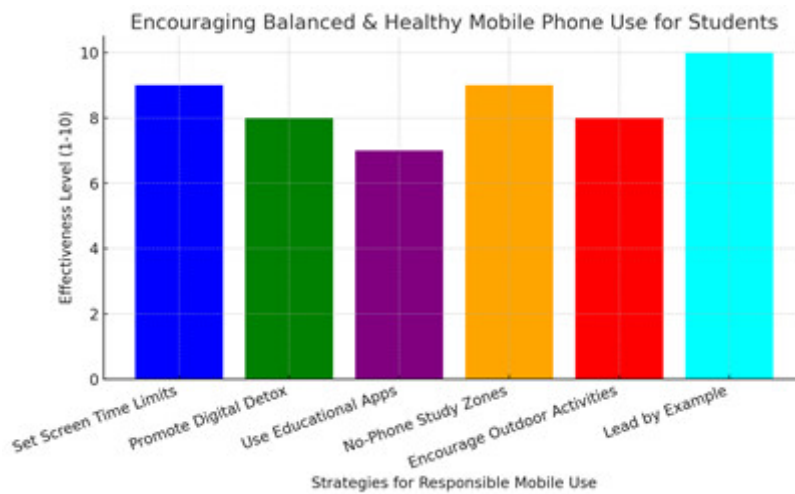## Q7. IMPACT OF SOCIAL MEDIA USE ON STUDENTS' SELF -ESTEEM.

Q8. ROLE OF MOBILE PHONES IN STUDENT'S SOCIAL CONNECTIONS AND RELATIONSHIPS.

Q9. EFFECT OF EXCESSIVE MOBILE PHONE USE ON ACADEMIC PERFOMANCE.

Q10. HEALTHY AND BALANCED MOBILE USE FOR THE STUDENTS.

Recommendations

There is a need to intensify awareness programs and address health issues of students due to excessive dependency on technology during the Pandemic. Government should plan effective strategies for the students and Educational Institutions. Academic calendars for students should be designed to keep the health effects of the overuse of smartphones and laptops while attending classes. Academic Institutes should be issued strict guidelines to avoid Mobiles in the Schools and Colleges. Moreover, it is also suggested that organizations should limit the dependency on technology allowing more human-to-human interaction.

Conclusion

The Lockdown scenario due to COVID′19 has compelled Institutions and Students to adapt to the remote mode of teaching and studying with the help of technology. This paper was an attempt to analyse the effects of the overuse of technology during the lockdown on student's health. From the results obtained, it can be concluded that the technology is a boon and life saviour in many situations but, in the long run, it has severe health effects if its use is uncontrolled for longer time durations. Nevertheless, the investigators observed that dependency on technology during lockdown has more health effects as compared to normal times. So, strict planning and implementation of strategies to decrease the psychological and physiological effects of a pandemic is required.

References

American Academy of Child and Adolescent Psychiatry. (2020). *Media habits during COVID-19: Children & teens on screens in quarantine*. Retrieved from https://www.aacap.org/App_Themes/AACAP/Docs/resource_libraries/covid-19/Screen-Time-During-COVID.pdf

Aristotle. (1985). *Nicomachean ethics* (T. Irwin, Trans.). Hackett Publishing Company.

Auvinen, A., Feychting, M., Ahlbom, A., Hillert, L., Elliott, P., Schüz, J., Kromhout, H., Toledano, M. B., Johansen, C., Poulsen, A. H., Vermeulen, R., Heinavaara, S., Kojo, K., Tettamanti, G., & the COSMOS Study Group. (2019). Headache, tinnitus, and hearing loss in the international cohort study of mobile phone use and health (COSMOS) in Sweden and Finland. *International Journal of Epidemiology, 48*(5), 1567–1579. https://doi.org/10.1093/ije/dyz127

Dienlin, T., & Johannes, N. (2020). The impact of digital technology use on adolescent well-being. *Dialogues in Clinical Neuroscience, 22*(2), 135–142. https://doi.org/10.31887/dcns.2020.22.2/tdienlin

HT News Desk. (2025, January 28). By HT News Desk, Jan 28, 2025 10:45 PM IST.

HT News Desk. (2025, January 29). Updated: January 29, 2025 10:08 IST. Wednesday, Feb 05, 2025, E-Paper.

Logan, A. C., Berman, B. M., & Prescott, S. L. (n.d.). Vitality revisited: The evolving concept of flourishing and its relevance to personal and public health. *International Journal of Environmental Research and Public Health*. Retrieved from https://www.mdpi.com/1660-4601/17/15/5337

Moreno-Llamas, A., García, J., & De la Cruz-Sánchez, E. (2020). The impact of digital technology development on sitting time across Europe. *Technological Forecasting and Social Change, 63*, 11–16.

Mozes, A. (2013, December 4). Can excessive cell phone use become an addiction? *U.S. News & World Report*. Retrieved from https://health.usnews.com/health-news/news/articles/2013/12/04/can-excessive-cell-phone-use-become-an-addiction

Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., Kaushal, V., & Rani, A. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry, 51*, 29–35. https://doi.org/10.1016/j.ajp.2020.102066

Tyagi, A., Duhan, M., & Bhatia, D. (2013). Impact of communication technology on human brain activity: Mobile phone vs. landline phone. *International Journal of Medical Engineering and Informatics, 5*(1), 20–30. https://doi.org/10.1504/ IJMEI.2013.051662

Faith, Fate, and Healing: The Role of Trust, Connection, and Belief in Psychological Recovery

Ms. Sreelakshmi K

Asst.Professor, Naipunnya Institute of Management and Information Technology, Pongam

sreelakshmik@naipunnya.ac.in

Abstract

Healing is a complex and multifaceted process that transcends biological and medical paradigms. While medical humanities emphasize the importance of literature and the arts in understanding illness and recovery, this paper explores healing through a broader lens, focusing on the philosophical, emotional, psychological, and existential dimensions. Healing, in this context, is not solely a biological process but a journey deeply intertwined with belief systems, memories, and human connections. Indian literature, in particular, often portrays healing as an intricate blend of faith, spirituality, and medical science, reflecting the cultural nuances of recovery. Through a study of Rabindranath Tagore's *The Kabuliwala*, Roald Dahl's *Poison* and R. K. Narayan's *The Doctor's Word*, this paper illustrates how healing, as depicted in literature, is not a singular experience but a multidimensional one. These narratives highlight that healing extends beyond the realm of physical medicine, touching upon emotions, words, relationships, and the role of fate. The characters in these stories rely not only on medical intervention but also on emotional resilience, human connection, and spiritual beliefs as part of their healing processes. By analyzing these diverse literary works, the paper argues that healing is a dynamic process shaped by a confluence of internal and external factors, where belief systems, memories, and human connections play pivotal roles in recovery. This study provides a deeper understanding of how literature serves as a powerful tool in capturing the holistic nature of healing.

Keywords: Healing, Psychological distress, Love, Memory, Human connection

Introduction

Healing has long been considered the domain of medicine, a field governed by science, diagnosis, and treatment. However, human experiences of illness and recovery extend far beyond the physical, encompassing emotional, psychological, and even existential dimensions. This intersection between medicine and the humanities—often referred to as medical humanities—explores how literature, philosophy, and the arts contribute to a deeper understanding of health, suffering, and healing. Stories, in

particular, offer invaluable insights into the complexities of illness, revealing how belief, fear, memory, and human connection shape the process of recovery.

Literature frequently challenges the notion that healing is a purely biological process. While medical advancements address the body, narratives explore the role of the mind and emotions in determining well-being. Some stories highlight the power of belief in overcoming illness, as seen in R.K. Narayan's *The Doctor's Word*, where the doctor's prognosis influences his patient's fate. Others, like Roald Dahl's *Poison*, illustrate the darker side of perception, showing how fear alone can manifest as physical symptoms. Meanwhile, narratives such as Rabindranath Tagore's *The Kabuliwala* and Ruskin Bond's *The Night Train at Deoli* emphasize the healing power of memory and human connection, revealing that emotional wounds often endure long after physical injuries have healed. By examining these literary representations of healing, this paper explores how illness is not just a medical condition but a deeply human experience. Through stories that capture the fragile relationship between mind and body, literature offers a more holistic perspective on health—one that acknowledges the significance of belief, love, and storytelling in the process of healing

The Doctor's Word: Medical expertise vs. faith in healing

R K Narayan's *The Doctor's Word* presents a doctor who is "not a mere doctor expressing an opinion but a judge pronouncing a verdict." (Narayan, 1970, p.30) He is known for his unshakeable confidence and exemplary diagnostic skills. He does not believe that agreeable words ever saved lives nor does he consider it "his business to provide comforting lies when as a matter of course nature would tell them the truth in a few hours" (Narayan, 1970, p.30). But when faced with the fear of losing his friend, Gopal, the doctor's words prove just as powerful and essential as his medical knowledge. The story emphasizes that healing is often psychological where the healer's words play the hand of God and influence rehabilitation. The patient's survival does not entirely depend on medicine but leans significantly on the trust placed in the doctor's reassurance. Science and belief are masterfully weaved together, showing that both are necessary for true healing.

Ramu's patients place complete trust in him, believing that his words alone can determine their fate. This belief is captured when the narrator says, "A word from him

was a boon or a verdict of death. Despite being a man of science, he admits the placebo effect of his affirmations" (Narayan, 1970, p.30). This is quite evident in his internal conflict when treating Gopal. The air of detachment that surrounds him vacillates as he admits that it is the first time in his life he is "hesitating to utter a word". This moment is in harmony with the themes found in Anton Chekhov's short story *Ward No. 6*, where the doctor's pessimism and stoicism result in the negligent disregard of the patients' suffering. For Dr. Andrei Rabin's, the most insignificant of our petty misfortunes fills us with alarm, while we bear the greatest calamities of others with philosophical tranquility. He claims that there is no such thing as illness; it is all a delusion. Pain and suffering exist, but disease is a figment of the imagination.

Narayan's doctor acknowledges that hope is the gateway to healing unlike Chekov's protagonist who dismisses the role of empathy and compassion in medicine. Ramu admits that he was not supposed to lie, but recognises the need for rapid intervention as the patient was sinking fast and along with him the hope of recovery. He reassures the family saying, 'Don't be so anxious. It is nothing serious; he will be alright'" (Narayan, 1970, p.32). Rabindranath Tagore's *The Kabuliwala* mirrors this theme where the power of words aids in emotional recovery. The same idea is reflected in Leo Tolstoy's *The Death of Ivan Ilyich*, where the protagonist's health deteriorates further when he accepts the hopelessness reflected in the words and attitudes of those around him. This hopelessness becomes clear when he remarks that, "It was not a question of appendix or kidney, but of life and... death. Yes, life was there and now it is going, going and I cannot stop it. That is what is so terrible" (Tolstoy, 1886, p.79). Contrarily, Gabriel García Márquez's *One Hundred Years of Solitude* presents the magical power of storytelling that heals the characters physically and emotionally. The narrative itself becomes the agent of healing. At its core, *The Doctor's Word* suggests that faith in a healer's word can be a catalyst for recovery and is just as vital as medical treatment. Narayan challenges the strict demarcations between science and belief, illustrating that healing is multifaceted. It is not entirely determined by medicine but also by the capacity to hope and trust. The inexhaustible and transformative power of language is masterfully portrayed.

Poison: The power of the mind in physical illness

Roald Dahl's *Poison* is a compelling narrative, set in India. It highlights the interplay of fear and the body's response. The protagonist, Harry Pope, is found lying in bed by the narrator, paralyzed with fear over a venomous snake resting on his stomach, leading to extreme panic and anxiety. The narrator could see it on Pope's face as it resembled "a sheet of paper". "The skin was white and damp, and there was sweat breaking out all over." These signs of distress suggest that the mind plays a vital role in health and perception of danger can create physical symptoms. The theme stands in contrast to *The Doctor's Words*, where trust aids healing. *Poison* illustrates how fear can lead to suffering even in the absence of any physical threat. He reinforces the idea that we suffer more in imagination than in reality and the mind's potential to create illness as much as it can heal it.

Similar to Narayan's physician, Dahl's doctor represents the rational world of medicine but finds his medical expertise powerless against the psychological grip of fear. Anton Chekov's *Ward no. 6* has a similar protagonist whose belief in his incurable condition aggravates his suffering showing that perception can determine health outcomes. A sick man, lying motionless in bed, does not see reality as it is. He has a bizarre, twisted, and exaggerated perspective on things. He needs kindness, a human phrase, and a kind voice more than medication. Chekhov emphasises the vital role of mental and emotional well-being placing it on par with medical treatment, paralleling *The Doctor's Word.*

Dahl's examination of illness driven by fear corresponds with Edgar Allan Poe's *The Fall of the House of Usher*, where the psychosomatic turmoil of Roderick Usher manifests as a heightened sensitivity to noise, touch and light, implying that fear is not merely just an emotion but an illness in itself. Gregor Samsa's transformation into an insect in Kafka's *The Metamorphosis,* symbolizes how psychological distress can reveal itself in ghastly physical forms. Similar to Dahl, both Poe and Kafka, portrays the delicate connection between fear, belief and physical deterioration. *The Plague* by Albert Camus is another prime example of how fear can spread like an infection. Dahl's story depicts a psychological epidemic of the mind whereas Camus's characters are struggling with an actual one. For Dahl's character anxiety proves as powerful as any poisonous bite. Poison suggests that internalized fears are just as powerful as- if not more so than- external

threats. By highlighting the power of the mind in shaping one's reality, this story challenges the traditional view of healing. Through the exploration of fear driven physical reactions, including paralysis, Dahl acknowledges the frightening power of mind to create and destroy.

The Kabuliwala: Healing through love and memory

Rabindranath Tagore's *The Kabuliwala* is a poignant short story that examines emotional healing through love and memory. The theme concerns an Afghan merchant and a little Bengali girl, and it shows how such human ties could reduce the pain inflicted by distances, not just in space but also in time. Tagore brings to life how the universal kinship of father's love will ever prevail, despite language and cultural confines. This is evident when Mini says, "I forgot that he was a poor Kabuli fruit-seller, while I was—. But no, what was I more than he? He also was a father" (Tagore, 1892, Para 42). As the narrator reflects, Mini had always been too talkative. She was unable to spend a minute in silence. When she saw *The Kabuliwala*, she at once began to talk with him. This accentuates how human relationships can overcome social barriers. Healing is shown, therefore, in reconciliation, love, and memory-not medicinally. Others may find their friendship strange and uncalled-for on account of difference in age, culture, and life situation, but it has served as a source of comfort and revival.

Similar to R K Narayan's "Doctor's Word", where the healer's words have been catalysts for recovery, *The Kabuliwala* demonstrates the power of storytelling and memory to heal. Just as she finds happiness in his company, Rahmat, the merchant, gets some solace from the chatter of the little girl himself. Unfortunately, he realizes the pain of separation, and the lost years when he is in prison and returns to find Mini all grown up. He had imagined Mini to be the same little girl whom he had known years ago. His heart was heavy with the pain of separation from his own daughter, and Mini's grown-up appearance reminded him of the lost years. The story suggests that love doesn't always have to be expressed through words. Unspoken love acts as a source of healing. The memories of Mini acts as a source of joy as he longs for his own daughter in Kabul, emphasizing the idea that emotional bonds can transcend physical absence.

This theme is reflected in Ruskin Bond's *The Night Train at Deoli*. The story depicts the narrator and a girl who meet at a railway station. The encounter results in a

transient but meaningful connection even when no words are exchanged. The meeting leaves a lasting impression on his soul. As he states, the girl smiled at him, but said nothing. She was holding a small bundle, and he guessed she had come to the station to see someone off. The significance of their unspoken bond is highlighted when he says, "Somehow, I could not bring myself to break that silence. I watched her as the platform slipped away, and once again I had to run to the door and wave" (Bond, 1988, p.53). He makes sure to always look out for the girl, but he never sees her again. The power of human emotions is conveyed through both the stories through the depiction of brief encounters and how they can have a deep-seated effect on individuals, forming one's perceptions of love, longing and healing through memory.

Toni Morrison *Beloved* demonstrates how memories have a central role to play in pursuing emotional healing. Through Sethe's struggle with her memories of her child, she shows the interaction between grief and love during the period of healing. This resonates with how Rahmat endures the pain of separation from his daughter. Both the stories convey how love brings peace even in the absence of possibilities for reunion by travelling beyond time and space. Jhumpa Lahiri's *The Namesake* reflects the theme of emotional healing through relationships through the character of Ashoke Ganguli. His journey towards self-realization and the transformative power of memory is portrayed through his fondness for the book that saved his life. Despite the passage of time, Rahmat's fond memories of Mini serve a similar purpose to that of the book. At the end, *The Kabuliwala* is a reminder that love is a source of healing though often tested by time and fate. The story communicates the idea that healing is not completely physical and that the heart has the potential to find its own ways to heal through reminiscence and emotional resilience.

The many faces of healing in literature

As demonstrated throughout these literary works, healing encompasses far more than just a physical entity: It comprises psychological, emotional, or even existential elements of human experience. R.K. Narayan's *The Doctor's Word* illustrates the fact that belief and language have a strong power in health outcomes just as Roald Dahl's *Poison* indicates the manifestations of physical deficiencies merely through fear. Through the representation of suffering, whether it is a result of cynicism or fear, Anton Chekhov's

Ward No. 6 and Leo Tolstoy's *The Death of Ivan Ilyich* reinforces how perception could create suffering.

The Kabuliwala by Rabindranath Tagore and *The Night Train at Deoli* by Ruskin Bond talk about the emotional healing through memory, love, and human connection. The very essence of healing is unbreakable bonds between people, whether short-lived or lifelong, like stories and memories entwined with continuity and comfort as in Gabriel García Márquez's *One Hundred Years of Solitude*. Further, the weight of loss and yearning in Toni Morrison's *Beloved* speaks how healing is often found not in reclaiming the past but in the acceptance of its permanence.

Conclusion

Ultimately, everyone could sense the clinical obstacles posed by the very idea of healing: healing is not merely the curing of an ailment and facing the fright-inducing dilemma, but rather symbolic of many deeper issues... healing is found not merely in recovery, but in tolerance of suffering and recognition that healing takes place when, through words, memory, and love, the divine steps in. Whether it be a doctor's coy reassurance, a dalliance breaking apart through the wear and the tear of time and distance, or the father's love that provides reassurance over any length of time the works affirm that healing is an act of mind and heart more than of body.

References

Camus, A. (1947). *The plague* (S. Gilbert, Trans.). Vintage International.

Dahl, R. (1950). *Poison*. In Someone like you. Alfred A. Knopf.

García Márquez, G. (1967). *One hundred years of solitude* (G. Rabassa, Trans.). Harper & Row.

García Márquez, G. (1985). *Love in the time of cholera* (E. Grossman, Trans.). Alfred A. Knopf.

Google Books. (n.d.). *The Night Train at Deoli and other stories*. https://books. google.co.in/books?id=xGOf5O8HtvQC&printsec=frontcover&redir_esc=y#v= onepage&q&f=false 52-57

Kafka, F. (2009). *The Metamorphosis and other stories*. In Oxford University Press eBooks.https://doi.org/10.1093/owc/9780199238552.001.0001

Lahiri, J. (2004b). *The namesake*. Houghton Mifflin Harcourt.

McSweeney, K. (2008). *The realist short story of the powerful glimpse: Chekhov to Carver*. Choice Reviews Online, 45(07), 45–3617 https://doi.org/10.5860/choice.45-3617

Narayan, R. K. (1970). An astrologer's day and other stories. Indian Thought Publication. 30,32.

Soulitude. (2019, May 6). *Kabuliwallah*: *The fruit-seller from Kabul* - Soulitude Retreat, Nainital. Soulitude Retreat, Nainital. Para 42.https://soulitude.in/kabuliwallah-the-fruit-seller-from

Tally, J. (2008). *Toni Morrison's "Beloved*": Origins. Routledge.

Tolstoy, L. N. (1886). *The death of Ivan Ilyich.* https://www.sgim.org/File%20Library/SGIM/Meetings/Annual%20Meeting/Meetign%20Content/AM%2014%20handouts/SSC2-Shapiro-theater.pdf

Weathering the Storm: An Exploration of Health, Wellness, and Resilience in Mildred Taylor's *Roll of Thunder, Hear My Cry*

Dr. Veena Vijaya
Associate Professor, Naipunnya Institute of Management and Information Technology, Pongam
dr.veena@naipunnya.ac.in

Abstract

This paper, titled *Weathering the Storm: An Exploration of Health, Wellness, and Resilience in Mildred Taylor's Roll of Thunder, Hear My Cry*, investigates the themes of emotional, mental, and physical resilience in the face of racial oppression. Set during the Great Depression in the racially segregated South, the novel follows the Logan family, particularly young Cassie, as they grapple with the systemic racism that undermines their dignity and well-being. Through the lens of literary theories such as trauma theory, resilience theory and feminist theory, the study examines how the characters, especially Cassie, navigate the psychological and emotional effects of racial violence and discrimination. Trauma theory is employed to understand how characters internalize the scars of racial injustice, while resilience theory highlights the role of inner strength and familial ties in overcoming adversity. The research emphasizes the importance of community support and collective empowerment in maintaining wellness, suggesting that resilience is not solely an individual endeavour but also a collective one rooted in familial and communal solidarity, with particular attention to Black femininity. The paper concludes that Taylor's depiction of health and wellness reflects the profound psychological and emotional toll of racial oppression, while illustrating how resilience-founded in identity and unity-serves as a means of survival and resistance. This exploration of resilience within marginalized communities, especially in the context of ongoing racial injustice, offers critical insights into coping with trauma and addressing social inequalities that continue to resonate in contemporary society.

Keywords: health, wellness, resilience, systemic racism, trauma

Introduction

Mildred D. Taylor's *Roll of Thunder, Hear My Cry* (1976) is a poignant and compelling exploration of race, family, and resilience in the context of the American South during the Great Depression. Through the experiences of the Logan family, particularly young Cassie Logan, Taylor intricately portrays how systemic racism and the brutality of white supremacy adversely affect African American families, not only

physically but emotionally and psychologically. Health and wellness in the novel are not merely physical states but psychological and emotional conditions shaped by the characters' struggles with injustice. At the heart of *Roll of Thunder, Hear My Cry* is a theme of resilience. The Logan family demonstrates that survival in the face of dehumanizing racial oppression requires more than endurance; it necessitates an active, self-affirming resilience rooted in family, community and self-empowerment. This paper explores the ways in which health, wellness and resilience manifest throughout the novel and how these themes contribute to the broader narrative of resistance and survival.

By focusing on resilience as a psychological and emotional response to the trauma of racism, this paper examines the novel through a lens informed by trauma theory, psychological resilience theory, and feminist readings. In doing so, it aims to show that while the characters in *Roll of Thunder, Hear My Cry* face insurmountable odds, they exhibit a profound and multifaceted resilience that enables them to preserve their health—both mental and physical—and their sense of self in a world that seeks to strip them of both.

Literature review

The novel *Roll of Thunder, Hear My Cry* has been widely analyzed for its portrayal of race and identity, yet there is a gap in critical discourse regarding its treatment of health, wellness and resilience. Scholars have examined themes that focus primarily on the emotional and psychological effects of racism on the characters. The connection between trauma and resilience is a theme that is explored through the psychological lens of the protagonist, Cassie Logan. Davis (2009) emphasizes the novel's exploration of trauma, particularly the psychological scars left by racial violence, noting that the novel offers "a nuanced depiction of how the trauma of systemic racism impacts both the individual and the collective psyche of African American families." The trauma experienced by Cassie and her family is not just physical but also deeply emotional and psychological, manifesting in the characters' ongoing struggles to maintain their sense of identity and dignity in a racially oppressive society.

In addition to trauma theory, feminist readings of *Roll of Thunder, Hear My Cry* highlight the gendered dimensions of resilience, especially in the context of the role women play within the family. Mama Logan, as a matriarch, is portrayed as a figure who

nurtures both physical and emotional well-being for her children, despite the oppressive environment. Scholars such as Hunter (2014) argue that Mama represents the intersection of race and gender in the way she teaches resilience and survival to her children. Furthermore, psychological resilience theory, as explored by researchers like Southwick and Charney (2012), sheds light on the mechanisms of resilience, which involve not just enduring hardship but also adapting to it. In the novel, resilience is not merely about surviving oppression; it is about maintaining one's dignity, agency and sense of self-worth in the face of relentless adversity. This is reflected in the ways the characters rely on family, community, and personal strength to weather the storms of racism and violence.

In her essay *"A Search for Law and Justice in a Racist Society,"* Hamida Bosmajian touches on the themes of health, wellness, and resilience in the novel by Mildred Taylor. She highlights how the Logan family's struggle for justice and equality in the face of racism impacts their emotional and mental well-being. Despite the traumatic experiences and systemic oppression that they face, the characters, particularly Cassie, demonstrate resilience by maintaining their sense of self-worth and dignity. The essay emphasizes the importance of emotional strength and community support as crucial elements in preserving their mental health and ability to endure adversity. Through the Logan family's perseverance, the novel reveals how resilience plays a vital role in surviving and resisting racial injustice.

Kelly McDowell in the essay *"Child Agency in Roll of Thunder, Hear My Cry,"* explores the ways in which young characters, particularly Cassie Logan, assert their agency in the face of racial injustice. McDowell discusses how Cassie's emotional and psychological growth enables her to navigate a society that seeks to undermine her sense of worth. The essay highlights how, despite the trauma and adversity the characters face, they demonstrate resilience by maintaining their self-esteem and fighting against oppression. Through Cassie's journey, McDowell underscores the importance of child agency in fostering mental and emotional strength, contributing to their overall wellness and resilience.

The role of education is the principal focus of Cicely Denean Cobb's essay *"The Role of Education in Mildred Taylor's Roll of Thunder, Hear My Cry,"* where she highlights how characters like Cassie Logan use education not only to resist racism but also to preserve their mental and emotional well-being. Education becomes a means for

empowerment, helping the children build self-worth and navigate the oppressive society around them. Cobb argues that through education, the Logan children gain the strength to resist injustice and maintain resilience in the face of adversity, ultimately supporting their mental and emotional health.

Empowerment and Collaborative Agency in Roll of Thunder, Hear My Cry by Maher Ben Moussa critically examines the theme of child agency and empowerment in the novel, specifically through the character of Cassie Logan. While some critics argue that Cassie develops full agency and subversive subjectivity, the study challenges this view. It suggests that Cassie's empowerment is incomplete, as the novel's ending does not fully reflect her growth. Using self-in-relation theory and feminism, the article posits that Cassie fails to engage with a broader, interconnected community, both within the African American and white populations, which limits her ability to foster meaningful activism. The study concludes that true agency and empowerment come from relationships that extend beyond the self and family, involving the larger community.

Roll of Thunder, Hear My Cry: An overview

Roll of Thunder, Hear My Cry is a historical novel set in the 1930s in Mississippi, during the era of racial segregation and injustice. The story follows the Logan family, particularly the nine-year-old Cassie Logan, as they navigate the oppressive environment of the South. The Logans are a proud, land-owning African American family who face constant challenges due to their race, including racial violence, economic hardship and discriminatory social practices. The novel centres around Cassie, who, as she matures, begins to understand the realities of racism and injustice that affect her family and community. Her experiences, ranging from the humiliation at a local store to witnessing the brutality of the white supremacist society, force her to confront difficult truths about identity, pride and resistance. The Logan family's primary asset is their land, which they fiercely protect against the constant threats of white landowners and the injustice they face.

At the heart of the novel is the theme of resilience, as the Logan family's bond and determination to stay united in the face of adversity serve as a source of strength. The story also explores the psychological toll of racism, particularly on Cassie, who learns important lessons about dignity, justice and the struggle for equality. Taylor's narrative

highlights both the personal and collective resilience needed to survive and resist systemic oppression, making the novel a powerful exploration of African American history and identity.

Theoretical framework

In *Roll of Thunder, Hear My Cry*, trauma theory, resilience theory, and feminist theory provide essential frameworks for understanding the emotional and psychological effects of racism and injustice on the Logan family, especially young Cassie. Trauma theory explores how the deep emotional scars caused by racial discrimination and violence affect individuals' mental well-being, illustrating how Cassie and her family navigate the trauma of systemic oppression. Resilience theory highlights their ability to endure and overcome these adversities, showing the strength and determination required to survive in an unjust society. Feminist theory further enriches this analysis by examining the gendered aspects of oppression, particularly focusing on how Cassie, as a young Black girl, confronts both racial and gender-based challenges. Together, these theories deepen the reader's understanding of how racism and injustice shape the emotional lives of the Logan family while also demonstrating their resilience and resistance.

Trauma theory examines the psychological, emotional, and social impact of traumatic experiences on individuals and communities. Originating in areas like psychology, psychiatry and cultural studies, trauma theory explores how individuals process and internalize traumatic events, including physical violence, emotional abuse, war and systemic oppression. Key to trauma theory is the idea that trauma can disrupt a person's sense of self, leading to long-term psychological effects such as post-traumatic stress disorder (PTSD), dissociation and identity crises.

A major element of trauma theory is its emphasis on the transmission of trauma, both within individuals and across generations. This concept, known as "intergenerational trauma," highlights how the emotional scars of one generation can affect subsequent generations, even without direct exposure to the original traumatic events. Critics like Cathy Caruth, in her influential work *Unclaimed Experience: Trauma, Narrative, and History* (1996), assert that trauma is often "unclaimed" or "unspeakable," manifesting through fragmented memory, silence or distorted narratives, as victims may struggle to articulate their experiences. Trauma theory helps to analyze how characters process and

embody trauma, focusing on the effects of historical or personal trauma in shaping their behaviour and worldview. It also highlights the importance of collective trauma and the role of community and solidarity in the healing process. Trauma theory reveals how stories of suffering and survival can offer pathways to understanding, recovery and resistance to continued trauma.

Trauma theory helps explain how the traumatic experiences of racism and violence affect the characters, especially the children. Cassie Logan and her siblings witness and experience racial discrimination, violence, and the threat of losing their family's land. These traumatic events disrupt their sense of security and identity, leading to emotional and psychological scars. Trauma theory explores how these experiences are often difficult to process, with characters like Cassie grappling with anger, confusion and a loss of innocence as they come to understand the racial injustices surrounding them.

Resilience theory focuses on the capacity of individuals, communities or systems to withstand, adapt to and recover from adversity, trauma or stress. It emphasizes the processes through which people or groups maintain or regain mental, emotional, and physical well-being despite encountering significant challenges. Central to resilience theory is the understanding that resilience is not simply about surviving hardship, but about thriving and growing in the face of it. This theory highlights protective factors such as personal strength, social support and community cohesion that enable individuals to overcome adversity and emerge stronger. Critical scholars such as Michael Rutter, in his seminal work *Resilience in the Face of Adversity* (1985), define resilience as a dynamic process of positive adaptation to significant stress or trauma. Rutter argues that resilience is not an inherent trait but rather a set of behaviours, thoughts and actions that individuals develop over time. He emphasizes the role of "protective factors," such as a stable home environment or supportive relationships, in fostering resilience. Resilience theory helps to explore how characters respond to overwhelming challenges, examining how their strength, relationships and personal growth enable them to overcome difficulties. Resilience is seen not just as an individual trait but also as a communal process, where the support of family, friends and society plays a crucial role in fostering recovery and resistance. Through these frameworks, resilience theory offers a powerful lens for understanding the capacity for healing and transformation, even in the most difficult circumstances.

The theoretical underpinnings are evident in the way the Logan family, despite the trauma they endure, demonstrate the capacity to cope, adapt and persist in the face of adversity. Cassie, in particular, shows resilience as she learns to navigate the complexities of racial injustice while maintaining her self-worth and dignity. The close-knit Logan family and their strong community provide emotional support, reinforcing the idea that resilience is not just an individual trait but is also rooted in collective solidarity and mutual support. The novel ultimately illustrates how the Logan family's strength, rooted in family bonds and cultural identity, enables them to withstand and resist the oppressive forces around them.

Feminist theory addresses gender inequality, focusing on the social, political, and cultural oppression of women. It critiques patriarchal systems and advocates for the equality of all genders. The foundational work of theorists such as Simone de Beauvoir (1949) and bell hooks (1981) has been central in exploring how gender roles are socially constructed and how these constructions limit women's autonomy and opportunities. Black feminist theory, a critical subset of feminist theory, highlights the intersection of race, gender and class, focusing on the unique experiences of Black women. Black feminists argue that mainstream feminism often overlooks the racial dimensions of women's oppression, which can only be understood through an intersectional lens (Crenshaw, 1989). The works of scholars like Audre Lorde (1984) and Kimberlé Crenshaw have contributed to the development of Black feminist thought, emphasizing the need to centre the voices and struggles of Black women in both feminist and racial justice movements.

Feminist readings on the novel focus on the empowerment and resilience of its female characters, particularly Cassie Logan which emphasize the intersectionality of race and gender, showing how the female characters confront both racial discrimination and societal expectations. Cassie, for instance, challenges traditional gender roles and societal norms through her acts of defiance and personal growth. Mama Logan also plays a crucial role in nurturing her children while subtly resisting the patriarchal structures of both the family and society. As noted by Smith (2015), the novel underscores the strength of women as pivotal figures in resisting oppression and asserting agency within a patriarchal, racially segregated society.

A complex landscape of physical and psychological struggles

The novel illustrates how systemic racism impacts not just the physical health but also the emotional and psychological well-being of African American characters. Through the struggles of the Logan family, Taylor demonstrates that health and wellness in a hostile environment are complex and interconnected, as they involve survival amidst systemic oppression, racism, and violence. At the core of the narrative, the Logan family's physical health is constantly jeopardized by the external threats of violence, discrimination, and economic exploitation. These threats are embodied in characters such as the Burnside brothers, who represent the constant danger of racial violence that Black people face in the South. For example, when the Logan children are harassed and attacked by white supremacists, their physical safety is compromised as part of a broader attempt to control and intimidate African Americans (Taylor, 1976). The very presence of this violence is a reminder of the larger structural forces that shape their lives and directly affect their health. As Taylor notes, "The colour of the skin determines one's place in society" (Taylor, 1976, p. 75), signifying that one's physical health is often subject to racial dynamics beyond individual control.

However, Taylor also weaves a more nuanced view of physical health through the symbolism of the Logan family's land. The land is more than a source of livelihood; it represents the family's autonomy and their dignity. In an environment where African Americans are stripped of their rights and autonomy, land ownership is a marker of physical health, independence, and survival. Mama Logan's declaration, "We may not have a lot, but we have our land" (Taylor, 1976, p. 165), encapsulates this sentiment. The family's battle to preserve their land symbolizes their fight for their right to exist and maintain their physical well-being in an oppressive society. In this sense, health transcends the physical body and becomes tied to one's autonomy and ability to resist the forces of dehumanization.

Psychologically, the constant threats of violence and discrimination take an undeniable toll on the mental and emotional well-being of the Logan family, particularly on the young protagonist, Cassie Logan. One pivotal moment of psychological trauma occurs when Cassie is humiliated by the white storekeeper in Strawberry. She realizes that, despite her father's hard work and her family's value, the system has dehumanized them, rendering them powerless. Cassie's emotional response—her anger, confusion, and

pain—reflects the deep psychological wound that systemic racism creates in those it targets. As Herman (1997) discusses, trauma theory suggests that long-term exposure to such forms of dehumanization can have lasting emotional consequences. Cassie's psychological struggle is evident as she begins to grapple with her identity and self-worth within the confines of a racially stratified society.

Moreover, the psychological toll of racism is not limited to individual suffering but also affects collective emotional well-being. The Logan family, while each member deals with individual psychological struggles, demonstrates resilience through their collective emotional strength. The family's support systems are crucial to maintaining psychological wellness, as they provide emotional care, protection, and hope in the face of adversity. As Davis (2009) argues, family acts as a buffer against trauma, helping individuals preserve their sense of security in a tumultuous world. The resilience of the Logan family is not only emotional but also psychological, as they continue to resist the oppression they face despite repeated acts of violence and racism.

Physical health and violence

One of the most striking aspects of *Roll of Thunder, Hear My Cry* is the depiction of physical violence directed toward African Americans in the novel. This violence is not isolated to individual acts of aggression but is deeply rooted in the systemic structures of racial inequality that permeate the society of the time. The characters in the novel experience physical threats that are a constant reminder of their vulnerability in a world defined by racism. The Burnside brothers, who threaten Papa Logan's life, are one example of the violence that the Logans face. These threats and physical attacks embody the ever-present danger of racial violence. In one scene, the Burnside brothers violently confront Papa Logan, making it clear that, in the eyes of the white community, African Americans are not allowed to assert their autonomy or challenge the racial hierarchy that seeks to dehumanize them. Taylor writes:

> "The Burnside brothers were laughing, and for a moment they stared at me, their faces cold and hard as stone, then without warning one of them punched me in the stomach and I staggered back, gasping for air. It was the way they looked at me, like I was nothing but a shadow, that hurt the most" (Taylor, 1976, p. 181).

This passage captures not only the physical violence of the attack but the emotional impact of being dehumanized in such a manner. For the Logan family, physical health is not merely about avoiding injury—it is tied to the survival of their dignity and autonomy. In the context of systemic racism, the physical threat is a constant reminder of the fragility of their existence. Yet, the Logan family's land stands as a symbol of their autonomy and physical well-being. The family's fight to maintain their land is, in essence, a fight for their survival—not just economically, but emotionally and psychologically. Mama Logan's statement, "We may not have a lot, but we have our land" (Taylor, 1976, p. 165), highlights the significance of land as both a physical and psychological anchor. The land is not simply a resource; it represents the Logan family's right to exist independently, to resist the systemic forces that seek to control and subjugate them. For the Logans, maintaining their land is a fight for their physical health, but also for their psychological wellness—the land is part of their identity, and the threat to it is a threat to their sense of self.

Psychological health and trauma

The psychological health of the characters in *Roll of Thunder, Hear My Cry* is profoundly impacted by the racial violence and systemic discrimination they face. Trauma theory, as discussed by Judith Herman (1997), posits that the trauma caused by systemic oppression has lasting emotional and psychological effects that hinder an individual's ability to cope with daily life. This is particularly evident in the character of Cassie Logan, who experiences a profound psychological toll as she confronts the realities of racism. Her humiliation at the store in Strawberry is a key moment in the novel that highlights the deep psychological impact of systemic racism.

In this pivotal scene, Cassie, a young girl, is subjected to the racist treatment of the white storekeeper, who refuses to serve her family. This moment of humiliation leaves Cassie grappling with intense feelings of anger, confusion, and helplessness. Her emotional response is a reflection of the trauma that systemic racism inflicts on the individual. Herman's (1997) concept of trauma emphasizes how these emotional wounds are difficult to heal, often leading to feelings of powerlessness and self-doubt. Cassie's anger at this moment is a direct reaction to the violation of her dignity and the recognition that the world she lives in does not value her humanity.

As the novel progresses, Cassie's understanding of this trauma evolves. She begins to recognize that the emotional weight of racial injustice is not just a personal injury but a communal one, shared by her family and her entire community. In her conversation with Mama Logan, Cassie learns that the psychological impact of racism is something that must be confronted and resisted. Mama Logan's wisdom offers Cassie a path toward healing, as she tells her: "It's a hurt you won't ever forget, baby, but you can fight it. You can fight it in your heart, and you can fight it with your head, too" (Taylor, 1976, p. 212). This moment signals Cassie's psychological growth—her recognition that the psychological harm caused by racism can be combated with strength, understanding, and resilience. This transition from anger to understanding mirrors the process of coming to terms with trauma, as described by Herman (1997), and signals Cassie's emerging psychological resilience.

Resilience in the face of oppression

Resilience, as a psychological and emotional phenomenon, is a key theme in *Roll of Thunder, Hear My Cry*. Throughout the novel, Taylor portrays resilience as a mechanism that allows individuals and communities to cope with and resist the dehumanizing forces of systemic racism. The Logan family's resilience is both individual and collective, with each member contributing to the family's ability to endure and, to some extent, resist oppression.

Cassie Logan's resilience is shaped by her experiences of racial injustice, which force her to confront the harsh realities of the world around her. Initially, Cassie responds to the injustices she faces with anger and confusion. However, as she matures, her understanding of resilience becomes more sophisticated. She learns that resilience is not about passively accepting injustice but about standing firm in the face of adversity. One of the most powerful expressions of Cassie's resilience is found in her reflection on her own identity: "I'm not just anybody, I'm a Logan" (Taylor, 1976, p.240). This statement encapsulates the novel's message about resilience—it is rooted in pride, community, and a sense of identity. Cassie's recognition that she belongs to a strong and proud family gives her the strength to endure the racial injustices she faces. Resilience, in Cassie's case, is about holding onto her sense of self, despite the trauma and injustice that threatens to erase her dignity.

Psychological resilience and family bonds

The plot of the novel highlights the deep connection between psychological resilience and family bonds, illustrating how the Logan family's unity and collective strength allow them to withstand the external pressures of racism and violence. The narrative emphasizes that the family's resilience is not just based on individual strength but on the support and solidarity they share, which acts as a critical buffer against trauma and emotional distress.

One of the central figures representing resilience within the Logan family is Papa Logan, whose unwavering commitment to protecting his family illustrates the profound psychological resilience embedded in familial bonds. Papa's determination to safeguard his family's well-being, even at great personal risk, exemplifies how the family unit becomes a source of emotional fortitude in the face of adversity. He works tirelessly to provide for his family and stands up to the oppressive forces that seek to destroy their sense of dignity. In one crucial moment, Papa says, "I got to do this, son. I can't let them take what we got... our land, our pride, everything. We've worked too hard for it" (Taylor, 1976, p.216). This quote underscores his dedication to the family's survival, emphasizing that the family's strength lies in their shared history, pride, and sense of purpose. Papa's resilience is not just individual; it's rooted in a collective effort to preserve the family's autonomy and identity in a hostile world.

Mama Logan, too, plays a vital role in nurturing the psychological resilience of the family, particularly her children. As the emotional anchor of the family, Mama's wisdom, strength, and sense of justice provide the foundation for her children's psychological health. She instilled in them the values of self-respect, dignity, and resistance against oppression. In one instance, Mama advises her children to "stand firm" against the dehumanizing forces they face, teaching them that resilience is about confronting adversity with dignity rather than submitting to it (Taylor, 1976, p.193). This moment demonstrates Mama's understanding of the importance of emotional and psychological resilience, as she encourages her children to stand up for themselves while maintaining their sense of worth.

The bond between Mama and Papa Logan strengthens the family's emotional resilience, providing a model of love, sacrifice, and mutual support. The unity they share

not only offers practical protection but also serves as an emotional shield for their children. In one significant moment, when Cassie Logan is emotionally devastated by the racism she faces, Mama's comforting presence provides her with the emotional security needed to process her feelings and regain her strength. Mama's ability to teach her children how to navigate the harsh realities of racism, while still emphasizing the importance of self-respect, is a crucial part of the family's psychological resilience.

Davis (2009) suggests that family acts as a "buffer" against trauma, offering emotional and psychological support that allows individuals to retain a sense of security even in the face of overwhelming adversity. In the Logan family, this support system is essential for helping each member cope with the daily struggles they encounter. While racism and violence threaten their physical safety and emotional well-being, the strength derived from their close-knit family ties allows them to endure and resist.

The psychological resilience of the Logan family, therefore, cannot be understood in isolation; it is a collective experience shaped by the love, unity and support that each family member provides. As Cassie Logan grows and matures throughout the novel, she begins to understand that resilience is not just about personal survival but about collective strength rooted in family bonds. This insight is best expressed when she reflects, "We're strong because we have each other... we have our family" (Taylor, 1976, p.239). This realization encapsulates the novel's core message: resilience is not just an individual quality but one that is nurtured and sustained by the family's collective support.

Conclusion

Roll of Thunder, Hear My Cry is a powerful exploration of how health, wellness and resilience intersect in the lives of African American families. Through the experiences of the Logan family, Mildred D. Taylor highlights the profound impact of systemic racism on both physical and psychological well-being, while also emphasizing the power of resilience as a response to this trauma. The novel's portrayal of resilience, as both a personal and collective strength, underscores the importance of family, community and self-empowerment in maintaining one's health and dignity in the face of relentless adversity. By applying trauma theory, psychological resilience theory and feminist readings, this study has shown that resilience in the novel is not just about survival but about reclaiming agency and preserving one's humanity amidst the

dehumanizing forces of racism. In today's world, the exploration of resilience, health and wellness through the lens of the novel serves as a way to understand how individuals and communities can maintain their well-being and overcome adversity, while also addressing broader social justice issues that are still very much relevant.

References

Allen, J. (2005). *Narrative of resistance in African American literature: From post-slavery to contemporary discourse*. University Press.

Bosmajian, H. (2009). A search for law and justice in a racist society. In H. Montgomery & N. J. Watson (Eds.), *Children's literature: Classic texts and contemporary trends* (pp. 231-237). Palgrave Macmillan.

Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history*. Johns Hopkins University Press.

Cobb, C. D. (2009). The Role of Education in Mildred D. Taylor's *Roll of Thunder, Hear My Cry*. In H. Montgomery & N. J. Watson (Eds.), *Children's literature: Classic texts and contemporary trends* (pp. 247-253). Palgrave Macmillan.

Collins, P. H. (1991). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, 140-167.

Crowe, C. (1999). *Presenting Mildred D. Taylor*. Twayne Publishers.

Davis, T. (2009). *Trauma and resilience in African American literature*. Critical Studies in African American Culture, 12(1), 45-63.

de Beauvoir, S. (1949). *The Second Sex*. Vintage Books.

Dill, B. T., & Zinn, M. B. (Eds.). (1994). *Women of Color in U.S. Society*. Temple University Press.

Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

hooks, b. (1981). *Ain't I a Woman: Black Women and Feminism*. South End Press.

Hunter, C. (2014). *Gender and resistance in African American families: A study of Mildred D. Taylor's works*. Journal of African American Literature, 38(4), 133-145.

Lorde, A. (1984). *Sister Outsider: Essays and Speeches*. Crossing Press.

McDowell, K. (2009). Child Agency in *Roll of Thunder, Hear My Cry*. In H. Montgomery & N. J. Watson (Eds.), *Children's literature: Classic texts and contemporary trends* (pp. 237-246). Palgrave Macmillan.

Montgomery, H., & Watson, N. J. (Eds.). (Eds.). (2009). *Children's literature: Classic Texts and Contemporary Trends*. Palgrave Macmillan.

Moussa, M. B. (2018). *Empowerment and collaborative agency in Roll of Thunder, Hear My Cry*. International Journal of Applied Linguistics & English Literature , 7(2), 219-224.

Rutter, M. (1985). *Resilience in the face of adversity*. *British Journal of Psychiatry, 147*(6), 598-611. https://doi.org/10.1192/bjp.147.6.598

Smith, A. (2015). *Feminist readings of Mildred Taylor's "Roll of Thunder, Hear My Cry"*. Journal of Literary Studies, 38(4), 112-124.

Smith, K. P. (2001). A chronicle of family honor: Balancing rage and triumph in the novels of Mildred D. Taylor. In K. P. Smith (Ed.), *African-American voices in young adult literature: Tradition, transition, transformation* (pp. 246–276). Scarecrow Press.

Southwick, S. M., & Charney, D. S. (2012). *Resilience: The science of mastering life's greatest challenges*. Cambridge University Press.

Taylor, M. D. (1976). *Roll of Thunder, Hear My Cry*. Dial Books.

Ungar, M. (2008). *Resilience across cultures*. British Journal of Social Work, 38(2), 218-235.

Williams, A. (2011). *The emotional toll of racism in African American families*. Journal of American History, 17(3), 67-89.

Healing Words, Suffering Worlds: Cultural and Socio-Political Reflections in *Cancer Ward* by Aleksandr Solzhenitsyn and *I Am Here: Stories from a Cancer Ward* by Johannes Klabbers

Vijetha P
PG Student, Pondicherry University
vijetha45param@gmail.com

Abstract

The intersection of illness narratives, political critique, and cultural commentary is examined in this study in two significant works that are set in cancer wards: Aleksandr Solzhenitsyn's seminal novel *Cancer Ward* (1968) and Johannes Klabbers' contemporary memoir *I Am Here: Stories from a Cancer Ward* (2016). Despite being separated by half a century and different cultural contexts, both works utilize the cancer ward as a powerful metaphor for broader societal ailments while simultaneously exploring deeply personal experiences of illness and healing. This research focuses on three major dimensions. First of all, it analyzes how both writers contribute to medical humanities by portraying complex relations between patients, medical staff, and health institutions in medical humanities, which highlight the human aspects of medical treatment. Second, it examines how illness narratives in both works reveal personal transformations and psychological struggles while reflecting more significant cultural attitudes toward sickness and healing.

The sociopolitical dimension emerges strongly in both texts: Solzhenitsyn's work serves as an allegory for Soviet totalitarianism, while Klabbers' memoir critiques contemporary healthcare systems. Both writers convert medical places into micro worlds that reflect extensive social issues and dynamics of power. The cultural dimension of the study explains how each writer's background affects his own depiction of illness and suffering. Solzhenitsyn's Russian Orthodox influences and Soviet experiences contrast with Klabbers' contemporary Western perspective, offering insights into how cultural frameworks shape illness narratives. This comparative analysis demonstrates how literature about illness can serve as a social commentary while offering profound insights into human experiences of suffering, mortality, and the search for meaning within medical institutions.

Keywords: Illness, Healthcare, Power, Culture, Suffering.

Introduction

The literature on illness, especially that which focuses on experiences with cancer, holds a special place at the nexus of political discourse, social commentary, and personal narrative. Two outstanding works, *I Am Here: Stories from a Cancer Ward* (2016) by Johannes Klabbers and *Cancer Ward* (1968) by Aleksandr Solzhenitsyn, published in different cultural contexts and separated by almost 50 years, provide deep insights into how the experience of cancer can be used as a lens to study human nature.

Written against the backdrop of the Soviet Union, Solzhenitsyn's *Cancer Ward* examines the universal human experience of suffering and mortality while also using the metaphor of cancer to examine the political ills of Stalinist Russia. Patients from various social classes and political backgrounds must face not only their physical illnesses but also their roles in a convoluted political system in the ward. However, Klabbers' work, which is based on his work as a therapeutic counselor in an Australian cancer ward, provides a more personal, psychological examination of how people in the contemporary healthcare system deal with identity, illness, and institutional frameworks. Solzhenitsyn's analysis of disease is a metaphor for the pervasive deterioration of a society constrained by institutional control, censorship, and terror. The novel condemns totalitarianism through a persistent look at the representation and sorrow of its relationships.

The patients' living experience in contemporary healthcare systems is embodied in the *I Am Here*, which is a modern and intense life in a cancer ward. Contrary to Solzhenitsyn's super-political metaphor, Klabbers is concerned with the human stories of patients and carers, which gives us an insight into the psychological, moral, and emotional dimensions of modern medicine. Memoirs criticize the commercialization of healthcare in addressing subjects such as facing people in medical facilities, inequality, and administrative difficulties. Although technically refined, the work of Klabbers shows that modern systems often disregard the emotional and spiritual needs of patients, which highlights the deficiencies in current care methods. These pieces are similar in depicting the cancer ward as more than just a medical setting, even though their settings differ. Both authors transform the cancer ward into a symbolic location where social forces and individual struggles collide. While Klabbers discusses the ethical problems of modern medical practice, Solzhenitsyn uses the ward to examine the effects of political repression. Collectively, they provide a lens through which to view the human condition

by illuminating the ways in which cultural, political, and historical factors influence the experience of illness. Literature is often used to throw light on the human condition by providing a deep understanding of social complexities and personal difficulties. As one of the most difficult experiences of life, the disease has given a rich canvas to writers, on which people's lives have to be molded to detect themes of sorrow, flexibility, and cultural effects.

Literature review

In medical humanities, the statements of the disease have been the subject of a lot of research, and academicians have highlighted their work in bridging clinical and human aspects of healthcare. The value of storytelling in medicine is emphasized by Charon (2006), who contends that stories enable patients to express their experiences and give caregivers insight into the person who is afflicted. This viewpoint is consistent with the writings of Solzhenitsyn and Klabbers, who show how storytelling can be used to restore agency and dignity in oppressive or impersonal healthcare systems.

The idea of the "wounded storyteller" proposed by Arthur Frank in 1995 is particularly relevant to the analysis of the *I Am Here* & *Cancer Ward*. According to Frank, the patients use three different types of narratives to create an understanding of their grief: discovery, chaos, and restoration. Both Klabbers's memoir and the works of Solzhenitsyn portray different aspects of contemporary healthcare systems. In this regard, Klabbers's description of modern Western healthcare rests on the commercialization of medicine, while Solzhenitsyn's perspective critiques authoritarian Soviet Medicine. Foucault's (1973) concept of the "medical gaze," which critiques the impersonality of medical practice, has depoliticized the way we understand illness narratives. These points reflect the illness narratives phenomenon from social critique and self-rectification perspectives.

Suffering and resilience in *Cancer Ward*

Aleksandr Solzhenitsyn's *Cancer Ward* is a treasure trove of material for the medical humanities to explore illness in sociopolitical and cultural contexts In addition to examining the physical suffering of patients in a Soviet cancer clinic, the book also explores the psychological, social, and existential aspects of their experiences, providing insights into the nature of healing, the function of medicine, and the influence of ideology on people's lives. The book captures the unvarnished reality of illness by describing the

physical suffering, discomfort, and humiliation that patients endure. The dehumanizing elements of the hospital exacerbate the immense suffering endured by characters such as Sibgatov, Azovkin, and Dyomka. Characters struggle with fear, uncertainty, and a loss of control as the psychological effects of illness are also examined. A cancer diagnosis serves as a social leveler, removing social standing and highlighting the vulnerability of all people. People from various social classes and backgrounds are united by their common experience of illness in the hospital, which serves as a microcosm of Soviet society. Apart from outlining the differences in their lives before their illness, the contrast is also used to outline the prospect of understanding and compassion.

The novel emphasizes the peculiar cultural backdrop of the Soviet Union, wherein propaganda and ideology were used for everything from living to medicine. First, officials like Rusanov, who is a state official, have stories of advancement and the meaning of their service, but the moment they are faced with the reality of death, they must believe in the failures of such systems. The rule of medical science and the right of the patient to know and have control over their care contradict each other in the novel. The struggle for agency in terms of patients as passive receivers of care is embodied by figures such as Kostoglotov, who transcend the medical hierarchy and attempt to know their illness on their own terms. The lack of honesty and transparency in the Soviet medical system is touched upon in the book. For example, Dontsova does not always tell patients their diagnosis. The focus on bed turnover in the book shows how politics directly impacts care. This has an effect on the patients, as evidenced by the fact that physicians like Dontsova are required to release patients who are deemed "doomed" to die outside of the hospital.

The novel also criticizes the medical system's bureaucratic structure and its emphasis on statistics over the welfare of individuals. Several characters, including Kostoglotov and Shulubin, share the experience of exile and imprisonment, which is also brought into the ward and contrasted with the lives of the free citizens. This also influences their views on life, sickness, and therapy. The novel acknowledges the value of empathy, human connection, and the pursuit of meaning despite illness, even as it illustrates the limitations of medical science. Shulubin says, describing his feelings of social isolation brought on by his illness. "If I live—and it is a very big if —simply standing or sitting near me, like you are now, for instance, will be unpleasant. Everyone will do their best to keep two steps away"(Solzhenitsyn, 1968, p.463). The novel

discusses different methods of healing, including reading, traditional treatments, and human relationships. The traditional country doctor Maslennikov is introduced as a counterpoint to the modern hospital system and reveals how individual experience and concern can be the basis of healing. It is portrayed that the life of a doctor is complex and multidimensional. They are shown as committed professionals, but they are also shown to be human with weaknesses and imperfections who function in an imperfect system. The inner turmoil of the doctors is also portrayed in the book through Dontsova, who encounters her own challenges and health issues along with those of her patients. Characters struggle with existential issues regarding the meaning of life and death as a result of the question, "What do men live by?" (Solzhenitsyn, 1968, p.116).

Cancer's physical toll is described in stark terms. "His forehead and temples were covered in perspiration, and his yellow face reflected the pain writhing inside him" is a constant depiction of Azovkin's suffering. In addition, Kostoglotov's treatment experience is viscerally detailed: "They're battering me with X-ray treatments...and although the pain I had when I left Ush-Terek is long forgotten, I have now come to know what nausea is... It gets you right in the chest, and it goes on for hours"(Solzhenitsyn, 1968, p.316). Characters are nudged to introspect the rules and assumptions underlying their existence as death comes around. The interaction between characters who attempt to shun the reality of their status and those who face it poses the necessity for integrity and honesty in facing disease. The text demonstrates that the healing process is a multi-faceted process of establishing connection, meaning, and purpose amidst adversity and not merely a medical procedure.

Personal narratives and reflections in *I Am Here*

Johannes Klabbers' *I Am Here* offers a specific perspective from which to explore the cultural, socio-political, and existential dimensions of illness within a medical humanities context. It is a deeply personal and reflective account of his pastoral care intern experiences in a cancer hospital. Klabbers' work focuses on the personal encounters and personal stories he comes across, in contrast to Aleksandr Solzhenitsyn's *Cancer Ward*, which offers a more comprehensive and systemic critique. In his work *I Am Here*, Johannes Klabbers describes his year working as an unpaid pastoral care intern at a large cancer hospital. He discusses themes of faith, death, and the human condition while sharing his experiences working with patients, many of whom have terminal illnesses. As

an agnostic, Klabbers considers his changing views and the difficulties of offering consolation and encouragement in a nonreligious environment.

The work emphasizes how people deal with pain in a variety of ways. From banal discussions about football to deep ones about life and death, Klabbers watches patients who are struggling with physical pain, emotional distress, and existential issues. Klabbers notes that "for me, the worst kind is always the one that whoever it is I'm talking to at the time is telling me about" (Klabbers, 2016, p.30), acknowledging the patients' extreme suffering. He acknowledges that words are inadequate, stating that "there is nothing of any use whatsoever that you can say in response" (Klabbers, 2016, p.30). Their age influences the author's perception of the patient's suffering.

The story highlights the psychological effects of receiving a cancer diagnosis by highlighting the feelings of loneliness, fear, and anxiety that patients and their families go through. When given a poor prognosis, many patients express feelings of hopelessness. Job as a pastoral care worker, Klabbers is to listen, acknowledge, and support the patient rather than "fix" them. He explains how people who are suffering can find solace in just being there. This is demonstrated in numerous instances, such as when he sits with a woman who is crying after meeting her dying husband. Patients from a variety of backgrounds come together in the hospital setting because of their common vulnerability. The emphasis is on how they deal with their conditions and how their diagnoses affect their outlook on life, their relationships, and their future goals. In contrast to his initial belief that pastoral care is primarily the purview of religious people, the book depicts the secular nature of the hospital where Klabbers works. He aims to increase the accessibility of pastoral care for nonreligious people. As an agnostic, Klabbers grounds his philosophy in humanism and empathy, not religious dogma. His own thought is marked by tension between his disbelief and the regular religious language and expectations of some patients and staff. The story emphasizes the value of open communication in pastoral care, stressing the importance of avoiding clichés and speaking with patients meaningfully and honestly. He discovers that patients can very easily spot dishonesty because they have a "supercharged bullshit detector." The importance of staff members' relations with each other and the culture of the hospital environment, e.g., death euphemisms, are identified. Klabbers reflects upon his position within this complex system. The book borrows from the author's own life experiences, such as his years of life as an academic and a one-time artist and his various interests in science, philosophy, and the arts.

His approach to pastoral care is influenced by these experiences. I Am Here addresses the bureaucratic aspects of the health system and shows how they impact patient care, though it does not actually censure the political system as Cancer Ward does. The hospital environment is sometimes rendered as frigid and impersonal, with professionals more obsessed with procedures than with patient issues. By citing the shortages in hospice beds and pressure to release patients even when not yet well served, the book necessarily addresses the questions of access to healthcare and distribution of resources. The fact that Klabbers worked as an unpaid intern draws attention to the labor that goes unrecognized in pastoral care and suggests that there may be a lack of resources for promoting patients' mental and spiritual health. The difficulties of working in a system where patients might feel dehumanized and powerless are acknowledged in the book. He considers how a pastoral worker can help people become more resilient in the face of these difficulties.

The story implies that healing transcends the physical body while acknowledging the limitations of medical science in the face of terminal illness. Klabbers is more interested in what it means to be human when having cancer rather than medical specifics about cancer. The significance of non-medical forms of healing, such as the importance of empathy and human attachment and the quest for meaning and purpose in life, is discussed in the book. His emphasis on speaking, listening, and sitting with his patients is a manifestation of this. The pastoral worker's role is to be present, listener, and observer of the patient's experience, not to offer medical treatment or religious guidance. His method is more about presence than about looking for answers. Klabbers acknowledges that healing is not always achievable and that a pastoral worker's job may occasionally be limited to providing consolation and assistance to those dying. He prefers to say that people live and die, faulting the notion that humans are "actively dying." Based on the narrative, recognizing the suffering of the patient, validating his or her emotions, and being present with him or her during solitude at times can be the most essential thing a pastoral worker can do.

The book shows flexibility in front of death, accepting sorrow and anxiety: "She is showing her photographs and cards from all the well-wishers that have arrived while she was unconscious...Everyone had secretly given up on her, except Harry. And there she is talking to him" (Klabbers, 2016, p.215). This emphasizes the value of mutual relations and the ability to remain flexible in front of adversity. The importance of conversation and human connection to the patients is depicted in the book. It is evident

from Klabbers that "a conversation with a person may be the only opportunity I will ever have to connect with them. It is having someone to talk to in the hospital that can make such a difference to someone's experience of illness," (Klabbers, 2016, p.20). The quest for purpose in the face of death is examined in the book. "You need to believe in something, even if that something is most unlikely," writes Klabbers (Klabbers, 2016, p.100). Klabbers' experiences as a pastoral worker are entwined with his quest for self-discovery. He examines his convictions, principles, and sense of mission, demonstrating that the work affects the employee as much as the patient. According to the book, one of the main challenges facing patients and pastoral workers is finding purpose in suffering. The book considers themes of compassion, love, and forgiveness. Existential philosophy is frequently brought up, along with issues regarding the essence of existence, the significance of life and death, and the value of being in the present.

Illness, society and politics: A comparative analysis

In medical and social contexts, comparing Johannes Klabbers' I *Am Here* to Aleksandr Solzhenitsyn's *Cancer Ward* demonstrates alternative yet complementary perceptions of disease, misery, and the human experience. Both works explore the power of illness but with differing focus, range, and approach. Comparing Johannes Klabbers' *I Am Here*, and Aleksandr Solzhenitsyn's *Cancer Ward* demonstrates contrasting yet complementary perceptions concerning disease, misery, and humankind. Both novels explore the impact of sickness, though on different scales, focuses, and approaches. *I Am Here* offers a close-knit, intimate examination of individual experiences in a modern cancer hospital, while *Cancer Ward* offers a comprehensive, systemic critique of Soviet society.

From party bureaucrats to exiles-turned-returnees, the people of *Cancer Ward* depict a spectrum of social classes, and the novel challenges the political system, its ideologies, and the ways they impact people's lives. The novel depicts the fear and oppression of the mid-1950s, when society was disturbed and politics turbulent following Stalin's death. The psychological, emotional, and existential struggles of the patients come alive in Klabbers' writing, as they are inspired by his experience as a pastoral care intern. Personal stories and observing the human condition of illness are the common threads. The writer has to navigate the different perceptions and religious belief systems of the patients and staff members he encounters here in this non-religious context. Illness

is used in the *Cancer Ward* as a gateway to more global discussions regarding justice, power, and morality in the world. As they face their mortality, the characters wrestle with their previous deeds and convictions. The misery is frequently depicted as a result of the oppressive social and political environment as well as the illness. The emotional and psychological toll that illness takes on patients and their families is highlighted in *I Am Here*, which examines illness as a very personal experience.

The ages of the patients have an impact on Klabbers' perception of their suffering. The story emphasizes the value of genuine connection, empathy, and the pursuit of meaning in the face of death and suffering. Klabbers is more interested in being there than in trying to make things better. The hospital is located in *Cancer Ward* as a miniaturized-scale model of Soviet society with strict bureaucratic systems and hierarchies. Dontsova and other medical staff are commonly described as conscientious but stifled by the system. The impersonality of the institution and the restriction of available medical procedures affect patients' experiences. The performance illustrates the doctors' weaknesses as well as their devotion; for example, Dontsova never stops learning and trying to enhance patient care. *I Am Here* depicts a more complex and secular modern hospital setting. The play is primarily concerned with human relationships and individual patient experiences, although it does recognize the bureaucratic nature of the healthcare system and the possibility of dehumanization. With no agenda whatsoever, Klabbers' job is to listen to patients and provide support. The patients are presented as individual individuals with a variety of backgrounds and needs.

Fundamental philosophical questions about life, death, and the purpose of life are explored in *Cancer Ward*. Characters resist the dominant ideology and take solace in literature and ideas. The novel presents a realistic picture of moral choices made in adversity. Recurrent themes are self-examination and an effort to accept the past and its effects. *I Am Here* emphasizes the pursuit of meaning and purpose in suffering while examining the existential issues that come up when facing mortality. Klabbers discusses his philosophical training in establishing relationships with his patients. The story places a high emphasis on presence, establishing relationships, and discovering significance in the everyday. Forgiveness is also referred to in the novel, highlighting the mothers' relationships.

Literature is used as an inspiration source, source of reassurance, and source of provocation of critical thinking for the *Cancer Ward*. In order to question dominant ideologies and investigate existential issues, the characters interact with both classic and modern works. The novel reflects on the power of books to offer insights into the human condition and the world. In order to strengthen relationships with patients and help them make sense of their experiences, *I Am Here* makes references to literature, art, and music. Klabbers connects with people he meets by using his understanding of music and movies. The author's pastoral approach can be understood against the backdrop of these references.

Cancer Ward is a commentary on the exploitative system and how it affects people, with strong foundations in the sociopolitical context of the Soviet Union. The novel explores the themes of the abuse of power, exile, and political repression. The characters' life shows the price of human suffering in a totalitarian regime, for they are usually the victims of the regime. Although *I Am Here* discusses the bureaucratic aspects of the healthcare system, it focuses more on the personal experiences of illness than on more general political concerns. The focus is on the pastoral care worker's emotional and spiritual support, though there are references to resource allocation and the demands placed on medical professionals. The problems in the book are more personal than political and set in a contemporary secular world. Healing is presented in Cancer Ward as a complex process that goes beyond physical recovery. Through self-discovery, relationships, and the pursuit of truth, the characters heal. In the book, interior healing is as vital as outside treatment. In *I Am Here*, healing is often about finding purpose, friendship, and comfort in the midst of pain and death. The work of the pastoral care worker is to provide patients with a space in which to speak about what they are going through, express their concerns, and seek some sort of comfort. Instead of offering solutions or answers, showing up and being heard is all that can sometimes be done, Klabbers says. Healing is not always possible.

Conclusion

The study delves into the sociopolitical, cultural, and existential elements of suffering, excess of individual responsibility, relations, and finding meaning in broken and terminal situations. Solzhenitsyn's most impressive accomplishment is that he engages his readers by marrying profound humanism with social criticism. Therefore, he succeeds in giving

insights into the complicated relationships between illness, health, and the conditions of being human. On the whole, *I Am Here* is a very personal and insightful journey into disease, suffering, and the human condition through the lens of contemporary medicine. It is beyond the systemic criticism present in the *Cancer Ward*, which is based on the unique experiences of patients and an intensive relationship for compassion, honesty, and the human condition. In the end, the book argues that rustic care is not valuable because it provides a simple solution but because it creates a place to discover reflections, connections, and meaning between the most effortful conditions of life. Despite coming from different angles, both books provide a captivating insight into the realities of disease, trauma, and flexibility. *I Am Here* focuses on the unique experience and the value of human connections, while the cancer ward provides a more comprehensive social criticism. The *Cancer Ward* depicts the disease as a force that is isolated; while *I Am Here*, how human relations can console. Both novels acknowledge the importance of confronting the reality of suffering and mortality, showing that resilience can be found in unexpected places.

References

Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.

Clarfield, A. M. (2006). Novel medicine: *Cancer Ward*, Alexander Solzhenitsyn. *Journal of the Royal Society of Medicine, 99*(12), 641. https://doi.org/10.1258/jrsm. 99.12.641

Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.

Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception* (A. M.

Sheridan Smith, Trans.). Pantheon Books.

Klabbers, J. (2016). *I am here: Stories from a cancer ward*. Scribe Publications.

Solzhenitsyn, A. (2011). *Cancer ward* (E book ed.). Random House.

Naipunnya