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**MADNESS AS CONTAGION & THE FAILURE OF  
PSYCHOANALYSIS:**

A Psychoanalytical Study of Janet Frame's  
*Faces in the Water* & Patrick McGrath's  
*Asylum and Trauma*

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## **Introduction:**

### **Freud and the traumatic neurosis**

In ancient Greek, the word 'trauma' meant a physical wound. Later on, however, with Freud and his following psychology scholars, trauma acquired its current meaning which is no longer associated with a physical wound but rather with 'a wound upon the mind'; a psychic wound. (Muhammad, 1) Trauma is a mental wound that according to today's practices, needs to be clinically cured in order for its subject to survive and be fully healed. The subject of a trauma cannot go on with his/her life while holding on to the trauma. By the same token, the traumatized is often subject to various psychic disorders, psychological defenses, and mental breakdowns which disturb an individual's life to extreme degrees often leading on to suicidal attempts. Trauma, according to today's psychology, is a life-threatening disease which cannot be lived with unless properly cured by the psychoanalytical practices exclusively carried out by the mental health unit. The focus of this thesis is following the psychoanalytical practices carried out by the mental health staff in the three novels leading us to the conclusion that trauma is both universal and contagious. In this regard, this paper will also bring to light the contagious nature of trauma regarding the mental health staff proving that the psychologist himself can be the subject of the trauma much to the point that, at times, doing his treatment of the patient, can slow down and worsen the healing process of the patient because the psychologist, having treated diverse subjects of trauma, may be traumatized himself.

### **What is Trauma?**

Seeing through and adding on to the definition of trauma, we will get to analyze and witness the various traumatic cases in the works studied in this paper. All the traumatic instances in the works analyzed in this thesis are stemming from the general human trauma which is fully explained in this part.

What is a trauma?

Trauma in its nature is an ongoing uncontrollable event, which is often bigger than life or bigger than us. The fact that the traumatic events are extraordinary, doesn't mean that they occur rarely; they simply tend to disturb the ordinary human life and its routines due to the fact that they are too harsh to mentally deal with. Moreover, a traumatic event releases an excess of stimuli in the brain. The stimulus causing the trauma is often too hard to deal with and this is the reason why the trauma often brings about suicidal thoughts or personal

downfalls in the characters and protagonists haunted by it. It is also interesting to note that, as initially mentioned by Sigmund Freud, the body, when faced with trauma, adopts a number of different psychological responses such as numbing, digression, dissociation, denial, etc. The so-called Freudian defense mechanisms will be analyzed and commented upon later on in this introduction.

### **Freudian Psychoanalysis**

As mentioned in "Sigmund Freud and the Trauma Theory", the trauma theory emerged in the 1960s 'from several areas of social concern'. Despite the complex and multi-dimensional nature of trauma, before his writing of *Beyond the Pleasure Principle*, Freud, exclusively, used to associate trauma with some seductive childhood experiences. (Mambrol)

Freud, at that time, looked for the origins of trauma in his patients considering, exclusively, the childhood dynamics. Whatever mental health problem a person encountered in their adult life, Freud used to associate it with some early family life dynamic and some particular childhood experience within the concept of the family life. This, initially, made Sigmund Freud introduce the concept of the 'Oedipus Complex' as the one and only origin of every mental issue faced with in adulthood.

### **The Oedipus Complex**

The so-called 'Oedipus Complex', as defined by Freud, concerns the common feeling of jealousy towards the same-sex parent that a child, at a very young age, develops mostly when he/she feels the lack of attention from the opposite-sex parent which, according to Freud, does reflect itself through psychic issues in the adult life. In this paper, alongside various psychic lenses, the mental issues of Charlie Weir and the protagonists of the other three novels will be analyzed through this Freudian psychic lens, thus giving us the necessary hints which lead us to the eventual insufficiency of psychoanalysis; the main point of this paper.

### **The Vietnam War**

Later on, however, Freud started associating the traumatic past with other various foundations and social issues such as the violence against women and children, holocaust and its survivors and the following public fear, anxiety and repression associated with it and also the Vietnam war and its veterans, and the victims of sexual assaults. It is also interesting to cite that "although Freud never denied the reality of incest in the stories he heard from his

early women patients, he chose to direct his attention to the drama of internal conflict instead."

(Mambrol,1)

### **The survivor's guilt**

Following and adding on to the issue of the Vietnam war and the death of many veterans during that, we come upon the issue of the survivor guilt to be analyzed in the works. The survivor guilt is associated with the feelings of guilt, loss and self-blame that come around when someone has experienced the death of another while they, themselves, have survived the catastrophe and for that they feel guilty and not-deserving to move on with life! The survivor guilt is another factor associated with trauma and it is related to the issue of the need to heal from a trauma to be able to eventually survive it. This concept also, according to psychoanalysis, needs to be talked out, dealt with and also clinically cured.

### **PTSD**

The survivor's guilt, moreover, becomes the component of another important defining factor linked with trauma, scientifically known as the PTSD which will also be studied throughout this work. The Post Traumatic Stress Disorder (PTSD) concerns both the haunting nature and the recurring image of the trauma. It regards the psychoanalytical idea that the traumatic events continue to haunt an individual unless the trauma is fully and, most importantly, clinically cured.

But did the authors concerned in this work also suffer from traumas themselves? Did they experience the PTSD? In other words, did a seductive childhood past also exist in the real-life stories of the writers concerned in this paper? It will be analyzed in the following chapters.

It is also interesting to note the definition of the concept of PTSD by the French psychoanalyst and psychiatrist Jacques Lacan. Colin Wright, in "Lacan on Trauma and Casualty: A Psychoanalytic Critique of Post-Traumatic Stress/Growth" mentions the notion that,

one can now be traumatized by witnessing or even hearing of the traumas suffered by others. This has led to 'pilots' of remote drones being diagnosed with PTSD, despite being physically far from the front line in the new conditions of postmodern warfare.  
(236)

All in all, PTSD or the Post-Traumatic Stress Disorder is a category added to the trauma practices in the 1980s referring to an individual's anxiety, stress or the overall disturbed mental state caused by the experience of a traumatic event. PTSD, today, is the subject of psychoanalytical studies of trauma and the eventual healing practices concerning it.

PTSD, moreover, is "characterized by re-experiencing the event, avoidance of key details and features of the event as well as a state of hyper-vigilance and arousal (Zlotnick et al., 2001)." (Wolfe, 2) And following the experience of a traumatic event, and like trauma itself, PTSD needs an "accurate diagnosis and intervention...as symptoms have a severe impact on the life of the patient, becoming socially disabling' (Stein, 2003)." (Wolfe, 2) According to the "American Psychological Association", the PTSD can be defined as 'reexperiencing' the traumatic event as it is associated with 'flashbacks', 'prolonged psychological distress', 'heightened arousal' and 'sleep disturbance' as well as with issues of 'hyper-vigilance' alongside, 'avoidance' and 'negative cognitions and mood'.

### **Trauma narratives**

Different authors approach trauma and represent it in their own unique ways and by their own personalized techniques. However, there are similar modes regarding the representation of trauma in literary texts including the three works analyzed in this paper. A traumatic event in a work of literature, is unrepresentable since the human mind and memory are mostly unable to fully capture and remember it. This issue, leads to the inability of the brain to further process the traumatic event, as well. Trauma, thus, is often well-surfaced through unwanted flashbacks and undesirable memory shifts. By the same token, it is hard to find literary cases in which the origin of trauma is visible and discussable unless towards the ending of the literary work. As an example of this, in Patrick McGrath's *Trauma*, we; the reader, and even the protagonist himself, are unaware of the real source of Charlie's trauma until the very last pages of the novel. This ambiguous nature of trauma, moreover, leads to various nonlinearities in the narrative and the plot of a work of fiction. Just as ambiguous as the trauma itself, a trauma narrative is constantly disrupted through gaps in time and action, as well as through some breaks in language, memories and realities, dreams and the following dream interpretations.

## **The issue of personal trauma**

In addition to the collective experience of trauma and its possible initiators, the experience of trauma can also be deeply personal. Personal trauma, does not necessarily refer to a unique personal experience in a victim's life due to a unique cause. The personal trauma can be much concerned with a subjective response to a universal stimulus of trauma as the personal trauma is often caused by experiences of rape, incest, relationship violence, and mental illness as well as by the various historical or collective experiences such as the holocaust, the American slavery, native American genocide and the Vietnam War. (Mambrol,4)

## **Trauma talk**

The so-called 'trauma talk' or the notion that a trauma needs to be talked out in order to be fully cured, is the key to understanding the treatment of trauma in psychoanalytical studies today. According to the French psychoanalyst and psychiatrist Jacques Lacan:

[...]behind the success of 'trauma talk' is undoubtedly a certain reading of Freud. For Trauma Studies as a cultural and social theory, Freud is still credited with recognizing the link between trauma and repressed or screen memories and also with trauma's resistance to psychic representation at the individual and social level (Fletcher 2013; Eekhoff, 2019). Even the psychiatric framing of PTSD retains a clear indebtedness to Freudian ideas about repression and repetition compulsion.

(Wright, 2)

This issue is extremely important in analyzing the treatment of trauma in the literary works studied in this paper.

## **Freudian Defense Mechanisms**

As initially argued by Sigmund Freud and then followed by other scholars of the field, throughout the human history and even still today, the traumatic experiences trigger a number of unconscious and automatic responses in the victim. These series of responses in psychological terms are known as the 'Defense Mechanisms' which can vary from patient to patient just as they can vary from one psychic background to another. Just as in everyday life that different individuals respond to different situations in a number of different ways, the victims of trauma, adopt a series of diverse psychic responses to their experiences of trauma. Depending on an individual's mode of approaching the trauma and also on how



extreme a traumatic case might be, and also regarding the time-span passed after the experience of trauma, the defense mechanisms in individuals might vary.

The defense mechanisms function as barriers keeping the traumatized away from the memory of the traumatic event; being unconscious mental responses that keep the individuals from remembering and capturing the traumatic event as a way to keep them safe from it. Freud, hence, had developed the concept of defense mechanisms by which he alludes to the forces that keep the trauma at arm's length and thus difficult to go through. Since Freud, later on in his practices, referred to the fact that a trauma needs to be fully remembered, seen through, and, most importantly, talked out in order to be cured, the defense mechanisms in psychology, till this day, are considered negative as they slow down and highly disturb the process of remembering the trauma and the healing from it. As mentioned in "Defense Mechanisms in Psychology Explained (+ Examples)":

Initially, Freud argued that these threats were basic drives (specifically sexual and aggressive drives) that were at odds with the ego[...] Freud later refined his theory by shifting the focus toward self-esteem preservation... The presence of a defense mechanism, however, implies that the client's self-esteem and self-concept feel threatened and need protecting. [...] Defense mechanisms may be employed unconsciously, with the client unaware that they are using them or why.

(Nortje, 2)

Seeing through the novels analyzed here, in particular, and considering the psychoanalytical practices, in general, regarding the contagious nature of madness, we encounter psychiatrists who adopt similar or at times some identical defense mechanisms as their patients do, thus, leading them to fail in their psychoanalytical practices. Some examples of this we can find in *Trauma's* Charlie Weir and his way of treating the patients (Charlie Weir's psychotherapy will be explained in details in the third chapter of this thesis.)

But what defense mechanisms do we see in Patrick McGrath and Janet Frame's works? To answer this question, we need to know the Freudian defense mechanisms which are listed below which will be analyzed, through various instances from the novels in question, later on in this paper.

Displacement: "When a client displays displacement, they are changing or displacing the original target of a particular impulse to another similar target." (Baumeister et al., 1998)"

The displacement occurs because the response to the initial target is considered unacceptable or impossible, so a more suitable target is found. The displaced impulse might be very intense toward the original target, but more subdued toward the alternative target. Freud argued that displacement was commonly used in dreaming.

(Nortje,3)

Repression: Repression occurs when the subject of the trauma keeps pushing the memory of the trauma away by way of repressing it, in order not to go through the pain associated with it. "By repressing a memory, feeling, or thought, these things are no longer accessible in the client's consciousness. (Cramer, 1991, 2006)" As mentioned also by Freud, this is the reason why the defense mechanisms slow down and, at times, stop the process of talking out the trauma yet, according to psychoanalysis, it is necessary for the patient to talk out the trauma in order to heal from it.

Denial: "Denial refers to the client's refusal to acknowledge certain facts about a particular situation." (Nortje, 5)

Introjection: Introjection is a defense mechanism in the face of the trauma which, unconsciously, leads an individual towards incorporating ideas or attitudes into his/her personality in the way that "The client identifies key behaviors, thoughts, and characteristics of important people in their life and forms an internal representation of these individuals." (Nortje, 6)

Undoing: Undoing regards replaying and reimagining previous events as a way to protect yourself from certain feelings.

Compensation: Compensation is an attempt to make up for what you consider to be your flaws or shortcomings. (Nortje,7)

Splitting: Individuals are considered either good or bad, which can be applied to yourself and also to others. As far as the issue of trauma is concerned, for instance, if someone agrees or satisfies the needs of the subject of a trauma, that person is labeled as good by the traumatized and vice versa. This assignment, according to Alicia Nortje, varies based on how your needs are satisfied. (7)

Suppression: Suppression is a conscious attempt to avoid certain memories and thoughts from entering consciousness. (Nortje, 8)

Isolation: Isolation is defined as the act of "creating a mental or cognitive barrier around threatening thoughts and feelings. (Baumeister et al.)" (Nortje)

Regression: It means going back to a childlike behavior; this defense mechanism is considered not helpful because the more mature the thoughts and behaviors are, the easier it is to lead to problem-solving. (Nortje, 11)

According to psychoanalysis, one of many challenges of being a therapist is exploring and understanding the nuanced complexities of a client's behavior; the psychological defenses. In some instances, one may even find themselves participating in their client's defense mechanisms. Following this concept, in this paper, we will come upon the fact that the line between the madness and sanity is paradoxically too thin, and that a psychiatrist's participating in his/her patient's mental state becomes, in fact, himself a subject of the trauma since trauma is both contagious and universal.

### **Freud's Death Drive**

The concept of the death drive was introduced by Sigmund Freud in *Beyond the Pleasure Principle* published in 1920. According to Freud, humans are driven by two basic drives namely, the self-destructive death instinct (Thanatos) and the so-called Eros; the life drive. As argued by Freud, the two drives are the sources of all human behavior and emotive imagination.

The life drive is the basic drive which leads humans towards reproduction, vitality, survival, and pleasure. The death drive, on the other hand, moves the individuals towards death and destruction propensity. (Cherry, 1) According to Freud, the Thanatos is the major leading drive in the human psyche. The Thanatos being considered as the more powerful one in comparison with Eros, is the drive that highly affects the individuals' actions and decisions. Freud is of the opinion that, the death drive, unconsciously, creates the desire to die; "The aim of all life is death."(Cherry) As far as psychoanalysis is concerned, the death drive being the more important psychic drive, causes humans to also tend to return to their destructive traumas through flashbacks and some relative dreams. The subject of the trauma, as a result, is eventually driven towards death, destruction and downfall. The psychic returns to the traumatic moment and the traumatic event, are mentioned numerously in the works of psychology and also in literature.

## **Chapter 1: *Faces in the Water* under the light of psychoanalysis failure**

This chapter will analyze *Faces in the Water* under a critical lens concerning the poor functionality of psychoanalysis in general, and the psychic units, in particular. Starting with Janet Frame's historical background and her authentic life story, we will move onto analyzing the impact of Frame's past and her personal life experiences on her writing as well as on her moving forward with the plot of the novel. Following this trend, in this chapter, some various psychoanalytical critics on the novel will be studied and referred to. Moreover, by shedding light on the personal traumas and issues experienced by our protagonist; Istina Mavet, we will get to deconstruct matters as, the power dynamics in psychic units, and the madness as composed of the protagonist's family dynamics which will eventually lead the narrator to unveil the failure of institutional psychoanalysis as much as it brings about the re-traumatization in the subject of the recovery; a patient.

### **Janet Paterson Frame (1924-2004)**

A good understanding of the works of Janet Frame in general, and the concept of the psychoanalysis' failure in *Faces in the Water*, in particular, requires the acquisition of a clear image of Frame's personal life which will be discussed in this part of the work. Janet Frame was born in 1924 in New Zealand. Her life is often considered as not a very lucky one, though. She spent her childhood years surrounded by financially poor and potentially strict parents at home and severe domineering mentors at school. Jane Campion, in her introduction to Janet Frame's autobiographical work; *An Angel at My Table: An Autobiography* describes Janet's family, as "a materially poor but intellectually intense railway family". (1) Campion further considers Frame's autobiography as "the flourishing of a writer's career." In her opening words in *An Angel at My Table*, she describes Janet's family and educational life during her childhood years as, "years of incarceration in mental hospitals, especially for wanting to pursue a career as a poet." (1)

Janet Frame had initially three siblings. She, paradoxically, lived a life of loss and solitude. Two of Janet's beloved siblings drowned when she was very young. That is when she, due to her inability to express her grief, the lack of communication to her parents and the lack of social skills, and by the excess of her feelings of loss and grief, started to emerge herself in writing as a way to heal and to, eventually, escape the realities of life. Her writing career is in her own words "a background of poverty, drunkenness, attempted murder, and near-

madness.” Janet mentioned in her autobiographical work *An Angel at My Table* that she, as a kid, was associated with bad hygiene, and often the lack of self-care:

As in the first volume, Frame dwells on odd behavior (keeping sanitary napkins with soiled clothes and chocolate wrappers in a chest of drawers), admits her general naivete (of lesbianism, masturbation, homosexuality, and European literature), and details her disregard of personal cleanliness (clothing, rotting teeth, menstruation). Her eight years in a mental institution are, unfortunately, not well documented.

(Ash)

Janet, by the influence of her parents as well as the norms of the society, was obliged to follow a teaching career while her forever ambition of becoming a writer remained untouched. When Janet had to do a teaching demo in front of a class of students, and a judging mentor, she went into an emotional breakdown which ended her teaching career before it ever started. Following this episode of her life, Janet due to her low self-esteem, self-preserved attitude and the lack of social skills, was considered by the school agents as someone in need of serious psychiatric treatment. Janet's schoolmates often defined her as strange as her lack of identity, made her fall into whatever direction and fate the others desired for her. She, as a result, underwent several therapy sessions. A few months after that, by her mother's consent and the school mentors' improper advices, Janet was moved to Seacliff's mental hospital in which she was hospitalized for eight consecutive years.

She, initially, thought of going to the clinical unit as a recommended way for her to fix the bad state of her teeth and her overall personal hygiene, it, though, was never the case. Upon her arrival at the mental institute, she encountered on one of the doors, the word "psychic unit" which made her realize that she was being mistakenly put in a mental hospital and that she had been misdiagnosed. The word 'psychic unit' is forever present in Janet's literary works. In the mental hospital, she had her first contact with the psychic world and the reality of the world of the mentally ill as compared to that of the sane world.

Having spent a short period of her life among mental patients, in the psychic institute, and due to her deep empathy with the patients she lived with, Janet Frame was misdiagnosed with schizophrenia; a psychotic disorder associated with severely impaired thinking, feelings, and behaviors. It is interesting to note how this misdiagnosis changed Janet's life and writing

career. The illness was considered as one for which no cure was available at the time. This, further led into Janet's isolation both as a person and as a writing talent. Even her family members were disappointed at Janet as they avoided contact with her, since she was considered mad, then. During her long stay in the psychic ward, Janet underwent various electric shock treatments which then became a key issue in her writing, as well. Likewise, she was often the subject of Electroconvulsive Therapy or the so-called ECT which later became another defining element in her fiction. As a consequence of Janet's numerous attempts to evade undergoing the ECT, she was once again, mistakenly diagnosed as in need of a leucotomy; a very common practice at the time considered as an attempt to remove certain parts of the brain in order to cure mental disorders. Just before having to undergo the frontal lobotomy, Frame won a very important literary prize due to her publication of her work of the short stories, *The Lagoon* in 1951. This explains the reason why Janet, very often, talked about the way writing saved her life.

Eight years after her stay in the mental unit, Janet Frame was informed that her entire hospitalization had been a big psychoanalytical mistake. This marks a huge turning point in Janet's personal life as well as in her writing. The misdiagnosis further led her to believe the mental institutes and the mental staff shallow, inefficient and highly controversial. This aspect of Janet Frame's mentality, is often the main subject of her works of fiction. Regarding her autobiography, Janet proclaims that her autobiography is the result of her wanting to make herself heard and understood for she puts it in this way:

desire really to make myself a first person. For many years I was a third person? as children are as probably the oppressed minority has become .... In order to set down a few facts and tell my story, this is my say.

(155)

Besides, as Susan Ash mentions Janet's fiction is often "based on the speaking subject's need for reassurance as to the stability of her identity." (25)

A while after her liberation from the psychic hospital, Janet Frame started her trip around Europe in order to further develop her writing skills. It was during her trip that she published *Faces in the Water* which is the subject of our study here. In this paper the concept of the failure of psychoanalysis will be further developed following Frame's thread of thought, her genuine narrative techniques as well as her personal experiences.

### **Madness and the downfall of clinical psychoanalysis in Janet Frame's *Faces in the Water***

Following Janet Frame's entrance to the mental institute and her long stay there, she developed critical ideas regarding the clinical psychoanalysis as associated with failure, contagion, disappointment, and shame. These ideas are fully documented in her fictional account of her story, *Faces in the Water*. Janet, based on her past, her personal suffering, and due to her misdiagnosis with a mental illness, considers the mental therapy as unnecessary and highly polemical. Regarding the novel, Frame used to describe the protagonist of her work; Istina Mavet, as an invented character the existence of whom she called an invention. Istina, however, is often known as the author surrogate for she goes through and narrates Janet's personal experiences though in different time zones and diverse mental units. In other words, Janet Frame's stay in Seacliff's mental hospital is narrated through Istina Mavet's stay in the Cliffhaven and the Treecroft. This fact is mentioned in Janet's autobiography as studied by Susan Ash in the *Absolute, Distanced Image*:

I wrote the story of my life. My story, and this is me which comes out. There is pain, things happen but whatever comes out is ordinary me, without fiction or characters.

(158)

Janet Frame, in her autobiography, further talks about her identity mentioning that she had a: "...desire really to make' herself 'a first person. For many years' she 'was a third person..." (Ash, 155)

The fact that the plot of *Faces in the Water* is an account of Janet Frame's personal experiences and her critical ideas, developed during years of her stay in a sick environment, is clearly expressed in the last phrases of the novel when we read Istina Mavet's closing lines regarding the mental health staff as one of the nurses asks Istina to let not the harsh experiences in the mental hospital be revealed to the outside world:

when you leave hospital, you must forget all you have ever seen, put it out of your mind completely as if it never happened, and go and live a normal life in the outside world. And by what I have written in this document you will see, won't you, that I have obeyed her?

(183)

### **The thin line between madness and sanity and the trauma narrative in *Faces in the Water***

Following the argument that Janet's personal experiences are gathered together and well narrated in *Faces in the Water*, initially, we can start considering the structure as well as the narrative voice of the novel as highly serving the plot. *Faces in the Water* is narrated by Istina Mavet; a misdiagnosed mental patient. Istina, being hospitalized in the mental institute by a psychoanalytic mistake, shows a much reliable narrative voice, though. In other words, Istina's narration; the way she puts words and phrases together, and also the way she makes sense of different happenings, all account for a healthy state of mind. There are numerous instances in the novel which, in fact, account for Istina's sanity and wisdom. She makes wise reasoning and metaphors when talking of the mental health staff and the general situation in a mental hospital. These words, all in all, cannot be uttered by a true mental patient. Istina's rational accounts of the pain and suffering experienced by the mental patients in the hospital, can be indicators of this aspect:

I can hear someone moaning and weeping; it is someone who has woken up in the wrong time and place, for I know that the treatment snatches these things from you leaves you alone and blind in a nothingness of being and you try to fumble your way like a newborn animal to the flowing of first comforts; then you wake, small and frightened, and the tears keep falling in a grief that you cannot name.

(Frame, 21)

Although I was capable of what I think was 'sensible' conversation there were few people to talk to and in approaching anyone it was necessary to adopt a similar mental disguise — like the soldiers who wear branches in their hats in order to harmonize with the surrounding vegetation and allay the suspicions of the enemy. But are not those the tactics that all people use when they try to emerge from themselves and engage in the perils of human communication?

(Frame, 78)

Consequently, Janet Frame's *Faces in the Water* is nothing of a traditional trauma narrative. Istina; the narrator, is a smart thinker and a sharp listener. She can make sense of different situations by commenting on them and consequently finding solutions. The author, due to her choice of the first-person narrative, is not only challenging the clinical psychoanalysis but also, she is questioning the issue of the trauma talk. As far as psychoanalysis is concerned, a trauma talk is associated with nonlinearities, gaps, breaks in language and the shortage of



vocabulary. Considering her narrative voice and her trauma narrative, Istina's narrative account, however, is linear, continuous and rich with words. Here, we see an instance of Istina's metaphorizing the general conditions in a mental unit:

I watched from the special table, as from a seat in a concert hall, the raging mass of people performing their violent orchestration of unreason that seemed like a new kind of music of curse and cry with the undertone of silence flowing from the quiet ones, the curled-up, immovable and nameless; and the movement was a ballet, and the choreographer was Insanity; and the whole room seemed like a microfilm of atoms in prison dress revolving and voyaging, if that were possible, in search of their lost nucleus.

(Frame, 65)

This is an important part of the novel indicating the fact that the narrative techniques as well as the ability to carry the details, demonstrate that the protagonist, Istina Mavet, has a much healthy state of mind being a reminder of Janet's critical ideas regarding clinical psychoanalysis.

As John Thieme puts it:

The lucidity of the writing suggests that the supposed frontier between sanity and madness is a porous, artificially constructed one, and *Faces in the Water* repeatedly returns to such tropes. When Istina faces the threat of a lobotomy, she likens those who are trying to change her personality to “immigrants to a new land staking their claim” (216), a simile which, intentionally or otherwise, has the effect of presenting her as the victim of a monocultural form of colonialism that asserts the right to impose its values on “others.” Subsequently, again in the context of the possible lobotomy, she uses an image that likens the proposed procedure to ethnic cleansing, viewing it as an attempt to make “her unsuitable personality [...] fly out like a migrating bird to another country and never return.

(5)

John Thieme's description is another defining factor standing for Istina Mavet's power of reasoning defining her as not in possession of a sick mind.

## **Madness vs. sanity**

As related to the issue of the narrative, Janet Frame, is much critical of the unnecessary stereotypes separating the world of the sane from that of the insane, for she, through her author surrogate, mentions and constantly returns to, the issue of the equality of minds both inside and outside of a psychic ward while repeatedly questioning the superfluous labeling of a group of people as mad. Frame, through her narration, stresses the fact that the space between the madness and sanity is so thick of a line which, in fact, proves stereotypes unnecessary, shallow and unwanted. This issue, again, is related to Janet's critical mindset towards clinical psychoanalysis. In Janet's opinion, a mental patient is as maniac as a member of a mental health staff! Clear instances of Janet's criticism regarding this issue are found in Istina's narrative, as well: "It was Dr. Howell who tried to spread the interesting news that mental patients were people and therefore might like occasionally to engage in the activities of people." (24) In this instance, Istina Mavet's ironic narration that the mental patients were people, is an indicator of Janet's criticism where she truly welcomes equality and rejects the social norms and stereotypes surrounding the issue of mental illness.

Again and again, there are instances in the work accounting for the shallow labeling which aim at indicating the non-existent barriers between the sane and the insane world. In this regard, it is interesting to note Istina's words:

The bag was like my final entry paper into the land of the lost people. I was no longer looking from the outside on the people of Four-Five-One and their frightening care for their slight store of possessions; I was now an established citizen with little hope of returning across the frontier; I was in the crazy world, separated now by more than locked doors and barred windows from the people who called themselves sane. I had a pink cretonne bag to put my treasures in.

(105)

Likewise, this issue is further commented upon by Istina Mavet, upon her knowledge of the lost mental patient in the Cliffhaven and her way of narration regarding the way the external world reacted to that event:

The papers carried the usual headlines — I imagine they did because I did not see them —MENTAL PATIENT ESCAPES; and people out in the world locked their doors at night and in the daytime gathered to complain about the carelessness of the authorities

and the lack of security precautions at the largest mental hospital in the country where 'it is well known that the most desperate murderers are held'; and letters appeared in the newspapers saying it was time something 'was done' and 'how can an ordinary citizen expect to walk through the streets at night with lunatics at large.

(79)

There are also numerous moments in the novel when Istina, a misdiagnosed mental patient seeks to maintain her sanity: "I tried to remember my secret rule which I had formulated in order to maintain my sanity." (149) In addition, Istina's narrative account upon her entrance to the Treecroft is also another indicator of her sanity:

The six weeks I spent at Seacliff hospital in a world I'd never known among people whose existences I never thought possible, became for me a concentrated course in the horrors of insanity and the dwelling-place of those judged insane, separating me forever from the former acceptable realities and assurances of everyday life. From my first moment there I knew that I could not turn back to my usual life or forget what I saw at Seacliff. I felt as if my life were overturned by this sudden division of people into 'ordinary' people in the street and these 'secret' people whom few had seen or talked to but whom many spoke of with derision, laughter, fear. I saw people with eyes staring like the eyes of hurricanes surrounded here by whirling unseen and unheard commotion contrasting strangely with the stillness. I grew to know and like my fellow patients. I was impressed and saddened by their? our? capacity to learn and adhere to and often relish the spoken and unspoken rules of institutional life, by the pride in the daily routine, shown by patients who had been in hospital for many years. There was a personal geographical, even linguistic exclusiveness in this community of the insane, who yet had no legal or personal external identity .... Many of the patients confined in other wards of Seacliff had no name, only a nickname, no past, no future, only an imprisoned Now.

(pp. 193 -94)

## **Family drama and the norms of the society concerning mental health**

Janet Frame's fiction, in general, and *Faces in the Water*, in particular, deal with the dilemma of societal norms and the violence caused by them both in the concept of the family and also in that of the society at large. In *Faces in the Water*, the society is pictured as feared and disturbed by the idea of mental illness. The world of the novel, depicts a society in which mental illness is associated with shame, fear and disappointment. This issue is also spread in family dynamics narrated by Istina Mavet whenever she talks of her own family. Just like Janet Frame's own family background, in *Faces in the Water*, we see Istina giving accounts of her mother as feeling ashamed and disgraced of her daughter's mental illness. Notwithstanding the fact that Istina's is, in fact, a big misdiagnosis, we witness accounts of our protagonist describing her mom as ashamed of Istina's situation. This issue becomes also evident when Istina's mother gives her consent to every operation the doctors consider good for Istina whether it be ECT (Electroconvulsive therapy) or not:

My mother was suspicious of the doctor; in some way she regarded my illness as a reflection on herself, as something to be ashamed of, to be hushed up, to be denied if necessary.

(Frame, 43)

Regarding the societal attitudes towards mental illness, there are cases in the novel where the mental health staff, as part of the society at large, consider the mentally ill as non-deserving and therefore, as less of a people: "if you can't adapt yourself to living in a mental hospital how do you expect to be able to live "out in the world"?' How indeed?" (33) As indicated by this example, according to the mental health nurses (referred to as "Sisters" in the novel), we encounter cases in the work in which the mental patients are underserved and disrespected. Here, we have Istina's account concerning the society's point of view; viewing the mentally ill as dangerous and also as different, in a negative way. A mental patient, as depicted in the novel, is no longer equal to the ordinary members of the society. She, thus, needs to be feared and put aside and to never mingle:

how on leaving the hospital you were not immediately discharged but placed on probation, as if you had committed a criminal offence, so that you might be away from the hospital and still be legally insane, unable to vote, to sign papers or travel abroad.

In 'those days' there was no voluntary admission; we were all 'insane under the Mental Defectives Act, 1928'.

(33)

Frame, through depicting these scenes and again and again by the power of her narrative, is being critical towards the norms of the society concerning madness. Over and over, by her unique narrative techniques and the sarcasm hidden behind Istina's speech, Frame is questioning the norms of the society regarding mental health. By the same token, we; the reader, encounter numerous instances in the novel where Istina Mavet is in fact making fun remarks while at the same time ridiculing the power dynamics in a mental hospital. As an instance of this, it is clear, that Istina's depiction of Sister Bridge as problematic and at times childishly jealous of Istina, is a way of showing the shallow nature and also the superficiality of the psychoanalytical specialists. This argument is also further supported by John Thieme when he regards Istina's case as it accounts for the unnecessary stereotypes and social norms regarding mental illness:

[...]Istina describes her sufferings at the hands of the psychiatric establishment through the use of a spatial poetics[...] When Istina later returns to the idea of constructing meaning in water, in the passage from which the novel's title is taken, the frame of reference appears to have shifted from the act of writing to the act of perception, but in both cases there is an emphasis on the suppression of views that do not correspond to socially accepted norms: "We all see the faces in the water. We smother our memory of them, even our belief in their reality, and become calm people of the world; or we can neither forget nor help them. Sometimes by a trick of circumstances or dream or a hostile neighborhood of light we see our own face.

(5)

Thieme further continues his argument by mentioning that "Frame's imagery suggests the superficiality of accepted codes of social behavior and the inadequacy of conventional linguistic usage."(6)

### **The issue of violence in the novel**

Following the society's stereotypes around mental health, Janet Frame's fiction is associated with instances of violence and injustice due to these social labeling. In *Faces in the Water*, we witness cases of mental patients being dragged on the floors by the mental health staff. Furthermore, we see instances of people dying under electric shock treatments as well as those being suffered by the numerous injections of insulin. The issue of the amount of violence lived in a mental ward, is also interesting in understanding Janet Frame's criticism towards clinical psychoanalysis. This violence is also associated with injustice towards the mentally ill as well as the cruelty towards the misdiagnosed mental patients. As an instance, we can consider a mental nurse's words towards the misdiagnosed Istina: 'It's for your own good. Pull yourself together. You've been difficult long enough.' (19)

Then Istina also adds:

The matron herself does not offer to undergo shock treatment in the way that suspected persons to prove their innocence are sometimes willing to take the first slice of the cake that may contain arsenic.

(19)

Apart from that, as associated with physical violence in the Cliffhaven, the fear of the ECT, is repeatedly mentioned by the narrator. Istina Mavet constantly articulates her endless fear of the electric shock treatment. We have moments in the novel that by the smallest noise in a mental ward, our protagonist, and the other imprisoned members of a psychic ward, panic because they are traumatically scared of the ECT. Istina's description of the mental health nurse, 'Sister Bridge', also accounts for the violence experienced in the Cliffhaven mental hospital:

Sometimes I wondered if perhaps she had not actually discarded words as a means of communication and was putting her meaning across in some other way while shouting (she usually shouted) the sort of near-abuse that one hears spoken every day by mental nurses to their patients.

(103)

Our protagonist, furthers her argument regarding the difficulties of living in a mental ward for she mentions:

It may seem strange to learn that all the nurses were most of the time without compassion; until one remembers that those who longed to care for their patients either gave up their lonely struggle in its unfavorable conditions of staff shortages and twelve-hour days, or were corrupted into harassed reluctant hypocrites and bullies with some sweet talk in Ward Seven and coarse instances in Lawn Lodge.

(77)

Another important case worth mentioning here is Istina's regret regarding some mental patients whom she considers as normal people with genuine stories to tell. These mental hospital prisoners, according to Istina, can never get to utter their stories due to their having to unjustly spend their lives in mental hospitals where they are treated as often less of a people:

I felt sorry for Louise; she had a story to tell and they were disinclined to listen to her and she got on people's nerves because like the Ancient Mariner travelling the world, she travelled the dayroom.

(Frame, 80)

### **Psychoanalysis and the trauma of a leucotomy**

Throughout Istina Mavet's stay in the mental institute, it seems as if a new trauma is generated, a collective trauma; the ECT! Istina, starting off as a twenty-year-old young woman misdiagnosed with a mental illness, now, after years spent in mental units, is the possessor of a great trauma; the dread of the ECT. According to psychoanalysis, trauma is an uncontrollable event, which keeps creeping in through different flashbacks and memory shifts. In *Faces in the Water*, we have our protagonist who is constantly living in fear in case she would receive a lobotomy. ECT, being a common means of getting a mental patient to talk out their trauma in this novel, is also associated with another important factor in the world of psychoanalysis being the issue of the trauma talk; the idea that the trauma needs to be talked out in order to be fully cured. Janet Frame is again questioning the mental institutes and their everyday practices as she considers electric shock treatment as unnecessary and mostly harmful. In Frame's writing of the novel, this common practice of psychoanalysis; the ECT, is in fact the source of a misdiagnosed patient's trauma; Istina Mavet's. This further highlights Janet's critical view regarding psychoanalysis and its common practices as not only damaging but also controversial. Istina describes ECT as harmful and deadly:

We know the rumors attached to E.C.T... when we are at last convicted of murder and sentenced to death and sit strapped in the electric chair with the electrodes touching our skin through slits in our clothing; our hair is singed as we die and the last smell in our nostrils is the smell of ourselves burning. And the fear leads in some patients to more madness. And they say it is a session to get you to talk, that your secrets are filed and kept in the treatment room, and I have had proof of this, for I have passed through the treatment room with a basket of dirty linen, and seen my card. Impulsive and dangerous, it reads. Why? And how? How? What does it all mean?

(20)

It is clear that the more the protagonist continues staying in a mental hospital, the more she develops her trauma of the electric shock treatment which, afterwards, turns into a common source of trauma among the other members of the psychic ward, as well. In other words, the ECT, in *Faces in the Water* is not only Istina's trauma but it becomes, in fact, a general trauma and a typical subject of discussion among the mental patients in Cliffhaven. Through this, we get to notice Janet Frame's approach to the collective nature of trauma; the universal trauma. As mentioned earlier in this work, trauma, is often not so much of a personal experience. Besides the fact that different people can experience trauma in different ways, the issue of the common sources of trauma is forever present in trauma narratives and also in *Faces in the Water*, being an account of trauma. As Istina's narration goes on, we as the reader, get to see more and more scenes in the work indicating the mental patients' general fear and hatred towards a common source of trauma; being the ECT, in this case. Here we see Istina's narration regarding the trauma of the ECT in the second part of the novel; her stay in the Treecroft:

the succession of screams heard as the machine advanced along the corridor, were a nightmare that one suffered for one's own 'good'. 'For your own good' is a persuasive argument that will eventually make man agree to his own destruction. I tried to reassure myself by remembering that in Ward Seven the 'new' attitude ('mental patients are people like you and me') seemed to predominate.

(53)

### **The issue of misdiagnosis and the reversal of the doctor/patient relationship**



The plot of *Faces in the Water* evolves around the issue of psychoanalytic misdiagnosis. The whole world of the novel concerns a misdiagnosis, a big mistake of the clinical psychoanalysis; the issue which forces the narrator, Istina Mavet, to spend eight successive years of her life in a mental hospital, just as Janet Frame herself did. Janet Frame, through depicting her protagonist as a victim of psychoanalysis, is questioning the whole foundation of psychoanalysis considering it shallow, disgusting, and much harmful to the individual and society. Through Istina's narration, we get to witness cases in which the issue of misdiagnosis leads to another major issue present in the novel being the reversal of the doctor/patient relationship. There are various instances in the work where it gets too easy to notice that Istina, being considered as a mad person, is, in fact, able to reason better than a mental health nurse. Here we can return to the idea of narrative as crucial to developing the overall message of the novel; where psychoanalysis fails and proves unessential. This issue is also linked to the violence and the injustice suffered by the people living inside a mental unit.

Time and again, Frame stresses this notion by Istina's numerous accounts where she tries to bring to light the insufficiency of the mental health staff: "Didn't he know that doctors could not mingle in this way with the disturbed patients (155) Again pointing at the fact that a doctor can, in fact, ironically mingle with patients; it is just a matter of labels.

### **Psychoanalysis and the loss of human identity**

Another crisis regarding the inefficiency of psychoanalysis in *Faces in the Water* lies in the protagonist's gradual loss of personality and self-worth due to her misdiagnosis. Following Istina Mavet's narrative voice, we live moments accounting for the possible lack of her personality and her likely missing of self-worth. As the narrative goes on; ironically enough, the more time Istina spends in different psychic wards, the less stable she becomes when it comes to her identity and mind. We know Istina Mavet, at the beginning of the novel, with a much more secure voice compared to the end of it. It seems as if by the time spent in the mental hospital Istina's self-image is damaged and drastically changed; halfway through the novel, Istina's is no longer the same narrative voice as it once was. Istina's description of the events and her feelings towards them, as the novel goes on, are clear evidences of less certainty in language, words and personality. She starts doubting her ideas when she starts thinking that, as a mental patient, she cannot be trusted. Upon her having to leave the library van because of her mental illness, Istina comments negatively upon her self-worth: "I was a patient

and could not be trusted; I was a child and would not grasp the content, the essential meaning of the books." (241)

Moreover, Frame's narrator, repeatedly, comes up with the idea that she can no longer recognize the person she has been before entering the mental hospital: "I cannot find myself where I left myself, someone has removed all trace of me. I am crying." (22) This issue continues to the point that in the next pages of the novel, she starts doubting her power of reasoning as well as her good sense. Returning to the dilemma of having a lobotomy, in fact, the much-feared practice of ECT, is also regarded as a common attempt by the clinical psychoanalysis to "change the personality":

It was happening to other people — to Mrs. Lee, Mrs. Morton, Plattie. In the morning, they had been wheeled out and taken to the hospital in the city and at night they had returned with plaster over their shaven heads, and they lay in the side rooms, their faces pale and damp and the pupils of their eyes large and dark as if filled with ink. It was a newly discovered operation which was reported to 'change the personality'.

(Frame, 80)

Again and again, being personally victimized by the clinical psychoanalysis, through her depiction of Istina Mavet, the author is stressing the failure of psychoanalysis pinpointing its controversial nature as it not only harms the mental state of an ordinary person, but it also leads to the lack of identity and social skills and, more importantly, to the destruction of a person's dignity and self-regard.

Istina repeats the idea of the personality change also through her description of her fear of the ECT:

There's an operation which changes the personality and reduces the tension, and we've decided it would be best for you to have the operation. One of your parents will sign the paper. We've asked your mother to come for an interview.

(156)

Finally, it is important also to notice Istina's original idea leading to the fact that the practices of psychoanalysis are unnecessary and controversial and that an 'identity change' is never necessary:

he would realize that I did not need to be taught this everlasting 'lesson' which she conspired with Matron Glass to teach me, that I did not need to be 'changed' by operations on my brain.

(127)

To conclude, Janet Frame's critical ideas towards clinical psychoanalysis are depicted in her masterpiece *Faces in the Water*, where she, through her unique choice of the narrative point of view, cunning speech, and paradoxically ironic reasoning, stands for and proves her criticism towards psychoanalysis attacking the psychoanalysis and its overall shallow foundations. She succeeds in proving that the clinical psychoanalysis is serving the humanity in negative ways and that it needs to be improved if not drastically eliminated.

## **Chapter 2: The contagious madness and the failure of psychoanalysis in *Trauma* and *Asylum***

This chapter will analyze the poor functionality of psychotherapy and its common practices in Patrick McGrath's *Asylum* and *Trauma*. Throughout a general deconstruction of the two novels, this chapter, will break down the symptoms of the traumatic behavior and the defense mechanisms as crucial to the development of the plot. Moreover, by psychoanalyzing the main characters of the two works concerned here, the unreliable first-person narrative point of view will prove essential in demonstrating the failure of the mental health staff in their treatment of the psychosis. Issues such as trauma's latency period and the traumatic past will also be discussed here. Apart from that, the concept of survival from the trauma will be argued in the two works thus leading us back to the infectious potential of trauma as well as to its contagious and universal nature. In this chapter, we will keep returning to the common issue of PTSD as it helps the plot serve its end. Analyzing *Asylum* and *Trauma*, we will be pinpointing the common symptoms of trauma in the world of Patrick McGrath which show in the characters, symptoms such as numbing, recurrent nightmares and relevant dreams, memory impairment, lack of concentration, low social skills and so on, will be discussed. All in all, we will come to a point in our analysis where we, in fact, can witness the reversal of the common role of the psychiatrist in the eyes of the patient and vice versa as every relation of the type starts turning over a new leaf. This issue continues to the point that we, the reader, can notice the overall reversal of the doctor/patient relationship leading us back to the contagious nature of trauma as madness and thus bringing us closer to the eventual downfall of psychoanalysis in Patrick McGrath's fiction.

### **Patrick McGrath (1950)**

Patrick McGrath was born in London. He grew up near Broadmoor mental hospital in Crowthorne, Berkshire, England, where for many years his father was medical superintendent. Due to his unique family background and his contact with the mentally ill at a very young age, Patrick was driven to issues of psychology and the clinical psychoanalysis which led him to various studies of Freud and a series of researches on the field with a special interest in the nature of human psychology. It is also important to note that his interest in psychiatry and its practices started at a young age and later on, in his adulthood, flourished into works of fiction.

In addition to that, McGrath's fiction is often, by critics, considered as a psychological thriller associated with a gothic endeavor. Here we get to see McGrath's own words regarding his association with psychology and his childhood:

My father was a forensic psychiatrist in England so I grew up listening to the psychiatric talk at the dinner table and discovered when I began to write fiction that I'd seem to have stored a great deal of information and also a great fascination with mental disorder, mental disturbance, insanity and these themes began to emerge as me intending to draw them out[...]Based on his various researches on the common causes of trauma and the trauma therapy and the treatment of the trauma, he shaped his model in *Trauma* fueling his plot.

([https://youtu.be/un88iK\\_37Zk?si=OXd-scvqUUhUqCqq](https://youtu.be/un88iK_37Zk?si=OXd-scvqUUhUqCqq))

Through a reading of Zlosnik's work concerning McGrath's fiction, the author's association with psychiatry at a young age is further referred to through McGrath's own words:

On a visit home, browsing through my father's bookshelves [...] I found a slim volume about a rare psychiatric disorder. It was called *Morbid Jealousy and Murder* [...]. [T]hat book gave me all I needed both to establish Edgar Stark's pathology, and to suggest the gravity of the danger Stella faced.

(108)

### **The general characteristics of Patrick McGrath's fiction**

McGrath's fiction is almost always narrated by the first-person unreliable narrator giving the reader a sense of suspense, rarely seen in the works of the previous authors of the field. As McGrath mentions himself, a work of fiction is often associated with various twists and conflicts. He, in his writing, surprisingly, tends to place the conflict within the mind of the individual. In this way, he tends to create mental conflicts which concern, mainly, the protagonist as well as the other characters in the work of art. McGrath is of the opinion that a central character in his world, is the one challenged by the two conflicting forces within their mind. Thus, Patrick McGrath's plot is mostly associated with the going back and forth of the character as they look for the ways of resolving or, eventually, defeating this conflict if not coming to terms with it. To be a protagonist in the world of Patrick McGrath, a character needs

to be involved in a series of mental conflicts within his/her own mind. This conflict, amusingly, concerns the character's good and bad side.

The reader, as a result, does see less of an action in McGrath's fiction for the overall plot of his fiction is largely shaped by some unique mental processes. In other words, the conflicts and twists shaping McGrath's fiction would often happen within the mind of a character, and because of this, in McGrath, it is difficult for the reader to witness much of a physical action as the activities occur, mainly, within the mind. As mentioned by the author himself, in an interview, Patrick McGrath specializes in the 'drama of the mind' as he is interested in the conflict in fiction which is often between a 'character's better nature and his passions; the internal conflicts that begin to tear a character apart, as McGrath finds this sort of tension narrative 'fascinating'."

[https://youtu.be/un88iK\\_37Zk?si=OXd-scvgUUhUqCqq](https://youtu.be/un88iK_37Zk?si=OXd-scvgUUhUqCqq)

This concept can be considered as a sign of McGrath's familiarity with Freud leading us back to the Freudian concepts of id, ego, and the super-ego because as mentioned earlier, McGrath started studying Freud before starting his career as a writer in the field of psychoanalytic thrillers. Apart from McGrath's familiarity with Freud and the foundations of psychology:

There seems to be a considerable knowledge of neurological disorders, mental and attendant physical disabilities...So that the Gothic would always be motivated more by insanity than sanity, disorder than order, ruin rather than whole structure, disease rather than health, decadence rather than virtue. Tripping down all the values we can uncover within language, within culture, the Gothic is that form of fiction which is fascinated with the transgression from that norm, always pushing from light to darkness, day to night, reality to dreams.

(Bomb, SHORTS, Patrick McGrath, JSTOR, 2014, 30)

### **The narrative point of view as crucial to the development of the plot**

To add to this conflict a further touch of mystery, Patrick McGrath leaves the first-person unreliable narrator in charge of the telling of his plot:

Dr. Cleave is not only a reliable narrator but also a complex character in his own right. As he becomes increasingly involved with Stella, his own psychological state becomes intertwined with hers. This creates a sense of ambiguity and tension throughout the

narrative, as readers question Dr. Cleave's motivations and his ability to maintain professional boundaries. The use of Dr. Cleave as the narrator allows McGrath to explore themes of obsession, desire, and madness from an intimate and subjective perspective. It also adds layers of psychological depth to the story, as readers are invited to consider the ways in which the narrator's own mental state influences his perceptions and judgments.

<https://chat.openai.com/c/1dbc09cd-375b-48ab-bad9-81ccd968f8e2>

As mentioned above, to further show the inefficiency of psychoanalysis, McGrath's narrative voice is paradoxically that of a psychiatrist who is often not to be trusted! As a result of that, McGrath's reader can, at times, find the narration interrupted and largely incoherent. This suggests a major criticism towards the mental health staff as the true ill, and at the same time, this issue aims at questioning the treatment of mental illness as ineffectual and at times shallow-based since the story is being ironically narrated by a psychologist who is not in control and who, therefore, is unreliable both as a story teller and as a psychiatrist. And even if Cleave's voice, as Sue Zlosnik has put it, conjures up:

the empiricism of the doctor," we soon begin to discern that he provides an unreliable point of view, with his own conflicting passions and predilection for treachery shaping the tale itself.

(105)

As the psychologist should be a person of trust, the reader, when faced with the final twist of the plot which, in fact, proves the narrator; the psychologist, untrustworthy and unreliable, comes to see the controversial nature of clinical psychoanalysis. Both *Trauma* and *Asylum*, are narrated by two unreliable psychologists. Therefore, McGrath's reader, oftentimes, is ironically faced with the reality behind the voice of the narrator only at the very closing pages of the novel. We will come back to this controversial aspect of Patrick McGrath's fiction, when we discuss the final twists running through the two novels studied in this chapter.

### **Who is a psychologist to Patrick McGrath?**

Patrick McGrath is of the opinion that the figure of the psychologist rises out of family dramas associated with a difficult childhood. These family dynamics, being controversial, as witnessed in McGrath's fiction, cloud the judgement of an individual and lead him to pursue

a career in psychology. A psychiatrist, in the author's view, is a person in need of a safe haven. He is, oftentimes, the one rising out of severe family issues. Thus, he turns to psychology as a way to prove himself to his surrounding world. In this sense, to follow a career in psychology, one does not need a talent, it does not require much of a passion; it, rather, is a way for a person to satisfy their needs and to prove their past wrong. The reader is referred to this particular state of mind of McGrath's, by the author himself when he describes Charlie; the narrator of *Trauma* and Charlie's unique story. Upon narrating the history of McGrath's protagonist in *Trauma*; the psychologist Charlie Weir, Patrick constantly and repeatedly touches on and returns to the idea that Charlie having been through different conflicts with his mom within the concept of his family during his childhood years, turns to psychology both as an escape and as an eventual revenge. McGrath has his narrator convey this message upon Charlie's acknowledging: "This is how psychiatrists are made." (7) Charlie comes upon this phrase just after having narrated his family conflicts especially with his mother and the fact that his mom never saw him as enough.

On that ground, McGrath is adding a further criticism to the whole concept of clinical psychoanalysis as he indirectly mentions the fact that a healthy-minded individual is not the one following a career in psychology and that to be a psychologist one needs to be problematic, needy, and aggressively in search of recognition by others. It all lies in the fact that, McGrath's psychologist narrator is much in need of some eventual validity from the patients and also from other members of the society including his family and colleagues and this shapes the reason why he chooses psychology, in the first place.

All in all, McGrath's notion of psychoanalysis is a much critical one which helps him shape the plot twists and which pushes his plots to serve their ends. It often happens by the application of the first-person psychologist narrator who is often in charge of telling a story which proves controversial towards the very last pages or the final words of the work of fiction thus adding on a major type of criticism rarely seen in McGrath's contemporaries or the writings associated with the genre of the psychological thriller before him.

### **McGrath's choice of setting and characters in *Asylum***

In addition to what is mentioned before, Patrick McGrath's unique choice of the setting of his novels, among which, *Asylum*, acts as a means for the plot of the novel to serve its end; the failure of psychoanalysis and its common practices. *Asylum* is set in the summer of 1959:



The majority of the novel is set in and around a mental institution in rural England during the 1950s. The mental institution serves as a stark and isolating backdrop for the characters and events of the story.

<https://chat.openai.com/c/eff763b9-c0fe-4e6c-acc0-1299b1bc8af8>

Having set the novel in a mental institute, McGrath aims at pinpointing the poor functionality of psychoanalysis and its practices on a general level. Within this mental institute, the reader comes upon the psychiatrist, Max Raphael, who is the deputy superintendent of the mental institute. This makes Max the one psychologist there who is in charge of healing the mental patients and the one who is supposed to be capable of recognizing, sympathizing with and healing the psychiatric patients.

As far as the setting is concerned, the biggest irony in the novel lies in the fact that Max; the mental institute's deputy superintendent (and, therefore, not just a mere ordinary member of the mental health staff), does not only fail in his treatment of his most problematic patients, he also, proves unable to see where the madness lies, in the first place; within the concept of his own family. It is ironic to note that Max's wife; Stella Raphael, is the one really in need of a mental health diagnosis since she is suffering from severe depression as she also shows various symptoms of psychotic paranoia. Max, being an example of a psychologist on the verge of failure, is unable to recognize Stella's symptoms of psychosis. He goes on with his career attempting, without success, at diagnosing and healing the so-called lunatics residing in the mental units while Stella; the person closest to him emotionally, is suffering from severe depression as she shows symptoms of mental illness. The story goes on with Stella's having an affair with Edgar Stark; the man considered by the mental health staff as one of the most problematic mental patients; the one who has murdered his wife and later on decapitated her. Max fails in recognizing Stella's potential of madness and betrayal while he is too focused on his traditional ideas and on his ways of the treatment of the psychosis while he is neglectful of the fact that his wife is probably one of the most problematic ones in the institute. Max's failure rises to its climax when he comes to know the truth about his wife; Stella Raphael's affair with Edgar Stark, and he comes to know this truth only and exclusively upon Edgar's escape from the mental institute.

Patrick McGrath, aiming at making the reader feel and also truly live the extreme inefficiency of a mental health healer, the representative of which being Max in this work,

does not limit Max Raphael's failure to this. McGrath further stresses the failure of the mental health staff towards the very last chapters of the novel. More than halfway through the story, upon Max's apparent forgiveness of Stella's mistakes, the psychologist, once again, entrusts his family and most importantly his one and only child Charlie into the hands of Stella Raphael; a maniacal human case. Upon Charlie's having to go on a school trip, and Stella's accompanying him there, Max comes to the point of losing his son due to this. Charlie gets drowned in the pond while crying for help from his mother which, however, he never receives. By placing this major conflict in shape of a tragedy within the very context of the family of a psychologist, McGrath, again, has a point. Here, the author alludes to the psychologist's inability to recognize the madness existent within his own family let alone that inherent in the other members of the mental institute. By this tragic episode within the novel, McGrath poses a controversial question, being: how is the psychologist even able to heal the mental patients if he is not able to recognize the symptoms of madness within the framework of his own family and in the ones closest to him? The author, thus, signals the extent to which a psychologist is inefficient both in recognizing and also in healing the mentally ill.

Dr. Max Raphael's failure both as a psychologist and also as a husband is, as well, highlighted by McGrath's depiction of a familiar concept in the psychological literature, the so-called Medea complex. The Medea hypothesis refers to the ancient Medea; a character associated with the Greek mythology; a mother who killed her own offsprings. Considering the Medea complex, Max is even unable to recognize and pinpoint the fact that his wife is the one in true need of medical care. The fact that he has been having a mental patient at home all along and not even been able to recognize Stella as the one she really was; as the one suffering from psychosis (a neglected psychosis), is one of the ways in which McGrath points at the general incompetency of the mental health staff. This incompetence is being stressed by McGrath as he places the real mental illness in the character of Stella Raphael, Max's wife; the person who is supposed to be the closest to Max. Stella, thus, acts as the Greek Medea. Medea is a stereotypical character in the history of the world literature, and also the first one who causes the death of her own children, just as Stella contributes to the death of her own son, Charlie.

## **Challenging the pillars of a mental hospital, the mental obsessions of the psychologist Max Raphael and Dr. Peter Cleave in *Asylum***

In addition to the issue mentioned previously regarding Max Raphael's unique characterization, both Max and the narrator; Peter Cleave, are associated with mental obsessions which lead them to their eventual downfall as psychologists and thus to the eclipse of psychoanalytical treatment in the world of *Asylum* and in the whole world of McGrath's fiction. The fact concerning Max's being incompetent in recognizing Stella as a mental patient in serious need of psychiatric treatment, is related to McGrath's challenging the pillars of a mental hospital since Max is not just any ordinary psychologist. He, indeed, is the deputy superintendent of the mental clinic where the novel is set. Apart from that, Max's further discharge from his clinical status in the mental hospital, likewise, reinforces the fact that psychiatry in the novel and also the clinical treatment of the psychosis, is more of a problem than a solution a mental patient in a psychic hospital can have. In this way, Max; the prototype, and his dismissal from his position as the deputy superintendent of the mental institute both are reminders of the idea that a psychologist like him is not helpful in treating the patients suggesting that the psychic patients live better off without psychologists like Max Raphael. In other words, it is as if the author is implying that the hospital, and also the mental patients, are better off without the hospital's deputy superintendent. Consequently, Max's failure in his professional and personal life is also expressed by *Asylum's* narrator as he comments on Max's and the institute's general unfavorable conditions on a daily basis:

I know what happens to psychiatrists like Max, men whose lives have gone horribly wrong, and for whom their own suffering becomes a source of fascination, every provincial mental hospital has at least one. They continue to function[...]but they are bowed by what seems a great burden of experience, their own and their patients.

(223)

Peter Cleave adds on to this in the novel by referring to the contagious nature of madness suggesting that a psychologist like Max is never excluded from the mad world:

They lose all spontaneity and humor and respond to pathology with a sensitivity too acute to permit them any distance from what they see and hear on the wards every day. They blur the line between sickness and sanity and, Christlike, suffer for all humanity.

(223)

Again and again, within the context of the novel, the narrator goes back and forth while returning to the issue of the unskillfulness of the psychotherapists, in general, and Max Raphael's, in particular, thus referring to the possible harm caused to a mental patient and to the general care-seeker community by a psychologist deputy superintendent such as Max Raphael. The narrator; Peter Cleave, with regard to this, further argues Max's responsibility for Stella's mental instability:

Max seemed...now a sort of dead man, a bloodless creature who behaved towards humanity like an insect collector, skewering them in glass cases with labels underneath, this one a personality disorder, this one a hysteric. Only after leaving him, she said, did she (Stella) become aware of the extent of the lack he had created in her. She hated him for that, for pushing her to the extreme of desperation.

(123)

And as Esmâ Büroğlu mentions in her article, Stella Raphael 'finds her life stifling and unsatisfying, and she eventually becomes depressed and desperate.' (4)

Büroğlu further notes that Stella's:

numbness toward her son's death is attributed to her despair about her life without Edgar. As a matter of fact, Stella suffers excessive depression which is an impact of extreme obsession.

(4)

This obsession, however, is the fruit of years of marriage with Max Raphael; the mental hospital's deputy superintendent.

The critique McGrath places in the text by his particular depiction of the therapist Max Raphael, is further underlined by a similar challenge posed by the author onto the future possible superintendent of the mental hospital; the narrator; Peter Cleave. Throughout the course of the novel, Peter Cleave's character as well as Peter's narrative voice undergo a series of ups and downs. We; the reader, start off seeing a rather stable narrator, who is confident in making certain comments at the beginning of the story. As the novel progresses, however, Peter's narrative voice slightly turns into less of a secure and more of a contradictory one. It is as if the initial security for what regards the narrative voice in the novel is slowly beginning

to fade away. This points at the fact that a psychologist cannot be a reliable narrator thus suggesting the failure of psychiatry. The issue of the downfall Peter, both as a narrator and also a psychotherapist undergoes is apparent mostly while analyzing Peter's depiction of the major characters of the story, namely; Edgar Stark; a mental patient, Stella Raphael; the deputy superintendent's wife and of course, Max Raphael; the deputy superintendent.

As far as the narrator's account of Stella Raphael is concerned, Peter starts his narration of the novel acknowledging that Stella's story has been a sad one and claiming that he knew it all too late to be able to help her:

Stella Raphael's story is one of the saddest I know...she clung to her illusions to the end. I tried to help but she deflected me from the truth until it was too late...she couldn't afford to let me see it clearly.

(1)

This makes us comprehend that Peter Cleave, our clinically licensed psychologist narrator, is, at the opening of the story, much secure of his competencies as a therapist for he claims that he would have been capable of helping Stella recover from her mental disorder had he known more about her story, beforehand. In saying so, Peter, however, proves himself wrong because he, being a psychoanalyst, all through the course of the novel, has been unable to really pinpoint Stella's disturbed mental state just as all the other therapists concerned in the novel have been. Here, the question McGrath is indirectly posing upon the readers is: How is it possible that Peter Cleave; a mental health ambassador who is not even able to pinpoint one of his closest friend's traumas, could be certified as an agent in recognizing and curing the mental illnesses within the members of the society at large?

As the novel goes on, hence, we get to observe more and more instances during which Peter comes upon contact with Stella's insecurities and that is what we can consider as the narrator's slow realization of Stella Raphael's early signs of emotional disturbance. Peter Cleave, surprisingly, time and again, is unable to fully capture the true nature of Stella's unsteady mental state. He comes to grasp Stella's living reality only when she commits suicide and never before and as we can witness, he is only able to spot Stella's possible lunacy at the very closing pages of the story. This issue proves Peter Cleave's position as a mental health professional highly controversial. In other words, Patrick McGrath, with great sarcasm and

ample enthusiasm, alludes to Peter's, a psychoanalyst's, inefficiency while he keeps stressing psychotherapy's shortcomings. It happens since towards the very ending of *Asylum*, the narrator, for the first time in the novel, confesses his incompetence to view Stella and her illness as it truly has been. As cited in "The Study of Obsession in Patrick McGrath's *Asylum*: Sexual Obsession, Obsessional Jealousy, Obsession with power":

Stella is admitted to asylum not as a wife of a psychiatric who was a deputy superintendent in that place but as a patient who suffers clinical depression. During her staying in the mental hospital, she pretends that she suffers because of the death of her son telling her psychiatric about her dreams of a screaming child.

(4)

So far, the reader might come upon the truth concerning the reality behind Stella's characterization and the ineptitude of Peter Cleave's psychoanalysis. The narrator, in the closing pages on the novel, comes upon the truth that Stella has worn the same dress of her dance with Edgar, to the second dance a year after, and he, ironically, comes to notice that Stella had done so not because she has been proud and moved on with her affair concerning Edgar Stark, yet it is because she had been still in love with Edgar Stark:

"[...] I at last realized the full extent to which I had allowed my judgement to be colored by private concerns, and in the process lost my clinical objectivity. Classic counter-transference...she had kept it burning ever since...She'd have known then that she must pretend not to care. Everything that followed asking for a job in the laundry, sitting alone on her bench, *even the dreams of a screaming child* all a performance, a distraction, invented to keep me from the truth...that her suffering these last weeks was not remorse for the death of her child, the truth was that she was obsessed with Edgar Stark, to the virtual exclusion of everything else. Even the dreams of a screaming child. And as for her engagement to me, that too was a masquerade...my mind ablaze with this new truth, and with an effort I brought myself under control and sat down at my desk.

(247)

It is also interesting to note that Biroğlu, in her study of obsession in *Asylum* adds that Stella is taken to the hospital where Peter who is the psychiatrist is expected to treat her

although he fails to do as effectively as he is obsessed with her.' (5) This issue is indicative of the fact that Peter Cleave, the therapist narrator, is guided more by his sexual obsessions towards Stella than by his association with psychiatry.

Besides, Peter Cleave's narration regarding Edgar Stark is also worth noticing here as it guides us towards fully grasping the prominent insufficiency of the clinical psychology in McGrath's fiction represented to us by the psychologist Peter Cleave. McGrath, by the choice of Edgar Stark as the one supposedly in charge of representing the lunatics in the mental hospital, has a critical point. In other words, why does Patrick McGrath choose Edgar Stark to be the representor of the insane in the chaotic world of *Asylum*?

Just as Peter Cleave, Edgar Stark is a person suffering from both sexual and jealousy obsessions. Edgar, contrarily, is a misdiagnosed psychic patient in the hospital and the narrator, as well as the other mental health professionals in the novel, are not able to approve of the reality showing that he is not truly psychotic. This issue leads to a wholly mistaken narrative for what regards the character of Edgar Stark. Analyzing Edgar's personal and psychic background, it becomes clear that he has murdered his wife and then beheaded her. This is the reason why Edgar has been kept captive in the mental hospital for years, however, this fact does not prove him insane; it is a severe form of sexual obsession and, therefore, not a form of insanity. Throughout the story, there are various instances which stand for Edgar Stark's sanity and his skills in good reasoning. As an instance, Edgar's artistry in developing his escape plans from the hospital, demonstrates his stable state of mind. Edgar, as narrated by the psychologist Peter Cleave, has gotten access to Max's room on an episode of his sexual intercourse with Max's wife; Stella, and he has been able to steal Max's keys and his uniform in order to abscond. Such a well-organized plan which helps Edgar break free from the mental institute, cannot stem from a deranged mind. There are various examples in *Asylum* where the narrator refers to Edgar's sanity. One of them is mentioned here:

Watching him dance with Stella it was hard to believe that he suffered a disorder involving severe disturbance in his relationships with women.

(7)

Moreover, the rare characterization of Edgar Stark, proves crucial in the novel as it sheds light on the unskillfulness of the mental health staff in the psychic hospital when it comes to their diagnosis. We encounter the account of Edgar Stark in the novel as the one patient living

under mental health care for several years. In addition, Edgar has a particular position as a care-seeker for he is a medical subject who is now considered a so-called parole patient (in psychology and psychiatry, a method of maintaining supervision of a patient whose treatment is mandated by the court and who has not been discharged but who is away from the confines of a restrictive setting, such as a mental institution). The mental health staff in the novel is of the opinion that 'Edgar Stark suffered from a 'paranoid psychosis' and the 'insanity defense' (McGrath, 65), and yet it is never really the case with Edgar as his is just an excessive type of obsession. Mistakenly enough, time and again, Peter talks about his 'strategy for the psychotherapy' for what regards Edgar mentioning that he, being Edgar's psychiatrist, aims at breaking down Edgar's defenses, making him a new man, to make him start again and to 'rebuild him (McGrath, 21)

Paradoxically, Edgar Stark has never shown any sign of change in spite of his long stay in the psychic wards. In other words, one has never seen any psychic improvement in him to be able to set him free from the mental institute. The reason for this is that as mentioned earlier, Edgar has truly never been psychologically sick, at the first place. The narrator; Peter Cleave, himself, unconsciously refers to this when he utters his clinical opinion regarding Edgar Stark's murder of his wife:

The delusion of infidelity. Freud thought it a form of acidulated homosexuality, the projection of repressed homosexual desire on to the partner: I don't love him, she does. (43)

All through the novel, Peter is very concerned with healing Edgar's psychosis and this makes him incapable of viewing Edgar as the one in possession of a healthy state of mind.

Even if we come upon considering Edgar Stark as mentally ill, Peter's narration to the very last page of the novel, vividly indicates that Edgar has, in fact, never shown any sign of progression. Here we deal with two therapists, namely, Peter Cleave and the deputy superintendent Max Raphael, the two of which have been completely unable to touch Edgar's unhealthy habits and his obsession since, these psychologists, have not been succeeded in pinpointing the sources of Edgar's extreme behaviors, in the first place; the objective truth that Edgar's is majorly an obsession and not a mental disease for he has indeed never shown any signs of psychosis. He, at times is, unexpectedly, even more capable of proper reasoning compared to the mental health counselors in the book.



Overall, Peter Cleave can be perceived as a rather disappointing mental health agent in the novel for he, as well, is mostly driven by his own mental obsessions. He proves ineffective in healing Stella's madness and it leads Stella to commit suicide towards the ending of the work:

Through the long hours of the night, we fought to save her, but Stella had been among psychiatrists long enough to gauge with precision a fatal dose of sedatives. She didn't regain consciousness and shortly before dawn she died.

(248)

Similarly, in his supposed treatment of Edgar Stark, Peter shows again to be fruitless regarding his medication of Edgar. Here we can find his last words in the novel referring to this:

I have not retired as I planned to. I still have work to do. Edgar remains on the top ward in the Refractory Block. No appreciable improvement in his attitude yet, he remains hostile and uncooperative, but that will change, already I sense him weakening; he must know that I am all he has now. So, you see, I do have my Stella after all. And I still, of course, have him.

(249-250)

Edgar never really healed for what they considered to be his illness. Through all the therapeutic measures, he didn't even get close to letting go of his compulsions. He, certainly, after years of living in a mental hospital and being under the clinical care, never made a progress at all. In other words, Peter was never able to help him, or did he really want to?

### **The face of institutional power**

As similar to Janet Frame's *Faces in the Water*, McGrath's fiction is often dominated by many cases which are indicative of the institutional power in a mental hospital. The power dynamics in *Asylum* can be considered as key points in understanding the reality behind the failure of psychotherapy in the novel. In the book, there are numerous instances during which the hunger for power or, to put it differently, the need for imposing one's power, end up in destroying a therapeutic treatment.

Starting with the clinic's deputy medical superintendent, Max Raphael, we see a character who is in a strict rivalry, within his own mind, to become the medical superintendent of the psychic hospital. Max's extreme desire of becoming the medical superintendent and his

cravings to be the one in charge, makes negative impacts on his treatment of the patients among which the boldest one worth noticing is the artist, Edgar Stark. Max is much taken by his demand for mastery that he doesn't genuinely realize the destructive nature of his desires. There are instances in the work during which the medical superintendent's actions are driven more by his desire for control rather than by his therapeutic techniques. This is the reason why he doesn't succeed in treating Edgar as he had wished.

Furthermore, the narrator, as well, is fueled by his obsessions with power. Though he does not directly confess it, Peter unconsciously alludes to this matter through his narrative. Essentially, From the beginning to the end of the story, we can view the narrator bursting with his desires for power and supremacy. The following words being the *Asylum's* storyteller's comment on Stella's behavior, provide references to this fact:

Was she really so blind to the danger she had placed herself in? Had she learned nothing from living among psychiatrists?

(92)

Through this example, we get to realize Peter's prejudice, his obsessions with power and his traditional ideas towards mental illness for, through this scene, he refers to the mentally-ill as dangerous as he considers an atmosphere surrounded by mental health professionals as safe while also advocating for the common traditional opinion (here, regarding Stella Raphael) that Stella, being the prototype of a deputy superintendent's wife, should know better to mingle with the insane!

Correspondingly, Peter's eventual marriage proposal to Stella Raphael also emerges from his need to dominate the deputy medical superintendent's wife which proves another marker of his obsession with sovereignty and power. As Reisman puts it:

Psychiatrist, Peter is obsessed with power and wants to control Stella. He takes advantage when Stella comes to the hospital to be treated after losing her son who drowns while she is watching and does nothing. Max wonders why she watched their son drown and could not even shout for help. She explains that as a wife she is expected to remain quiet, but the truth is that she was depressed for being with Edger who she is sexually obsessed with.

(Biroğlu, 2)

Besides, the following lines are taken from the novel where we can note the significance of the scene concerning Peter Cleave's marriage proposal to Stella:

My proposal had amused her at first, but I knew she would soon make a complicated calculation of self-interest, and I was confident she would see marriage to me as her best course. I was placing a heavy burden on her, given everything else she was having to deal with, but I believed she was strong enough now to bear it. She was still reluctant to me about her dreams but I drew her out without too much difficulty. I knew that just talking them through would bring about the discharge of that first painful freight of guilty feelings.

(230)

Peter's consideration of Stella's marriage with him as 'her best course' and his knowledge that he is, indeed, placing a 'burden' upon Stella by his marriage proposal to her account for his obsessions with power and domination. Excessively enough, he continues his discourse regarding his proposition acknowledging the notion that Stella knows better than to refuse the hospital's future medical superintendent's marriage proposal when he mentions that Stella is 'strong enough now to bear it'. Peter, then, tends to resume his mind discussion referring to the idea that his marriage offer would, in fact, help Stella to let out her 'first painful freight of guilty feelings' though he is ignorant of the reality that Stella does not suffer from any survivor guilt and that hers is just a grief over her separation from Edgar. The dilemma of the 'survivor guilt' will be discussed further in the following part of this chapter.

Returning to the theme of obsession in the book, Esmâ Büroğlu defines obsession in the novel as follows:

The third type of obsession in the story is the obsession with power through the psychiatrist, Peter." ... Obsession with power is a personality disorder whereby the individual exhibits power strivings of excessive power (Mills 5). The obsessed people tend to control and harm those around them. In fact, they lack empathy for others, that is, and they are indifferent to the suffering of the others. They always try to seize the opportunity to expand their power. They have the tendency to identify targeted individuals or group as worthless and victims. In fact, obsession with power poisons the personality, corrupts the mind and causes destructiveness.

The obsession with power in the book is not limited to the psychotherapists for it also concerns the medical superintendent of the psychic institute. This issue is uttered in the novel through the scene concerning Edgar Stark's getaway when we get to observe John Archer; the medical superintendent, also showcasing his obsessions with power. Here we can follow Peter's account of this significant episode in the narration:

Jack was vague. Stella thought bitterly, they're all so damn vague when it comes to their suspicions." Stella also comments about the rather destructive institutional power: "Their power is absolute and suspicion alone is quite enough to seal a man's fate; they can stall him indefinitely on the basis of suspicion[...]

Thus, as we can discern in the lines above, Stella Raphael describes the institutional power associated with the mental health staff as 'absolute' and 'destructive'.

This scenario is, again, immediately followed by Peter's narration of Stella's state of mind regarding it:

the raw bare face of institutional power'..."she was hearing the voice of the master...that voice would not be contradicted because Edgar had no voice...so in her silence she grieved for their lost voices (47-48)

Stella, therefore, mourns over the lost voices of the psychic patients alluding to the fact that as a mental patient under the supervision in a mental institute, the individuals do not have the right to talk; they cannot express themselves, and that their voices are often 'lost' since the mental health professionals are obsessed with their traditional ideas of power and mastery over the care-seekers.

All in all, the desire for power and supremacy plays a crucial role in leading psychoanalysis towards its consequent failure in the story.

### **Recovery, survivor guilt & the talking therapy**

Clinical recovery is a concept repeatedly mentioned in the novel as it proves a matter of interest to the narrator. It is interesting to note that the concept of recovery in *Asylum*, is intertwined with the issue of the survival guilt as well as the eventual trauma talk. The

following lines account for the whole concept of recovery in *Asylum* taken from the therapist, Peter Cleave's words:

The literature on maternal filicide (a psychological unreadiness to raise children, when a mother wishes death upon her offspring usually as a revenge against the father) is not large but it is clear: usually an extended suicide, the removal of the child from a situation which the mother finds intolerable, though in Stella's case complicated by the projection on to the child of the intense hostility she felt towards its father; a classic Medea complex. Recovery involved, first, guidance through an initial intense period of suffering whose main feature would be guilt; then acceptance of the trauma; then the integration of the trauma into memory and identity. Routine psychiatry. No, from a clinical point of view her relationship with Edgar was far more intriguing, in fact it was one of the most florid and dramatic examples of morbid obsessional sexual compulsion I had encountered...what she had seen in the water, in extremis, was not Charlie, not even Max. It was Edgar...I relished the prospect of stripping away her defenses and opening her up[...]

(208)

The recovery cycle as Peter Cleave believes it must be, however, proves ineffectual in *Asylum*. Peter, once again, does not succeed in his career and in his treatment of Stella Raphael as he never accomplishes to obtain a complete recovery for Stella. Peter starts his treatment of Stella through a series of attempts at trying to convince her to come in terms with her trauma. He, mistakenly, assumes Stella to be suffering from her guilt for the death of her son Charlie as he believes to be leading her towards realizing and eventually accepting her trauma:

[...]she said it was just a silly nightmare...she wasn't able to tell me anything more about this screaming, but I had a strong intuition that what we were seeing were the first stirrings of a guilt she had so far successfully repressed...her recovery was properly beginning, that she had let go of Edgar and allowed herself to start dealing with the death of Charlie. What remained now was to work through the guilt.

(McGrath, 222)

This, contrastingly, is never the case as Stella does not show to be suffering from any sort of survivor guilt. She, paradoxically, is suffering from her distance from Edgar Stark due to her

sexual obsessions towards him. Here again, the psychoanalysis and its shady foundations, the representor of which being Peter Cleave in this work of fiction, fail in pinpointing, identifying and working on the true nature of one's trauma. Therefore, the so-called 'guidance' through the source of trauma is never taken place by Peter in his rehabilitation of Stella, in the first place. It seems as if the concept of the survivor guilt which is one of the main pillars of psychopathology is highly challenged here by McGrath as Stella Raphael, being a supposed mental patient, is showcasing no survivor guilt, at all.

Due to lack of the creation of the initial phase of dealing with trauma; 'guidance', the next step for Stella's recovery being the 'acceptance' of the trauma cannot be formed. Ironically, this all happens while the narrator assumes that Stella is moving towards healing and coming in terms with her trauma while she, indeed, is moving towards the edge. Following that, Stella's trauma never gets to integrate into 'memory' and 'identity' and Peter; the psychiatrist, is unable to reckon this. A few days before Stella's suicide, we come upon a point when she starts talking with her therapist; Peter Cleave, about her trauma as she points at the fact that talking out the trauma, her trauma, is 'too painful' to her. And Peter replies to her saying that she would have to talk to him about her trauma rather soon. (219) Here, Peter's conclusion, invariably, is a misdiagnosis. Thus, due to Peter's ineptitude as a psychologist to understand, identify and guide Stella towards survival, the psychiatric treatment, once more, crumbles in its restoration of mental health.

### **The significance of the title of *Asylum***

The title of the work is significant in understanding the overall meaning and the eventual aim of the story. The word 'asylum' according to the Merriam Webster dictionary of English is defined as "an inviolable place of refuge and protection giving shelter to criminals and debtors; a sanctuary, a place of retreat and security" and a place where protection and security is afforded. As opposed to the significance the word 'asylum' normally conveys, Patrick McGrath, through his choice of the title, is indirectly attacking the foundations of psychiatry. In other words, 'asylum' which is basically viewed as a place to create shelter and refuge, does not provide a safe haven for the mental patients in the work as 'asylum' in this novel, is associated with traditional gender roles and expectations, the destructive power of unwanted desires and the consequences of the norms of the society regarding gender roles and mental disorders, transgressive artistry, passion and the paranoiac delusions:

Overall, Patrick McGrath uses the setting of "Asylum" to explore themes of confinement, madness, and the blurred lines between sanity and insanity. The choice of the asylum as a primary setting adds depth and complexity to the novel, creating a haunting and atmospheric backdrop for the unfolding psychological drama. (<https://chat.openai.com/c/eff763b9-c0fe-4e6c-acc0-1299b1bc8af8>)

'Asylum' stands for the mental hospital in the novel while, ironically enough, the mental institute in the narrative does not provide a true asylum neither for the patients nor for the medical staff and their families. Asylum in this work, is associated with darkness, the entanglements of the human psyche and a gloomy atmosphere filled with forbidden desires. As an instance, asylum, paradoxically, never gets to afford safety and peace to the psychic patient, Edgar Stark. As mentioned before, Edgar, despite his years of staying in the mental hospital and his extensive medication, never achieves peacefulness in the novel. It is as if the whole idea of change is inexistent in the world of the novel. This issue is further commented upon by the narrator as he, on the closing page of the story, alludes to the fact that Edgar Stark has never shown any improvements during his stay in the psychiatric wards.

Likewise, in connection with Stella Raphael's mental health disorders and her forced rehabilitation in the mental hospital, the word 'asylum' again proves controversial as Stella does not find refuge in the psychiatric hospital:

The novel's title, then, is somewhat ironic; it signals the impossibility of Stella finding "asylum" with Cleave or with Edgar and also foregrounds the containment...that we may associate with the psychiatric institution.

(Zlosnik, 107)

To add to this title a further touch of irony, Patrick McGrath has the word 'asylum' serve a purpose contrary to the one it is traditionally known for. To be more specific, the setting of the novel brings about psychological and emotional conflicts:

"Asylum" received critical acclaim for its psychological depth, engaging narrative, and exploration of human frailty. It is a thought-provoking and intense read that offers a unique perspective on the intricacies of the human mind and the consequences of forbidden desires.

<https://chat.openai.com/c/b76aa298-c028-46f9-8b37-fddb58b3610f>

The 'asylum', as instance, engages Stella Raphael in issues of sexual obsession, depression and mental insecurity while it should be providing her with emotional stability and well-being. This manifests the negative impact the environment of a mental hospital can have on any individual from any social background notwithstanding them being mental patients, members of the staff or somebody associated with the mental health professionals, as well. It all happens since the novel titled 'asylum', amusingly, explores the domestic lives of characters the protagonist of which is Stella Raphael. It stands for the psychological and emotional steadiness that a character like Stella cannot find in the setting of 'asylum'. Interestingly, the shortage of understanding and the absence of proper help towards patients as Stella Raphael is further highlighted by the writer as Patrick McGrath, henceforth, depicts psychiatrists underscoring the mental and sentimental battles of the characters associated with mental health challenges. It seems as if, rather than providing shelter, 'asylum' grants individuals a mental prison, a gloomy atmosphere housing and encouraging psychological and emotional disorders and tensions in the narrative:

The oppressive and isolated nature of the asylum becomes a metaphor for the internal conflicts and entrapments experienced by the characters.

<https://chat.openai.com/c/b76aa298-c028-46f9-8b37-fddb58b3610f>

The setting refuses and ironically negates the societal norms concerning gender roles and mental illness. In the world of *Asylum*, there is no such depiction of a traditional family life. Stella Raphael is far from a conservative woman figure (due to her attempts at breaking free from her role as a wife and mother and her betrayal to her husband) and Max, the psychotherapist, is too consumed by his ideas of mastery at work that he cannot perform the conventional role of a father. Apart from that, Brenda, Max's mother plays a significant role in McGrath's depiction of a fading traditional way of life. Brenda, by surprise, never succeeds in making herself and her ideas of family life heard. She struggles to lead Max to a divorce upon the death of Charlie, Max's only son, for which she accounts Stella guilty. Yet, Max never seconds his mother's genuine suggestions.

And as mentioned earlier in this paper, upon Edgar Stark's breakthrough from the mental institute, we come upon a point in the novel where the so-called normal members of the society close up the shutters and doors for their fear of the lunatic at large; Edgar Stark. The societal



constraints as exemplified in this particular episode of the novel, can be perceived as the forces responsible for keeping a human being (a model of which being Edgar Stark in the narrative) unjustly imprisoned in the psychic clinic for years. The criticism is further reinforced as McGrath chooses Stella, the institute's deputy superintendent's wife, to be the one diagnosed as a mental patient. The author, in this way, is challenging the collective values towards psychological disorders indicating the thin line between the world of the sane and that of the insane which is the issue discussed in the following section of this chapter.

Finally, the cynical significance of the title is accounted for by the narrator's one and only mention of the word 'asylum' towards his ironically passionate marriage proposal to Stella. Peter goes on with his proposition offering Stella 'asylum' through their marriage. This word, nonetheless, becomes controversial when Stella thinks of the proposal as 'ridiculous' and of Peter Cleave's notion of 'asylum' as contradictory:

She, in turn would find comfort with me. Safety. Asylum. I said this to her...'Asylum?' Suddenly she found it all hilarious. A romantic proposition from the medical superintendent, with her husband's connivance, what an afternoon she was having. She felt like a consignment of damaged but retrievable womanhood, in the process of being transferred from old owner to new, after being stored for a while in a warehouse.

(McGrath, 228)

### **Violence and the psychological defenses in *Asylum***

When we talk of violence in the book, we refer to the violence expressed by the patients in the mental units against the oppressive societal values as well as the violence put upon the patients by the staff members of the mental health center. In the story, the rage experienced and felt by the psychic patients against the so-called ordinary members of the society, often translates into psychological defenses.

Violence, on one hand, refers to the aggressiveness of a patient like Edgar Stark towards the whole system as well as to his violation of the social norms. Edgar, as well, projects violence to Stella Raphael through his actions thus creating a passion in her which makes her go against the conventional values and which develops in her a desire that is destructive and excessive inasmuch as her traditional role as a woman is concerned. Thus, Edgar's is a

reminder by Patrick McGrath of one of Sigmund Freud's most common psychological defenses, namely, projection. As Zlosnik cites Edgar 'invokes' a destructive passion in Stella:

There is also the transgressive violence against social norms that Edgar invokes in her: a passion that is destructive, excessive, and that cannot be mediated or controlled.

(107)

Zlosnik further resumes this argument referring to Edgar Stark's defenses as stemming from the 'psychiatric literature' and as intently connected to themes of 'transgressive artistry', 'passion' and 'self-destruction' in McGrath:

The excesses of Edgar's condition and the parameters of his paranoid delusions, then, are drawn from psychiatric literature. The thematic consequences of his madness, however, are carefully connected to the broader concerns of McGrath's fiction—transgressive artistry, passion (sex and anger), and self-destruction—and the connections between them.

(108)

As indicated by the extracts above, Edgar projects his anger and fury unto Stella and as manifested here a Freudian projection functions in a way that if an individual suffers from some undesired feeling, they tend to project it unto somebody else as a defense mechanism to let go of that feeling. Here, Edgar Stark, in order to release the stress and destructiveness within himself, tends to place it upon Stella Raphael. Zlosnik discusses Stella's passion for Edgar as a sort of 'subjective violence' associating it with the brutality expressed by Edgar (and later projected unto Stella) through Stark's murder of his wife. (110)

Edgar's violence is manifested through his relationship with Stella when he, indeed, displaces his rage towards the society unto the character of Stella accounting for another famous Freudian defense mechanism 'displacement' which acts as a reminder for the reader of Patrick McGrath's profound knowledge of Freud and his association with the foundations of psychiatry. Edgar's transposition of his intimidation to Stella is mentioned by the narrator through the following lines:

This overwhelming appetite they had, this ravenous lust, it alarmed her [Stella], she hated being constantly out of control. There was desperation in it now, and aggression,

she worked off her anxiety and frustration in the sex, and this time, as they clung blindly to one another, she bit his shoulder hard. The effect was dramatic. He reared up and slapped her face, but they didn't stop, and it wasn't until a minute or two later, when they came apart, that she rolled away from him and buried her face in the pillow.

(119)

In continuation of Edgar Stark's defenses, we come upon another instance in the novel when Peter narrates Edgar's projection towards his psychiatrist; Peter Cleave himself:

He'd told me about his promotion to the downstairs ward in Block 3. I had been instrumental in arranging this of course, but he needed to take the credit and have me applaud him, as a child might. This is not uncommon, the projection by the patient on to his psychiatrist of the feelings of a child toward its father. Such transference of affect can be useful, as it was in Edgar's case, for bringing to the surface repressed material.

(40)

All in all, towards the ending of *Asylum* and upon the readers' reassurance of Edgar Stark's sane powers of reasoning and his unjust diagnosis with mental illness due to his jealousy obsessions concerning his wife, once again, in the novel, we come upon instances standing for the ineffectiveness of the theories associated with psychiatry. By the same token, Edgar's violation of the norms of the society gets justified through the narrative as it becomes clear that it is the societal collective false notions surrounding mental illness which, as mentioned earlier, have constrained people like Edgar Stark to a life in mental wards.

On the other hand, another form of violence expressed and exemplified in the novel stands for the aggressiveness towards the patients in a psychic ward concerning, as well, the poor conditions in which a person suffering from mental health challenges should live in. This issue is ironically expressed and commented upon in the story from Stella Raphael's point of view:

[...]she found Mrs. Bain's attitude so ridiculous, as though patients belonged to a lower order. He began to tell her about life in the hospital, and she was surprised that she had never understood before what went on other than from Max's point of view, the psychiatric perspective. Now she glimpsed a new perspective she began to see how it was to live, eat and sleep in an overcrowded ward, sixty men in a dormitory made for thirty[...]The idea that this man, this artist, should suffer the indignities of primitive

plumbing, lack of privacy, bullying, boredom, and utter uncertainty about his future[...]he still had to tolerate much that to Stella's sense of justice was incompatible with the care and treatment of the mentally ill. Though she was starting to doubt that he was mentally ill. She thought he was guilty of a crime of passion[...]

(15)

The topic is further spotlighted here for McGrath, paradoxically, has a person associated with the psychologists, a therapist's wife; Stella Raphael, view and comment upon this aspect of the life in mental wards. McGrath has the narrator mention this by Peter's uttering the fact that Stella 'had never understood before what went on other than Max's point of view, the psychiatric perspective' referring to the fact that a psychiatrist carries a state of mind which shows unawareness to the factual way the things are within the confines of a mental ward. McGrath, thus, expresses his criticism against the general living conditions in a mental health center described by Stella as associated with 'primitive plumbing', 'lack of privacy', 'bullying', 'boredom', and 'utter uncertainty' about one's future. This argument becomes more controversial since Stella's mention of this overall condition in the mental wards regards her concerns for Edgar; who, as mentioned earlier, is mistakenly put inside the mental ward.

### **The contagious psychosis & the thin line between madness and sanity**

As mentioned before, McGrath features characters with mental health challenges. The concept of madness in *Asylum* is associated with the mental patients yet it is not limited to the patients since the insanity becomes largely transferred to the mental health staff and their families as the story goes on. Starting with Stella Raphael, being a psychotherapist's wife residing in a mental hospital, she eventually comes to share the madness which is contagious in the atmosphere of the novel. Stella starts as initially mentally stable, though, as the novel goes on, she begins to share the madness existing in the mental hospital. In other words, we can notice the deputy superintendent's wife's experience of madness and traumatization to the point that it leads to her witnessing her child's being drowned without even interfering in it. It is as if lunacy is transferred to Stella due to her long stay in the mental hospital and years of her association with the mentally ill. This aspect is significant since it alludes to the contagious nature of trauma on a general level which can be referred either, particularly to, the members of the families of the mental health staff or to the ordinary people, exclusively. There are several instances in the novel which hint at Stella Raphael's apparent symptoms of psychosis:

Stella was suffering from a hysterical disease while Brenda 'argued the limits of psychiatry.

(186)

[...] she was a mother who'd watched her child drown and done nothing to save him. It was unnatural, they said. It was evil. They couldn't understand it; she has no feelings, they said, she isn't human, she's a monster. Or perhaps she's mad. She was mad. How could you explain it, unless she was mad?

(199)

The distance between madness and sanity in the story, however, is a very thin one. Throughout the novel, the narrator ironically defines madness through the following episode in the book which is crucial to understanding of McGrath's criticism regarding clinical psychoanalysis as well as to our comprehension of this paper's eventual aim:

Life was less eccentric downstairs and she quickly came to understand why. Upstairs, no sort of behavior provoked surprise because it was accepted that all were mad. Being unhappy and bitter and relentlessly derisive, as Sarah was, that was mad, just as mad as picking at threads that didn't exist or becoming agitated about a missed appointment and tasks left undone twenty-seven years ago. You ceased to be mad when you began to behave as though you weren't in a madhouse, as though you weren't locked up with no real idea when you were getting out again. Once you appeared to accept these conditions as perfectly satisfactory, then you were seen to be improving and they moved you downstairs. This of course is a patient's perspective. From our point of view, the self-control involved in making these calculations and then acting on them is a necessary first step in getting better. The women downstairs had made that first step, that's why they were downstairs, and nobody was being mad there, at least not in front of the attendants. Being downstairs meant greater privacy and some freedom of movement, and with this came opportunities to be mad without being seen...the freedom to weep for a ruined life, a fractured family, a lost spouse. A dead child. Weeping was mad, certainly a symptom of depression, therefore to be treated with drugs, and drugs were the thief of alertness and clarity, which they craved, some of them at least.

The episode above stands for McGrath's controversial notions concerning the nature of madness as well as his criticism as he shows that anyone can be considered mad and that madness is ironically defined in the novel by psychiatrists indicating that if you are a conformist; accepting the sick conditions of living in a mental ward then you are less mad and if you, otherwise, are a nonconformist, you are viewed as mad and deserving to tolerate the brutal conditions provided by the mental hospital. He is thus ironically indicating that the psychic clinic cannot afford wellness to the non-traditionalists as much as it regards the conventional ideas regarding mental illness as well as the common stereotypes surrounding the whole issue of mental illness. This idea is also mentioned in the opening pages of the story when we hear Edgar Stark's reference to the idea that everyone is mad and that madness is relative: "We all have one thing in common...We're all mad." (McGrath, 16)

Overall, Patrick McGrath uses the setting of "Asylum" to explore themes of confinement, madness, and the blurred lines between sanity and insanity. The choice of the asylum as a primary setting adds depth and complexity to the novel, creating a haunting and atmospheric backdrop for the unfolding psychological drama. (<https://chat.openai.com/c/eff763b9-c0fe-4e6c-acc0-1299b1bc8af8>)

### ***Trauma* (2008)**

In Patrick McGrath's *Trauma*, a rather particular approach to the concept of madness is portrayed. The novel concerns the treatment of the subjects of trauma by the protagonist, the psychoanalyst; Charlie Weir. Again Patrick McGrath, applies the first-person narrative point of view to convey the failure of the psychoanalysis in *Trauma*. From the beginning to the end of the narrative, Charlie is faced with various victims of trauma. He mostly works on the trauma of the veterans concerned with the Vietnam war as well as with women and victims of sexual assaults. He also gets involved in the treatment of several cases showing of the survival guilt due to trauma and also the subjects prone to suicide. Each and every trauma subject the psychologist Charlie Weir works on, however, conveys a very specific message in the narrative as with every case, Charlie Weir gets closer to the subject of his own trauma, the reasons for his initial choice of profession and his eventual blunder. The psychiatrist's own subjective trauma, by the end of the novel, proves to be the most important trauma mystery in

the book. The trauma cases in the novel, prove essential as they lead us to the central message concerned in this paper; the failure of clinical psychoanalysis and the contagious nature of insanity.

In this part of the work, we will be closely analyzing the story of the life of a psychologist while stressing the necessary background bringing about the formation of a psychiatrist, the unraveling of the narrative of trauma, the experience of survival associated with the Vietnam war veterans, the issue of suicide, the mechanism of displacement, the concept of guilt, the suppressed trauma, the idea of dreams and nightmares, and the re-traumatization from trauma. In doing so, we will come back to issues such as the power dynamics, PTSD, psychological defenses and, most importantly, the notion of trauma talk.

Michela Vanon Alliata, considering the setting of the novel with its relation to the overall meaning of *Trauma* regards that the narrative of the story is:

Structured as a kind of confessional narrative and written in a spare prose, *Trauma* is an eloquent exploration of memory and suffering, love and self-delusion." it addresses with sharp clinical lucidity, as well as with emotional involvement, the disruptive psychological experience of trauma and the connected issues of survival and guilt. The novel is set at the close of the 1970s, in pre-millennial New York, at the time when the twin towers, "two massive, fretted frames of red girders poking into the sky," were under construction (McGrath 2008, 12)—an allusion forward to the collective trauma of September 11—and it subtly intertwines the vicissitudes of its protagonist and first-person narrator, psychiatrist Charlie Weir, with the evocation of the horrors and unspeakable sufferings of the ill-starred Vietnam war.

(119)

### **"This is how psychiatrists are made"**

As mentioned earlier, Patrick McGrath is of the opinion that a psychiatrist is risen out of family dramas. In the novel, Charlie Weir; the narrator, depicts his family life through episodes taken from his early childhood to date indicating the occasions which led him to psychiatry, in the first place. Charlie's narration starts with major accounts of his mother and her depressive illness:

My mother's first depressive illness occurred when I was seven years old, and I felt it was my fault. I felt I should have prevented it. This was about a year before my father left us. His name was Fred Weir...he could be generous, amusing, an expansive man...then the sudden loss of temper, the storming from the room, the slamming door at the end of the hall and the appalled silence afterward...trapped within the suffocating domestic atmosphere my mother liked to foster.

(1)

Thus, Charlie Weir, turned to psychology for he believed that he had failed his mother. The narration, however, goes on by Charlie's talk about his profession and thus he explains his choice of profession in the following lines:

I do professionally what which you do naturally for those you care for, those whose welfare has been entrusted to you...I chose this line of work because of my mother, and I am not alone in this. It is the mothers who propel most of us into psychiatry, usually because we have failed them.

(4)

Throughout the novel, the reader keeps returning to the narrator's childhood years through various flashbacks concerning a problematic family life. He often shows to be in strict rivalry with his brother; Walter (this later turns into a type of obsession for Charlie disturbing his professional and personal life), he talks about issues such as 'maternal spite':

Mom's reply was a classic of maternal spite. "Oh, anyone can be a psychiatrist," she said. "It takes talent to be an artist.

(12)

or the loss of paternal authority:

He looked like what he was, I thought: a loser. As a boy I always tried to please this man, to keep him from hurting my mother, and what a waste. He wasn't worth it, and I believed at one time that this was why she gave all her love to Walter, and none to me. Physically, and to an extent temperamentally, I resembled Fred Weir, and the older I got the clearer it became.

(13)



and the concept of childhood curiosity and, most importantly, guilt:

On a deeper level, this indicates how the role of therapist appears to represent for Charlie a way of dealing with guilt regarding aggressive impulses toward his abusive mother...a desire to heal and nurture," which "may result in an overzealous need to cure and rescue clients" (Sussman 2007, 178).

(Vanon Alliata, pp. 121-122)

In addition, during an episode indicating of her mom's mental illness during one of her many breakdowns, Charlie remains paralyzed contemplating on how he can help his mother and then he utters the following phrase which is the key for our understanding of the novel: "A sudden fresh gust of misery from the bedroom. This is how psychiatrists are made." (7)

This phrase accounts for Charlie's confession that he, in fact, chose psychiatry due to his miserable past and his unfavorable childhood years. Charlie picked psychiatry to be able to express himself and make up for his needs for as a child he had never been given a voice. Another reason for his choice of profession can be the fact that he, by pursuing psychiatry, attempted at escaping from his past through figuring out the ways to fix his present.

All in all, Charlie's formative years, as depicted by McGrath, lead to the creation of a distress in the figure of the psychologist creating the main trauma of the novel. The protagonist's trauma, as it is usual with Patrick McGrath, gets unveiled by the end of the story proving Charlie Weir; the psychotherapist, a typical unreliable narrator of the trauma in the world of Patrick McGrath. Here, McGrath, ironically indicates that the figure of the psychologist rises out of mental issues in his childhood indicating the fact that a psychoanalyst is a person suffering from his own infancy traumas and, therefore, he is not in a position to offer psychological help to others.

### **Talking therapy and re-traumatization in *Trauma***

Throughout the course of the novel, Charlie Weir is in charge of the treatment of various victims of trauma. All of the trauma cases Charlie tends to heal, however, lead to failure. The most significant trauma condition in the novel concerns the case of Danny Magill, considered as the "worst damaged of the group". Danny is a survivor from the experience of the Vietnam war for which he shows an extreme amount of survivor guilt. Danny Magill has watched his buddy die in the war and he is reliving the trauma wondering why it wasn't him who died. The

psychologist describes Danny as “[giving] off a strong feeling of separateness” (36) mentioning that Danny “seldom talked” (36) for which “he became cold and isolated, embittered to the point of numbness” (37) and “he shut down his humanity” (37). Following Freud's lead and also adding on to it, in Patrick McGrath's *Trauma*, one sees the vivid representation of Freud's Trauma Theory as McGrath's work is highly concerned with the Vietnam War Veterans' experiences. This issue becomes visible in the novel as Dr. Charlie Weir is constantly in charge of curing the mental health patients among whom Danny, Agnes's brother, who is both a victim and an eventual survivor of the Vietnam war:

Danny spoke as if there were a gun to his head, and in a way, there was: he had an alien inside his brain, a foreign body he could neither assimilate nor expel. His squad was ambushed out on petrol. When fired on you throw yourself down. His buddy threw himself into the brush beside the path, where a primitive contrivance was waiting for him, a plank of wood with spikes driven up through it. Impaled, horribly injured, he quickly bled to death.

(McGrath, 36)

Charlie resumes his description of Danny Magill's traumatic case as follows:

No safe place. Danny seemed to have gone on a sustained rampage after that. I think he went berserk. He was lucky to have survived. But it was the aftermath that mattered. In Danny's nightmares the Vietnamese he'd killed rose up from the earth and came after him. Night after night they came back, night after night he was pursued by the running corpses of his victims until he woke in sweaty suffocation and could still smell their bodily corruption in the room...he talked about the loss of his buddy. He said he didn't try to replace him, instead he became cold and isolated, embittered to the point of numbness. This grieving man withdrew emotionally, as do all of us who grieve. Robbed of a friendship...the single note in the cacophony of violence and insanity and death, he shut down his humanity...In his mind he was still in the jungle. So his morose, apparently resentful presence was at least in part the function of a chronic hangover.

(37)

Here Charlie describes the traumatic state of Danny as a collective experience (since he talks of the other war veterans as well), during a discussion with his wife; Danny Magill's sister, Agnes:

"You just have to wait till he's ready." [...]I told her these men had been profoundly traumatized by what they'd been through...A shock to the mind so intense you can't get rid of. You can force it out of your consciousness but you never forget it. And it comes back...Nightmares, Flashbacks.

(23)

It is also interesting to note that the traumatic experience of the survival from the Vietnam war had proved too extreme that it had led to the creation of a new terminology in the world of psychoanalysis; the so-called concept of PTSD (Post-traumatic stress disorder):

By the time the Vietnam War ended, terminology such as "combat fatigue" or "shell shock" was no longer used commonly to describe the suffering of soldiers who returned from war: a new term was needed. The term that was coined was PTSD...Though it does not only refer to combat and war since it can be applied to any traumatic situation.

(Alex, 143)

Later on, the label "post-Vietnam syndrome" (143) was introduced by the psychiatrist Chaim Shatan to describe the "mental struggles of veterans". (Alex, 144)

Based on the conventions of psychiatry, a patient's trauma needs to be transformed into a narrative in order for the subject of the trauma to survive. Following this specific notion of trauma therapy, Charlie Weir attempts at organizing group meetings during which the vets are invited to narrate their experiences of war by which he aims at turning the trauma into a narrative to lead the patients towards an eventual healing. Thus, the issue of the talking out of the trauma is an approach Charlie Weir adopts in all of his treatments of the trauma for he believes:

Their buried material was throwing up nightmares and other symptoms and would continue to do so until the trauma could be translated into a narrative and assimilated into the self (McGrath 2008, 29).

(Alex, 144)

Dr. Weir attempts at turning the traumas of the surviving victims of the war into narratives:

Since helplessness, loss of control and isolation are central to trauma, putting their emotional experience into words is a stepping-stone for re-connecting victims of post-traumatic stress disorder to the world around them.

(McGrath, 126)

Charlie's attempts at talking therapy, however, prove controversial specially as much as it regards the treatment of one of his most problematic patients, Danny Magill whose particular case Charlie depicts in the following lines:

But it all came back to Danny[...]Certainly he was haunted by repressed memories he hadn't yet found a means of articulating, and he was never able to use the group to find the strength to confront his nightmares sober.

(46)

These episodes of explosive rage weren't particularly surprising in a man who for several months had lost any sense of moderation in combat, including concern for his own survival. Danny could not speak of these things, but it was clear to me that he wouldn't heal until he did speak[..].

(126)

Michela Vanon considers Danny's traumatic case as not only associated with the survivor guilt but also with another type of defense mechanism:

the Vietnamese he'd killed rose up from the earth and came after him. Night after night they came back, night after night he was pursued by the running corpses of his victims" (38). Here one can see at play the well-known defense mechanism known as acting out, a repetitive and self-destructive behavior through which the victim involuntarily returns to the moment of crisis.

(128)

Later on, Charlie Weir, driven by his determination to get the trauma spoken out by Danny Magill has him utter his confession through this speech in which Danny says:

"I never expected to get home alive... I never wanted to...I never did...Get home alive" (126)

Following this, the psychiatrist, Charlie Weir, considers Danny's admission as associated with 'a wealth of pathology' commenting: 'It was the first time I'd encountered a man so profoundly alienated from his own humanity that he felt already dead.' (126)

Then, Charlie, consumed by his traditional ideas concerning the trauma therapy, insists on getting Danny express his experience of war; to turn the trauma into a narrative. As a consequence of this, Danny continues his declaration indicating that:

I was an animal, I just wanted to kill. And I messed with their bodies if I could get at them. That's not an animal, that's worse than an animal. Animals don't kill because they like it.

(McGrath, 134)

This is a crucial point in the novel where the reader can notice one of Charlie Weir's most aggressive attempts at the treatment of the psychosis. This attempt, however, turns into an utter failure causing the re-traumatization in the subject of trauma; Danny Magill, for following this episode in the novel, Danny Magill overwhelmed by his feelings of guilt, commits suicide. In the following lines we can see Sam Pike (Charlie's boss') take on Charlie's attempt at talking therapy with Danny Magill 'in a bar' instead of in a medical center:

Sam clearly hadn't anticipated that I'd attempt psychotherapy with Danny Magill in a bar. He might have shouted at me, told me what an idiot I was...I think he realized that I understood the scale of my blunder.

(McGrath, 138)

The psychiatrist, Charlie has experimented talking therapy with Danny Magill in a bar and this, surprisingly, leads Danny to committing suicide. Danny's case is much significant in the narrative of *Trauma* as it associates the protagonist, the psychologist Charlie Weir, with an endless amount of guilt depicting the survivor guilt of a psychiatrist. Charlie Weir's association with the survivor guilt proves necessary to the eventual unfolding of his own childhood trauma in which Danny's suicide plays an essential role for it leads Charlie into diving deeper into his own trauma. This is the first suicide attempt depicted in the book accounting for a psychologist's inability to understand and to truly heal a victim of trauma. (Charlie's trauma will be mentioned later on in this chapter.) The episode above is significant in the novel as it stands for McGrath's critical ideas regarding psychoanalysis and its

approaches as he questions one of psychoanalysis' most common practices being the issue of the trauma talk suggesting that the talking out of trauma, not only cannot help the recovery but it also can lead the victim towards the recreation of the traumatic scene; causing re-traumatization in a victim. And since one experience of the trauma is enough to make an individual traumatized, the attempt to make the victim reexperience the traumatic event in order to make him let go of the trauma proves ineffectual and fatal as in Danny Magill's case. Therefore, through Danny's case, the author is challenging another main pillar of clinical psychoanalysis; the notion of the trauma talk.

### **The issue of suicide**

Danny Magill's, however, is not the only suicidal act provoked by the psychologist, Charlie Weir in the novel. Another trauma subject worth mentioning here involves the specific case of Joseph Stein, who is also a victim of the trauma. Stein had been submitted to the psychiatric care since he has unintentionally killed a pedestrian:

Joseph Stein, dreamed of missing trains[...]this was a man who through no fault of his own had killed a pedestrian when he'd lost control of his car on an icy road. Having taken a life, he didn't know why he himself should be allowed to live, and this was causing me some concern. We had established trust, and what I was trying to elicit from him now was the trauma story itself: what happened, what were the details of the thing, what did he feel, what did his body do, what did it all mean. Only when we had the trauma story, and he's assimilated it into conscious memory into the self could we move on to the last stage, which involved reconnecting him to the world, specifically his family and the community in which he lived.

(McGrath, 57)

Apart from Charlie's endeavors to also adopt talking therapy with Joe Stein, he again proves useless in his attempts at treating a traumatic distress since he falls short of noticing the true nature of Stein's trauma:

Joe Stein was beginning to display a fixation on his trauma, a worrying development. He told me that his mental life was now entirely focused on the death of the pedestrian...he at once thought of the birthday of the mother of the mother of the man

who'd died, and then of the dead man's birthday, or rather of the fact that for him there would be no more birthdays, and why? Because and so he was back to it.

(59)

Joseph Stein, just like Danny, commits suicide. And though Joe had vividly talked about his intentions to Charlie, yet the psychiatrist proves inept in his treatment of the patient. In the following lines the narrator unconsciously mentions the ineffectiveness of psychoanalysis and it practices mentioning that a good family life is much more useful in curing the trauma than any type of trauma therapy:

Stein had told me he was thinking about suicide. Though I was fairly sure he didn't mean it, I'd been wrong before. I remember staring out the George Washington Bridge, then listing all the reasons why that wasn't going to happen. For one thing, he had the support of his wife, and while this may be heresy in my profession, it is often by means of simple courage and a good woman that psychological problems are overcome, and without any help from people like me.

(59)

His suicide attempt, however, does not kill him. This traumatic model proves also noteworthy in the novel as it indicates a psychiatrist's incompetence as well as his lack of recognition concerning a case of study. Again, Dr. Charlie Weir, is unable to fully capture the excess of one's trauma as well as the suffering associated with it.

Upon Joe Stein's suicide attempt, the author places an ironic discourse concerning the psychiatrist Charlie Weir and Joseph Stein's wife for she says:

Mrs. Stein:

"You know I don't have a very high opinion of psychiatry."

Charlie Weir:

"Nor of psychiatrists, apparently."

Mrs. Stein:

"[...]Joe gave plenty of warning that he might try to kill himself, and what good were you?"

(169)

This dialogue is significant as it demonstrates Charlie Weir's ineptitude in providing psychological help to a subject of trauma. Here, McGrath, is expressing his critical view towards the mental health staff by having a patient's wife; an ordinary member of the society, noticing the suicidal state of a patient while also showing a psychotherapist being completely blind to this fact. This issue is also indirectly indicated by McGrath through the psychiatrist's own narration indicating that there are cases (like Stein's) for which psychiatry proves futile and thus clearly suggesting that the patient, Stein himself was convinced that Charlie, the therapist, cannot 'offer him no help':

Uppermost in my mind was the question of why he hadn't called me. But at the same time, I knew why; it was because he's concluded he was beyond the reach of psychiatry *I could offer him no help*. I couldn't touch his conviction of his own worthlessness, which was of course a function of his guilt at having killed a man.

(McGrath, 97)

Joe Stein's trauma story is also significant in the novel as it leads us back to the contagious nature of the trauma. Charlie Weir, having been associated with the victims of trauma all through his career, now, at forty, considers his own mental health as 'deteriorating' while he believes a patient's (Stein's) mental state to be more 'robust' than his:

His mental health grew more robust each time I saw him, and mine decayed...I would never have predicted that the mind could work with such precision: an eye for an eye, a life for a life. I asked him if it had occurred to him too.

(McGrath, 171)

Stein's case is significant as it brings the narrator closer to the eventual unraveling of his own trauma for upon Stein's suicide attempt, Charlie comments:

Stein's story had an almost mythical shape to it, the offering of his own blood for the blood he had spilled, the subsequent purging of guilt, the atonement. It occurred to me that I might achieve a similar outcome by similar means, the downside being that unlike Stein I probably wouldn't survive the fall.

(McGrath, 172-173)



As witnessed in this episode, he brings Charlie to the contemplation which will eventually lead him to the true nature and the real sources behind his own trauma; the major traumatic case in the novel.

Besides, upon Mrs. Stein's critique of Charlie Weir's psychiatry, the reader can notice one of the first episodes suggesting the problematic person of a psychiatrist, Charlie Weir. For upon Mrs. Stein's humiliation of Charlie and her questioning of Dr. Charlie Weir's profession, the psychologist goes through an episode of rage, showcasing of institutional power, which is as clearly indicative of the dynamics of power concerning the professional hierarchy:

The entire lobby fell silent. The nurses and reception gazed at me. The security men gazed at me...I saw then that not only I had shouted at her, I had lifted my fist. "I'm sorry...but you seem to have an inflated idea of what I can and cannot do. Many of my patients threaten suicide\_" That's when it happened. It was the word suicide. I saw Danny sprawled on the floor of his apartment, with a gun on the floor beside him...I saw the unspeakable mess he'd made of his skull...I was only dimly aware of the woman's voice. I was deathly cold, shivering, and I couldn't seem to get enough air, I had to get out of there.

(McGrath, 170)

Thus, through this scene, another important aspect associated with clinical psychiatry is portrayed as Charlie Weir attempts at showcasing his interests in mastery and dominion which stand for the general concept of power dynamics associated with the mental health staff.

The two episodes mentioned above also stand for the universal nature of trauma. The notion that through direct contact with the victims of trauma, a person, including a member of the mental health staff can get infected with the madness he tries to cure in the subjects of trauma stressing the idea that madness is contagious and, therefore, universal. Through the story of Joseph Stein, the author is indicating that mental disorders are not just limited to the society at large for they can also highly engage the mental health givers as well as other members of the society.

### **The dilemma of sexual abuse in *Trauma* & the contagious nature of madness**

In Patrick McGrath's *Trauma*, Dr. Charlie Weir is in charge of treating various victims of sexual abuse. The specific case of Nora Chiara, one of Charlie's patients and a victim of sexual

abuse, proves essential in our overall understanding of the novel concerning the psychiatrist's own trauma. Nora stands for a victim of sexual abuse at the hands of her father. In the novel, Nora Chiara, 'a sort of femme fatale' (Vanon Alliata, 130), and 'famous only for destroying men' (McGrath, 58), is described as suffering from feelings of guilt:

I detected fear of punishment, therefore guilt. It was possible, I thought, that what she remembered was not an actual event but a memory imposed on it in order to disguise it. It is the familiar ruse of the unconscious, to create a scenario capable of inspiring terror, but which in fact is just a screen, a disguising symptom, beneath which lies the memory of trauma proper. Had Nora been traumatized?

(93)

Nora Chiara experiences PTSD through various moments of breakdown, anxiety and stress accompanied by the fear of abandonment. She is often associated with a series of nightmares from which she wakes up in terror. Charlie's affair with Nora Chiara and his close contact with the symptoms indicating of Nora's traumatic past prove substantial in the novel as through various episodes of Charlie's witnessing of Nora's nightmares, he comes closer to noticing his own destructive dreams. Ironically, Nora's, alongside all the other traumatic cases in the work, lead the psychiatrist to the unveiling of his own suppressed trauma as Nora's specific condition accounts for one of Sigmund Freud's most common psychological defenses, namely, 'displacement':

In Freudian psychology, displacement is a defense mechanism that involves redirecting an impulse or emotion from its original target to a substitute target that is less threatening or more acceptable. Sigmund Freud, the founder of psychoanalysis, introduced this concept as a way to explain how individuals cope with uncomfortable or unacceptable thoughts, feelings, or desires. Displacement often occurs unconsciously, as individuals may not be fully aware of the process. The redirected impulse or emotion may manifest in behaviors, thoughts, or emotions that seem unrelated to the original source. Freud believed that displacement serves as a way for the ego (the conscious mind) to protect itself from anxiety or guilt associated with certain desires or impulses. By shifting the

focus away from the original source of discomfort, individuals can temporarily alleviate emotional tension.

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Throughout Charlie's narration, the reader becomes familiar with the true nature of Nora Chiara's trauma accounting for an abusive father who carried out numerous attempts at incest towards Nora and her sister during their adolescence. Nora, however, as indicated by the narrator, attempts at displacing her trauma onto another male subject; Charlie Weir. She does so through her relationship with Charlie as she attempts at making up for the ugly father figure that she has established in her mind. Charlie indicates:

So, I was providing asylum, protecting her. And from what? From myself...I had in fact become her doctor without intending to, and as her doctor I was shielding her from the man to whom she'd given her love but who'd grown weary of her and wished now to push her out. I was a divided man, doctor and lover, each contending with the other over the unstable psyche of Nora Chiara...I was not so much a body at rest as a body in paralysis.

(McGrath, 108)

Charlie's association with Nora's case, strikingly, proves fruitless since, through various attempts at talking therapy with Nora Chiara, the psychiatrist gets involved in the unveiling of his own childhood trauma which makes him lose concentration. Through Charlie's relationship with Nora Chiara, he comes into terms with his mechanism of self-defense in the face of his own trauma. The psychotherapist concludes his treatment of Nora Chiara with a deeper understanding of the nature of his own traumatic situation. He notices his constitutive mechanism of displacement regarding his childhood trauma through his treatment of Nora Chiara. Through his attempts at talking therapy with Nora, Charlie Weir talks of another very common defense mechanism he notices in Nora's psyche, namely; the mechanism of denial:

The problem was that she needed help, but that Charlie Weir was the last person on earth to provide it.

(McGrath, 111)

She didn't want to know what was wrong with her. She didn't want to remember...Her denial would only grow more stubborn, more impregnable.

(McGrath, 118)

I began to see Nora's chronic homelessness as a symptom of her pathology. There was a void in the woman and she tried to fill it by having others take her in and care for her.

(McGrath, 161)

Nora's traumatic past proves significant in the novel as it guides Charlie Weir towards the detection of the Freudian psychological shield; 'denial' in another traumatic case; Charlie Weir's personal case of trauma! Since Charlie, for the first time in his career, notices that he, unconsciously, is sharing a patient's (Nora's in this example), defenses:

I understood it as a mechanism of denial, which closed off emotion and sensation so as to protect me from being flooded. It was a flaw in my psyche for which I compensated by treating neurotic women for a living, and it was connected to Danny. After his suicide and in the knowledge that I was responsible for it, I had been prone to states of emotional flatness and inertia, a sort of inner darkness.

(107, McGrath)

This is significant in the novel as it testifies the ineptness of a mental health professional in the healing of the subjects of trauma for it depicts a psychotherapist suffering from his own deeply-rooted trauma being the one who, as well, has difficulty coming in terms with his own growing trauma let alone that of his patients.

By far, the psychiatrist in charge of Nora's treatment, has proved ineffectual as he, paradoxically, is the subject of the trauma himself:

I'd been an emotional isolate for the past seven years. It was what Agnes meant when she said I had something missing. And now it was happening again. It is truly demoralizing to feel yourself powerless to prevent the repetition of a pattern of behavior that you recognize as productive only of suffering. I had helped many distressed men and women, more often women, to confront and eventually disrupt such patterns of compulsive behavior; but apparently, I couldn't do the same for myself.

(107, McGrath)

By this important episode showing of Charlie's confession regarding his powerlessness in treating the subjects of trauma and, generally, through the unique case of Nora Chiara, McGrath is being controversial on the people carrying out a career in psychology. Hereby, the author is challenging a psychologist's authority regarding his treatment of the care-seekers. This goes on to the point that the narrator concludes his treatment of Nora Chiara's pathology by considering her painful past as Nora's 'martyrdom' and thus acknowledging that he could offer Nora Chiara no help, and that he could, ironically enough, be solely the 'instrument' of Nora's 'martyrdom':

I heard nothing form Nora. I felt sorry about how it had worked out, sorry that she'd failed to find what she was after. She would never find it, of course, not without psychotherapy, for what she wanted was a man to whom she could submit while he treated her, and whom she could at the same time punish for what he, or rather that absent of other of whom he was the ghost, had done to her in the past.

(150)

Another dart had just pierced Nora's flesh. She seemed the martyr now, myself the instrument of her martyrdom.

(163)

This proves another psychic case in the novel which is left unsuccessful by the psychologist narrator, Charlie Weir, showing of Patrick McGrath's critical notions concerning psychotherapy and the competency of the clinically certified psychiatrists.

Apart from Charlie's recognition of his psychic defenses through his relationship with Nora Chiara (the carrier of a series of psychological defenses in the novel), Charlie, eventually, is guided towards pinpointing his boundless solitude. This, remarkably, proves evidence that sarcastically accounts for a psychiatrist's storage of sexual and jealousy obsessions in this novel and in the fictional world of Patrick McGrath. There are various instances in the book during which Charlie Weir narrates of his suspicious sensations of Nora's eminent betrayal to him assuming that Nora Chiara is, as well, having an affair with Charlie's brother; his childhood rival, Walter Weir, for Charlie narrates:

Nora gets upset in Sulfur and it's not me they call but Walter...I had nothing and Walt had everything, more than everything, he even took what was mine...Poor Nora. Had she really believed she could control this exotic triangle, mistress to two brothers, one a shrink and the other an artist?

(187)

Charlie goes on expressing his spite towards his brother through the following lines:

He was not the shaggy pirate of the art world[...]he was a far more sinister figure altogether, this pathological narcissist who had used her to cause pain to the brother he hated.

(188)

In addition to Charlie's compulsive jealousy associated with his sexual obsessions, this particular episode in *Trauma*, stands for another type of pathology in the character of the psychiatrist; Charlie Weir's resilience mechanism; the Freudian coping response known as 'projection', which can be defined in following terms:

a process whereby individuals attribute their own unacceptable or unwanted thoughts, feelings, or impulses onto another person. Instead of acknowledging these aspects within themselves, individuals project them outward onto others, perceiving those others as possessing these qualities instead.

Freud believed that projection serves as a means of avoiding anxiety or discomfort caused by acknowledging one's own undesirable traits or impulses. By projecting these qualities onto others, individuals can distance themselves from them and preserve their self-image or ego.

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Through the above episode in the novel, the narrator projects his own feelings of hatred to Walter. He considers Walt as associated with spite while, Charlie, in fact, is the one suffering from his intrinsic feelings of mistrust and envy. Moreover, Charlie's unmonitored feelings of resentment lead him to a total misdiagnosis regarding his command at the peculiar case of Nora Chiara:

I no longer saw her as neurotic, nor did I believe that her nightmares were the symptoms of trauma; they stemmed, I realized, from the stress of living such a complicated lie, and that was Walter's fault. In fact, I had no need to regard her in terms of pathology at all anymore, but could see her instead as I'd seen her in Sulfur that first evening.

(188)

Thus, driven by his obsessions towards his brother, Charlie Weir, regards Nora Chiara's extreme pathological case as not a traumatic case. This specific part of the novel, is another indicator of the mental health counselor's unskillfulness in McGrath's fiction.

Further, Nora Chiara's particular situation encompasses another fundamental concept in the novel; the contaminating nature of madness and this incorporates the collective nature of trauma. In his study *Trauma, Culture and PTSD*, C. Fred Alford argues that PTSD "is a good political diagnosis [...] for it says that anyone can suffer the symptoms of severe psychic pain when placed in a hostile environment (2)." (Alex, 146) And this makes the experience of trauma more of a collective experience. For Nora, Charlie's girlfriend, is suffering from a traumatic event that left her with repetitive nightmares and a pervasive emotionlessness. She explains her trauma to Charlie in the following way: "Listen, you live in New York, you have bad dreams, it's the city. It's a war zone, Charlie, you have to be a warrior to live here" (McGrath, pp.102–103). This statement encapsulates the idea that sociopolitical conditions, which span from terrorist attacks to other social and financial crises, can ultimately traumatize everyone. This is also closely connected to "the collective experience of trauma" all the "people traumatized by sociopolitical circumstances, originating from 9/11 attacks." (Alex, 147) Nora's discourse suggests the universal nature of trauma as she refers to the notion that anyone can be impacted by either direct or indirect contact with the trauma.

Overall, Nora Chiara's pathology is significant in the novel for it conveys issues such as sexual abuse which lead us to the conclusion concerning the existence of Freudian coping mechanisms in the patients and also, unexpectedly, in the psyche of the mental health staff. This issue is of high importance as it demonstrates Patrick McGrath's familiarity with the foundations of psychoanalysis and, specifically, his association with Sigmund Freud and his notions. McGrath, ironically, employs several Freudian concepts in *Trauma* just in order to be able to reject them for he places the psychological defenses in the person of the

psychologist. In addition to this, Nora's story explains the futility of the talking therapy and psychoanalysis for the psychiatrist Charlie Weir proves unable in recognizing and eventually curing Nora Chiara's psychosis. Therefore, McGrath's criticism through his placing a series of mechanisms of denial in the very character of the psychologist, represents the fact that he is questioning the psychoanalytic therapy from its very basis.

### **The question of power in *Trauma***

Throughout the psychotherapist's narration, we come upon instances in the book which suggest Charlie Weir; the prototype of the psychiatrist in *Trauma*, to be keen on dynamics of power. In the opening pages of the novel, Charlie, while describing his career line, declares:

I do professionally that which you do naturally for those you care for, those whose welfare has been entrusted to you...I chose this line of work because of my mother, and I am not alone in this. It is the mothers who propel most of us into psychiatry, usually because we have failed them...Mine is a profession that might on the surface appear to suit the passive personality. But don't be too quick to assume that we are uninterested in power. I sit there pondering while you tell me your thoughts, and with my grunts and sighs, my occasional interruptions, I guide you toward what I believe to be the true core and substance of your problem. It is not a scientific endeavor. No, I feel my way into your experience with an intuition based on little more than a few years of practice, and reading, and focused introspection; in other words, there is much art in what I do.

(4-5)

Through this episode, the author, is indirectly challenging all sorts of therapeutic diagnosis. It is because Charlie Weir; the psychiatrist, is describing his profession through this confession while representing the voice of all those following a profession in psychology. The protagonist indicates that the entire mental health staff is interested in power and that the diagnosis of a patient's psychology is highly subjective: ' don't be too quick to assume that we are uninterested in power.' (5, McGrath) Charlie uses the pronoun 'we' in discussing his views as a psychiatrist and this makes him the representor of all psychologists; his voice is the voice of all therapists. Here McGrath, through the narration, suggests that a psychiatrist's power of reasoning is, oftentimes, biased since the writer, given voice to by Charlie Weir, assumes that a patient's medication is highly relative to a psychiatrist's interests in power stressing that a



psychic diagnosis is not based on 'a scientific endeavor' while focusing on how a psychologist can, indeed, 'feel' their 'way into' a patient's 'experience' instead of following it scientifically. This issue is referred to in "The Price of Suffering and the Value of Remembering":

McGrath, while acknowledging psychiatry's healing and creative power, questions the scientific perspective as a rational and exclusive discourse, a persistent concern in his fiction (Zlosnik 2011, 25). This is achieved in the novel by showing the complex dynamic inherent in the analytic setting and especially by throwing light on the psychological functioning of the psychotherapist himself and to the unconscious motivations for practicing therapy.

(Vanon Alliata, 121)

This, to some extent, explains the reasons why there are many cases of misdiagnosis in Patrick McGrath's fiction. Hence, uninterested in the mental health disorders ignited in the mind of the psychic patients and interested in mastery and power, the psychiatrists, base their diagnosis on their deeply personal experiences and their subjective prejudices linked to favoritism. This particular moment in the novel proves crucial in understanding Patrick McGrath's critical stance as much as psychiatry is concerned.

Michela Vanon Alliata in "The Price of Suffering and the Value of Remembering", following Sussman's analysis, cites:

By the same token, it seems that Charlie's feelings of omnipotence and arbitrariness, as well as his un-acknowledged wish to manipulate patients are the real motivations for engaging this profession.

(122)

Halfway through the narrative, the author comes back to this issue thus reinforcing it through Charlie's testimonial concerning Nora Chiara's pathology:

I'd heard it then, the almost imperceptible cry for help. I heard it but I paid no attention to it, and why? Desire. Desire accompanied by the almost imperceptible answering cry from somewhere in my own psyche: yes, my darling, I will help you. It is the narcissism of the psychiatrist, or of this psychiatrist, at least, to play the indispensable figure of succor and healing.

(95, McGrath)

Following what is discussed so far, the episode above is an indicator of the 'desire' that a psychiatrist might feel during their treatment of the individuals in psychiatric care. As far as 'the narcissism of the psychiatrist' is concerned, as Sussman argues,

the therapist's position of authority and power can provide potent narcissistic gratifications" while individuals who are "excessively dominated by their parents may compensate for feelings of powerlessness by dominating and controlling their clients.

(Vanon Alliata, 122)

In this regard, going back to Charlie's treatment of Danny Magill and as far as the egocentrism of a psychoanalyst is concerned, in the novel, we come upon instances where Charlie Weir, driven by his self-centered desires, goes to the extremes:

to excavate far beyond what was comfortable, beyond what was even reasonable, logical, or comprehensible" (McGrath 2008, 51), together with his failure "to recognize the extent of [Danny's] frailty" (McGrath 2008, 49) in encouraging him to revisit the traumatic event and create a narrative about it, have proved a fatal and perhaps unpardonable professional mistake.

(Vanon Alliata, 129)

In the opening chapters of *Trauma*, the narrator mentions the issue of violence in the psychic wards considering the mental institute in which he works. It is compelling to note that the aggression depicted here is intensely associated with the imposing of power on the patients by the mental health givers for the narrator, referring to the exercise of sovereignty and the inherent cruelty in psychic units, suggests that the mental institute houses numerous 'wretched' individuals; 'pathetic creatures', misdiagnosed or not; people who are doomed to stay in psychic wards for a lifetime, and people for whom there exists no possibility of ever healing or 'ever getting out again':

New York had deteriorated in my absence. I was horrified at the decay into which the city had sunk...that was nothing compared to what was happening to the mentally ill. It was too late for most of the pathetic creatures who shuffled up and down the wards, who for years had been so completely dependent on the institution that there was no

possibility of their ever getting out again, though many had got out, had been thrown out, in fact, and were wandering the city in rags, babbling to themselves and living in filth, truly the wretched of the earth. At the end of my first day, I sat exhausted in my office and asked myself what possible point there was in carrying on.

(27)

Additionally, the critical case of Elain Smith, a distressed patient of Charlie Weir's, referred to by the narrator as 'My Abused Woman', proves evidence of another illustration of sexual abuse in *Trauma* which is essential in our discussion of the dynamics of power in the book. The narrator describes Elly's traumatic case (considered as similar to the traumatic story of Nora Chiara') as follows:

[...]the two women did share a strong antagonism to their fathers, which accounted for the anger they both directed at me: paternal transference of the most primitive kind.

(112)

She has cursed me, she strutted around my office in a fine state of outrage...Then she bluntly propositioned me, suggesting that the therapy could go a great deal more smoothly if we had sex just once.

(112)

Towards the middle of *Trauma*, the mention of Elain Smith's case is interesting for in a passage denoting the hostility exercised by the mental health staff towards the healthcare recipients, the significant experience of Elly's is portrayed:

Elly was one of those for whom there was no safe place. Here was a woman whose bedroom when she was growing wasn't the safe haven within the home that every child needs...the figure of a man in silhouette: her father...She became expert at dissociating from the experience and watching as though from a high place...This truly shocked me, that her doctors could be so criminally stupid as to hold her down against her will and push a tube into her mouth. This was what her father had done to her...But she trusted me now, and it was time for her to start talking about what had happened. It was time for her to remember.

(159)

As indicated by the above sentences, the unjust attempt at treating Elaine Smith, has not only been ineffectual but also further harmful to her mental health since by this exercise of power, the patient is moved back to the source of her trauma and been highly retraumatized.

On the whole, in Patrick McGrath's *Trauma*, the issue of violence and mastery with regards to psychoanalysis is depicted. It stands for the failure of all practices of psychiatry since, in the fiction of Patrick McGrath, psychology and the psychiatric diagnoses stem from a series of predispositions and personal interests rather than objective training and scholarship.

### **The psychiatrist's pathology**

#### **Charlie Weir's repression**

In Patrick McGrath's *Trauma*, there are various traumatic cases which the psychiatrist Charlie Weir is in charge of healing yet, ironically, the most significant traumatic case in the novel concerns the protagonist himself.

This issue, however, is revealed by the end of the novel for Charlie Weir, as is typical of McGrath's, is an unreliable narrator:

Only in the very last chapter of the novel is it revealed that Charlie's nightmare—which has been tormenting him since his childhood is a “screen memory”. (Freud 2006, 542)

(Alex, 137)

The narrator in the story describes his career line as follows:

I was running a psychiatric unit in an old city hospital then, and one of my responsibilities was to sit in with a group of vets.

(22)

When I was working at the psych unit and first became familiar with the posttraumatic disorders, I encountered many horrifying nightmares. I came to recognize them as the expression of memories the mind couldn't process and therefore repressed.

(96)

In another episode in the novel and following his mother's death, Charlie returns back to discussing the essence of his job considering himself as a broken man to which he associates

the metaphor of one looking for 'damaged birds' and this metaphor stands for all those following a career in psychology:

I could see Agnes as she sat there staring at Mom, the force indomitable, with no trace of fear. I was much affected by this. I needed a strong woman. Like many in this profession, I had experienced my own need for love as a destructive force. It's what attracts us to the damaged birds, but in Agnes I could see no damage at all.

(McGrath, 41)

The protagonist describes his career as associated with the medication of various victims of trauma including war veterans, as well as female victims of sexual abuse:

In my work I deal with the effects of trauma, but I am never present when the damage actually happens.

(McGrath, 140)

Dr. Weir starts his treatment of Danny Magill's traumatic case while he is confident of his abilities in being able to cure Danny through talking and various sessions of trauma therapy. As Danny's case leads into suicide, Charlie Weir holds himself responsible since in his final attempt at talking therapy with Danny Magill, when the psychiatrist is trying his best to force the traumatized Danny to talk about his traumatic experience he comes upon the biggest tragic failure in his career. It all happens because in his last conversation with Danny Magill, upon Danny's acknowledgement that he killed soldiers for no reason and across Charlie's unconscious judgement dictating to his patient that Danny is less than an animal since the animals 'kill to eat' and Danny killed without any reasonable motif, Danny Magill commits suicide. After Danny, the one and only brother of Agnes' (Charlie's wife) death, and because Charlie Weir is the first one who finds Danny's dead body, (to which he confesses in one of his discussions with Nora Chiara):

Her mood troubled me. It suggested she was in denial about what I suspected might be the symptoms of posttraumatic stress. The nightmares. The heavy drinking. A kind of mental absence at times, a dissociation of affect...She didn't know because I hadn't told her, but my own bad dreams, which produced far fewer theatrical effects than hers, invariably involved Danny. I was the one who found the body.

(103)

the psychiatrist falls into feelings of guilt holding himself responsible for Danny Magill's death. Charlie Weir's relationship with Danny Magill is regarded by professor Vanon in the following way:

One of Charlie's patients and his future brother-in law is Danny, a mentally unstable and severely traumatized Vietnam veteran, who suffers from post-traumatic stress disorder (PTSD), an ailment first officially recognized by the American Psychiatric Association in 1980 to designate the development of symptoms such as "amnesia, dissociation, dysphoria, flashbacks, hallucinations, hyperarousal, intrusion, nightmares, numbing, social withdrawal, and suicidal preoccupation in response to horrific events like natural disasters, combat, rape, and torture. (Kacandes 2005, 615).

(119)

Associating Danny Magill's with the critical concept of PTSD, she implies:

Since this ailment appears to be caused by an inability of the individual to integrate trauma into consciousness, PTSD has been often defined as "fundamentally a disorder of memory" (Leys 2000, 2)." (120, Vanon) Drawing mainly on Freud, Caruth, LaCapra, and other leading specialists in trauma studies, and focusing in particular on the psychoanalytic notions of acting out and working through, which are different but interrelated modes of responding to trauma, I will argue that McGrath's novel illustrates not only the narrator's eventual coming to terms, affectively and cognitively, with his unrecognized and displaced traumatization—his belief that the most formatively shattering incident in his childhood was just a dream which involved his father putting a gun to his head—but the ways in which trauma may be induced by the perception of another's suffering, through identification with another's traumatic story. As I show, this perfectly describes the relationship between Charlie and his patient Danny and may be taken as an exemplification of the dynamic inherent in psychoanalysis itself where the therapist is called on to empathize with and to listen to the traumatized voice of another[...]

(120)

The protagonist expresses his grief over Danny's suicide and his feelings of guilt in various episodes in the novel:

About Danny I spoke still less; in fact, about him I said nothing at all, for his was not a story I could trust myself to tell her with any degree of coherence. It was too tragic, too much about futility, about meaningless sacrifice, about violence, about violent death.

(65)

It did more than haunt me, it became yoked in my psyche to the guilt I felt. And the memory did not fade or change; it returned with all the immediacy and specificity of the experience itself, usually in my dreams.

(144)

Furthermore, there are certain points in the narrative during which the narrator identifies with Danny and his war experiences:

Charlie gradually spirals downward into a state of panic, regression, and inertia. His emotional involvement with Danny's memory intensifies to the point that he entirely identifies with him, feeling like Danny had felt, "Not truly alive. Already dead, then" (125).

(Vanon Alliata, 131)

and this issue, through filling Charlie with sensations of rage, further reinforces his feelings of guilt regarding his patient's unnatural death:

Danny went to Vietnam; I did not. Danny served. Five years later I would've handled such a thrust with tact, if I handled it at all. If it was a thrust. But I was young. I bridled. I responded with more heat than I needed to. "So, the war excuses him from all responsibility?"

(129)

This professional life setback of the psychologist gives rise to a personal life failure when, influenced by an enormous amount of guilt, Charlie Weir decides to end his marriage with

Agnes Magill: "I told her how I'd been the one who found him, and how I'd assumed responsibility for his death and how it had destroyed my marriage..." (McGrath, 196)

Danny's suicide is of major importance in the narrative of trauma, since it leads the protagonist towards not only major episodes of guilt but also numerous recurring dreams and nightmares:

I woke with a start, sweating, trembling, short of breath; I felt I was suffocating. It was the familiar horror, seeing the body as though for the first time. This is what trauma is. The event is always happening now, in the present, for the first time.

(123, McGrath)

In the years I'd been treating trauma I'd learned this, that when ordinary anxiety becomes sufficiently acute it will rouse the dormant horror no matter how deeply repressed it is. I began dreaming about Danny again, and though I suppose I should have consulted someone, I was resistant to the idea. There was a perverse hubris attached to this: none of my colleagues enjoyed such intimate contact with the disorder. And now I felt it moving again.

(McGrath, 167)

Dr. Charlie Weir's dreams, however, prove significant since they guide him towards the unraveling of his own childhood trauma of which he has always been unconsciously unaware, he, unconsciously, comments on his unveiling trauma throughout the novel as he starts to seriously repress his trauma from ghosting in:

Was I hoping to avert or undo the terrible event that was trying to break through into consciousness, and whose existence was signaled by this dread? Was it about my mother? All the attention I'd given her, had it stemmed from guilt, then? Had it been not her love but her forgiveness I was seeking all those years? Guilt for what?

(McGrath, 183)

Thus, the therapist concludes that due to feeling highly 'haunted' by his trauma, he cannot think of returning to the origin of his untangling affliction:



I wasn't able to sleep properly in my mother's bed, and my waking hours were consumed with dread. The idea of returning to Twenty-third Street was just as unthinkable, for it too felt haunted.

(185)

### **Charlie Weir's displacement**

At this point in the novel, the reader can start to make sense of the various episodes of haunting dreams and memories associated with the psychiatrist throughout the story. Henceforth, Danny Magill's traumatic story leads his psychotherapist towards beginning to encounter the biggest trauma in the novel; Charlie Weir's childhood trauma:

It later occurred to me that by failing Agnes I had again failed my mother. I'd behaved exactly as Fred had. But did I want to fail my mother? Did I have to? Because I hated her? We see nobody clearly. We see only the ghosts of absent others, and mistake for reality the fictions we construct from blueprints drawn up in early childhood. This is the problem.

(McGrath 149)

As reasonably mentioned in "The Price of Suffering and the Value of Remembering":

These memories, however, are not only repressed but also falsified by the displacement of blame. Charlie himself elaborates that he is aware of how "very fickle the human mind is" (McGrath 2008, 46) and that in some cases we ignore and twist those memories that we would rather not remember.

(Vanon Alliata, 142)

As much as various flashbacks to Charlie Weir's past are concerned, throughout the narrative, there are series of recurrent dreams all representing a moment in the narrator's childhood where he sees his dad putting a gun upon Charlie's head in an attempt to kill him. This issue shows of the haunting and repetitive nature of trauma which, in the psychological thriller of Patrick McGrath's, is sarcastically embedded in the psyche of the psychologist. And as the psychiatrist is traditionally known to be the reliable figure who is never engaged in any sort of psychic issue himself, this proves the biggest irony of the author in the book. It is because, through his trauma narrative, Charlie Weir, at times, finds himself trapped in feelings

of depression for which he holds his early relationship with his mother responsible. Charlie's memories of his recently deceased mother which show of his relationship with his mom, as well, prove crucial in our comprehension of the whole meaning of the narrative. In the story, the protagonist; Charlie Weir, describes his formative years as associated with feelings of tension and jealousy towards his brother; Walter Weir:

I've never hated anyone. Except my father. And Walt, of course, but that's complicated. That's not true hatred.

(McGrath, 50)

I knew why I was so angry, and that it wasn't my father's fault, but I saw no particular reason not to displace it unto him, and if I could make Walt mad at the same time then so much the better.

(McGrath, 14)

for there are numerous instances in the book where the narrator recalls his mother's unjust comparisons between her two offsprings. Moments which are evidences of her being used to call her eldest son Walter a talented artist and Charlie Weir, the ungifted 'shrink':

Oh, anyone can be a psychiatrist...it takes talent to be an artist.

(McGrath, 12)

I never figured out why she treated you so badly, and so adored Walter."...the sad fact was, I didn't know either. "But you're the shrink." *I didn't know.*

(51)

It is also noteworthy to cite that, in numerous episodes in the book, the psychiatrist's mom refers to Charlie as the one unnecessarily 'interfering' and, upon Danny Magill's suicide, she refers to her son as the one who tries always to help people who don't need it, and as somebody who likes "getting into people's private business" (143)

Upon the closing chapters of *Trauma*, the focus is shifted from the traumas of patients to the traumatic experience of the therapist himself. As the novel progresses, the reader witnesses more and more episodes during which Charlie Weir finds himself unable to help his psychic patients since he is highly engaged in dealing with his own haunting trauma:

There was nothing I wanted to do except sleep, and during the day to escape into the problems of others. I dimly recognized the features of the old depression returning, the depression I'd idly thought of as my inheritance, left me by my mother instead of an apartment.

(McGrath, 118)

I felt empty. It was a state of mind with which I was familiar but hadn't experienced in a while. I understood it as a mechanism of denial, which closed off emotion and sensation so as to protect me from being flooded. It was a flaw in my psyche for which I compensated by treating neurotic women for a living, and it was connected to Danny. After his suicide, and in the knowledge that I was responsible for it, I had been prone to states of emotional flatness and inertia, A sort of inner darkness. There'd been other symptoms too. More intrusive symptoms, for instance the dreams about him, what he'd looked like when I found him. I'd never had them seen to and I suppose I should have... It is truly demoralizing to feel yourself powerless to prevent the repetition of a pattern of behavior that you recognize as productive only of suffering. I had helped many distressed men and women, more often women, to confront and eventually disrupt such patterns of compulsive behavior; but apparently, I couldn't do the same for myself.

(107)

### **The coming home syndrome and the psychiatrist's 'Thanatos'**

Charlie's intruding memories continue to the point that, upon his final rejection to help Nora Chiara's recovery and in consequence of his delusion regarding his never returning to have a life with Agnes and their young daughter, Cassie (which he highly holds on to):

I still entertained the fantasies of the three of us living under one roof, a family. And God knows I needed a family my own had been a disaster.

(52)

Charlie Weir considers leaving New York and this scene is crucial in our determining the psychologist's pathosis. His decision is on account of a childhood photo of him and his family taken in front of a hotel in a distant town:

The time frozen in the photograph does not only convey feelings of loss and unrecoverable times, but uncannily reminds Charlie of the proximity to death he had experienced in his youth, and of his survival.

(Vanon Alliata, 132)

Through the episode concerning Charlie's interest in returning to where his trauma started, an important aspect regarding the psychologist's personality can be detected; he has obsessions with the idea of home to which he needs to return, seeking a sort of asylum, a safe place where he can come in terms with his haunting thoughts and flashbacks which he unconsciously refers to through Patrick McGrath's common use of 'stream of consciousness technique':

My patients were my distraction, my solace, my sanity, and to them I clung.

(McGrath, 168)

[...]This obsession I had with the idea of home the pursuit of Agnes, a woman who didn't want me, and this bizarre compulsion to re-create my mother's bedroom, as though trying to return to the womb it was nothing more than an urge to repeat the past. This is what we mean by home, the place where we repeat the past: Freud tells us this, and he also tells us that most of what we call love is our resistance to the prospect of leaving home.

(McGrath, 189)

This is an ironic indicator of the so-called 'going home syndrome' which is considered as a common psychic pathology mostly detected in mental patients suffering from 'dementia':

This syndrome is characterized by confusion, disorientation, agitation, and sometimes aggressive behavior. It's believed to be triggered by the change in environment, as individuals with dementia often find comfort and security in familiar surroundings.

<https://chat.openai.com/c/36fec3dc-b205-4715-85fe-83303b545168>

In addition to various psychological defenses associated with the figure of the psychotherapist, Patrick McGrath, again, by locating the 'going home syndrome' in the psychologist who is supposed to be the one healing those suffering from this syndrome, is hinting at his controversial views regarding psychiatry and its approaches.

Charlie Weir's urge to return to the place that originated his childhood trauma can be considered as a concept associated with psychiatry and introduced by the founder of psychoanalysis Sigmund Freud, a common type of pathology scientifically known as 'Thanatos' or the 'death drive'; a destructive drive which leads the victim of the trauma back to the place which originated their trauma:

In Freudian psychology, Thanatos, or the death drive, is a hypothesized primal instinctual urge toward death and destruction. Freud proposed that alongside the life-preserving instincts (Eros), there exists this destructive force, which operates in opposition to the instinct for life. The death drive represents an innate tendency in humans and all living organisms to return to a state of non-existence.

( <https://chat.openai.com/c/36fec3dc-b205-4715-85fe-83303b545168> )

And as studied by the French Psychoanalyst Jacques Lacan, and based on the Lacanian theory:

the death drive is often discussed in relation to the concept of jouissance, which refers to a kind of excessive, unattainable pleasure or enjoyment that is connected with the body and the unconscious. Lacan explored the ways in which individuals might be driven by unconscious desires and forces, including the death drive, which can lead to self-destructive behaviors or impulses.

( <https://chat.openai.com/c/36fec3dc-b205-4715-85fe-83303b545168> )

The protagonist, being described as suffering from the destructive drive of 'Thanatos', is important in our understanding of Patrick McGrath's attack on the foundations of psychoanalysis. For the inherent 'death drive' is the fueling power as much as Charlie Weir's return to the source of his trauma; Charlie's return to his hometown,

This was the town where the photo had been taken of Mom with Walt and me in front of that old hotel. The coincidence was uncanny, and I felt that somehow, I'd been intended for Old Main. This was superstitious thinking, of course, and perhaps the first marker of my breakdown; but it was no less real for that.

(McGrath, 192)

I soon found the place in Walt's photo. It was the Western hotel on Main Street...pregnant, somehow, with secrets, like a trauma built of wood. It aroused a strong sense of dread in me that I couldn't explain...To want to die in the forest and be eaten by wolves: another marker of incipient madness.

(McGrath, 194)

Charlie's willing return to the memory of his mom:

I slept in my mother's bed that night and was badly disturbed. Of the specific content of these dreams, I had no recall, but I woke in a state of dread...Dread signals not the imminence of a catastrophic event, but the presence of repressed memory the memory of a catastrophic event, one that has already happened. But where? In that room? In that bed?

(McGrath, 182)

and Charlie's urge towards destruction followed by his traumatic flashbacks and the compulsions are concerned.

Upon, the protagonist's arrival to the psychic unit at which he requests to work, Charlie meets a female psychiatrist, named Joan Bachinski. Charlie Weir's encounter with Dr. Bachinski is significant since the latter identifies Charlie's recurrent memories of Danny Magill as stirrings of Charlie's childhood traumatic mystery ready to unfold:

This shouldn't be as destructive as it seems to be. It's very possible...that the real trauma lies elsewhere. It might be very deep. And I think Danny's just a screen." "Resistance is of course a feature of trauma.

(McGrath, 197)

Dana Alex, following Cathy Caruth's notions concerning the death drive, regards this matter as follows:

[M]odern neurologists point out [...] that the repetition of the traumatic experience in the flashback can itself be retraumatizing; if not life threatening, it is at least threatening to the chemical structure of the brain and can ultimately lead to deterioration.

Returning to the context of *Trauma*, upon the analysis of Charlie's case by the psychiatrist Joan Bachinkski, the psychiatrist reflects:

The dissociative states became more frequent, and with them a lingering numbness, a sense of being only barely present in the world.

(McGrath, 198)

Towards the ending of the narrative, we come upon a point during which Charlie realizes the reason for all his nightmares and his constant inefficiency as a psychologist:

But I'd at least grasped Walter's confirmation of what I'd already figured out, that my childhood nightmare in fact was true. It had happened.

(McGrath, 202)

He has, indeed, been almost killed by an attempt of his mother's during his childhood which the psychiatrist, through a series of defenses known as the Freudian psychological safeguards of 'displacement' has repressed and for which he has mistakenly thought it to have been his father who had ventured to murder him:

she put the gun between the fingers splayed on the back of his head and pushed the barrel against his skull, so hard that he screamed with pain..."she said, this is what you get for getting into other people's bedrooms, Charlie. [...]So why did I think it was Fred? Displacement. Unthinkable, that my mother could do that to me. The unconscious wouldn't sanction it for a moment. So, it got displaced onto Fred.

(McGrath, 206)

This lies in the fact that, as mentioned by the protagonist in the above paragraph, the initial trauma of the psychiatrist Charlie Weir, had been too difficult to digest; it has been unimaginable for Charlie that his mom has attempted to kill him and this is the reason why he has displaced it all to Fred Weir, Charlie's father.

Charlie, a psychiatrist who focuses on the treatment of trauma and especially war trauma, realizes that he unconsciously displaced the blame onto his father:

“Displacement. Unthinkable, that my mother could do that to me.” (McGrath 2008, 206).

(Alex, 138)

That traumatic night, Charlie’s mother was in possession of the phallus (the gun). Charlie simply could not imagine that it could be his mother who castrates him because it should be his father who would do so. In light of Caruth’s reading of the death drive, it can be argued that Charlie was also unable to grasp the thought of his own death and, as a result, he repressed the traumatic event.

(Alex, 142)

This issue is pivotal in the work since it encompasses the fact that the psychiatrist Charlie Weir, due to his initial childhood trauma, has never been able to help his patients, in the first place. To be more precise, Charlie, upon being threatened by his mother during his childhood that he shouldn't attempt at discovering 'other people's businesses', has always, unconsciously, been held back whenever he tried to recognize the essence of a trauma as well as the reasons behind a patient's trauma":

[...]and also how my mother once told me that Danny died because I always interfered where I wasn't wanted. Then the nightmares, the flashbacks, the panic attacks, the rage\_

(McGrath, 196)

It is as if he has never been allowed; he never could truly medicate a patient's disturbance, among which, Danny Magill's:

I went to see my mother and she at once connected Danny's suicide to our own relationship, hers and mine. "Ah, Charlie...Always trying to help people who don't want it...That's why you're in this line of work...You like getting into people's private business. You like to intrude...I never needed you...You were always interfering with me, same as with that poor boy, and now see what you've done...You didn't injure me, Charlie...it was me. I injured you.

(McGrath, 143)



McGrath's criticism here rises to its climax through his ironic mentioning this part of Charlie Weir's character. Charlie Weir, not having been able to pinpoint the origins of people's traumas, all through his career, has not made a right diagnosis and his professional downfall as a psychiatrist lies in this exclusive matter. This issue is repeatedly mentioned in the novel through Charlie Weir's narrative which can be regarded a narrative typical of McGrath's 'stream of consciousness' technique in which Charlie Weir, unconsciously confesses his incompetency in healing the psychic patients.

The psychiatrist in *Trauma* has never truly understood one's trauma to be able to cure it. He, carried away by his own destructive trauma, has fallen into a number of misdiagnoses which had led various traumatized victims of his to destruction, as well. The specific cases of Nora Chiara, Joseph Stein, Elain Smith, Billy Sullivan and, most importantly, Danny Magill's, are evidences of the downfall of clinical psychiatry represented by the psychotherapist Charlie Weir, in this book. He continues associating his own unfolding trauma with the memory of Danny Magill's until the very last pages of the novel:

I was thinking about Danny, how he'd been sitting on a floor under a window when I kicked his door down...There'd been split whiskey in that room too. Our situations were identical, the booze, the awakened trauma, the gun. I still had the gun. I shifted around until I was in the exact position Danny had been when I found him. I put it between my teeth, then pushed it hard against the roof of my mouth so it hurt, because I wanted to do it right, like Danny...When my mother pulled the trigger that night, how did she know it wasn't loaded? Did she know? Did she care?

(209)

Considering the series of defense mechanisms the protagonist goes through in the novel and connecting it to the memories of Danny Magill, Michela Vanon reflects upon Charlie Weir's final attempts at his identification with Danny in the following way: "psychological defense mechanism of repression, dissociation, and displacement":

McGrath's narrator for a moment contemplates committing suicide as Danny did. (133) Our situation was identical, the booze, the awakened trauma, the gun. [...] I shifted around until I was in the exact position Danny had been when I found him. I put it between my teeth, then pushed it hard against the roof of my mouth so it hurt,

because I wanted to do it right, like Danny. [...] When my mother pulled the trigger that night, how did she know it wasn't loaded? Did she know? Did she care?

(McGrath 2008, 225)" (133)

Dana Alex, however, in "You have to be a warrior to live here", defines the ending of the novel in the following terms:

Without thinking of the consequences, his father and brother lead Charlie to remember the traumatic event and, unsurprisingly, Charlie not only collapses but almost kills himself as a result. (142-143) The reason he is able to stop himself is because he is reminded of Danny: a patient, a Vietnam veteran, and Charlie's brother-in-law. He is described as one of Charlie's most challenging patients and, most probably, one of the most severely traumatized. (McGrath 2008, 27).

(143)

From the beginning up to the climax of the novel, McGrath's trauma narrative, shows the story of a psychiatrist who is problematic himself. As with his other works of fiction, with *Trauma*, Patrick McGrath has again applied the first-person narrative point of view. Thus, we see the story from the viewpoint of a psychiatrist that we, by the end of the story, learn that we cannot trust. The unreliable narrative voice McGrath employs in this novel, acts as the author's foremost attempt to show his criticism towards the clinical world of psychoanalysis. Charlie Weir concludes his narration of *Trauma* uttering the following phrase: "...I heard the Joan's car in the distance I sank to my knees in the snow and wept. I was going home." (210) This final confession in the narrator's stream of consciousness indicates that, in the end, Charlie is driven by his obsessions towards the place housing and originating his mysterious childhood trauma.

The theme of Thanatos in the novel can also be studied as referred to Danny Magill and his traumatic case: "Danny ate the dead" (McGrath 2008, 124). Soon after, faced with this unspeakably shameful atrocity, Danny blows his brains out." (Vanon Alliata, 129) It is also important to consider Danny Magill's cannibalism in this regard:

West persuasively remarks that eating one's fellows, comes by extension to symbolically connote "eating oneself," since "without others as mirrors of my limits,

I would lose my constitutive contours; to devour my Other is to devour myself. Cannibalism thus stages a radical dissolution of the self” (2007, 236).

(Vanon Alliata, 129)

And as Dana Alex mentions:

From the beginning of the novel, the reader is aware that Danny killed himself. And it is precisely Danny’s suicide that leads us back to Freud and the death drive. Again, Freud argues that the traumatized subject strives to move back to state where they can regain control (2001, 36). It appears that Danny also wanted to regain a state of control, yet the earliest state that he was able to reach was death[...]Danny states that he “never expected to get home alive,” “never wanted to” and “never did” (McGrath 2008, 126). The traumatized individual should not be led back blindly to memories that trigger them, and Charlie fails to protect Danny from being retraumatized.

(145)

To sum up, Charlie Weir doesn't acknowledge and he denies the real source of his trauma while he keeps displacing it onto other people just as his patients do. Towards the ending of the novel, however, we come to know the reality behind Charlie's traumatized self, in the first place, and, therefore, the contagious nature of his trauma, which also interferes with the treatment of his patients and which eventually leads to his professional failure as a psychiatrist and his consequent downfall as a person. It is also worth noticing that regarding the contagious nature of madness, the protagonist, is conditioned by Danny Magill's drive towards death which leads him towards 'Thanatos', as well. Regarding Charlie's case, in particular, and generally in all of the three novels concerned in this paper, the madness being a contagion is not only transferred from the patients to the psychiatrists, but surprisingly, from the psychiatrists to the patients as well which further slows down and leads to the falling of the process of healing from the trauma and which, therefore, results in the eclipse of all psychoanalytical practices.

### **An Oedipal reading of *Trauma***

As far as Charlie Weir, the protagonist of *Trauma* is concerned, there are many chapters and scenes in the novel which mainly act as flashbacks to Charlie's childhood. The Oedipus Complex (the tendency towards the opposite sex parent) in this novel is highlighted by the

fact that Charlie, all through and until the very last pages of the novel, considers his father as the one who has attempted to kill him during his childhood, though it has truly been his mom who has done it:

Fred Weir in fact was a loser, and this might have been apparent to others long before I realized it myself. My mother, on the other hand, was a sharp-tongued woman who saw no reason not to speak her mind, which made her ill-suited for life with a lazy, shiftless, short-tempered man like him. Small wonder that as a child I used to dream of him putting a gun to my head and threatening to kill me.

(McGrath, 54)

Charlie, however, towards the very end of the novel, comes to the understanding that his real possible childhood murderer has been his mother and never his father. So why is it too difficult for Charlie to think of and to eventually accept the fact that his mom could have possibly been the reason for his childhood trauma? Dana Alex considers this issue as resulting from Charlie Weir's 'castration anxiety': "Considering the Oedipal setup of the novel, Charlie's trauma and its displacement are very much connected to castration anxiety." (142)

This particular theme is also referred to in "The Price of Suffering and the Value of Remembering" in the following terms:

Charlie's hopeless devotion to his neglectful mother, an unstable, hard-drinking, and emotionally abusive woman, and conversely his hostility toward his feckless, violent, and volatile father Fred, point to a classic Oedipal scenario, with the ambivalence and emasculation anxiety toward the parent of the opposite sex this configuration often entails.

(Vanon Alliata, 120)

Whenever Charlie had tried to protect his mother, whether as a child or as a man, she would turn on him for interfering, and snap that he was "Always trying to help people who don't want it" (McGrath 2008, 152).

(Vanon Alliata, 121)

At this point in the story, McGrath, being highly familiar with the Freudian 'Oedipus Complex', aims at bringing this concept to life to be able to ironically reject it as he, at the same time, highlights the eventual traumatic consequences this mental complexity can bring to an individual. McGrath, by using this concept in his work, is surprisingly questioning one of the biggest psychoanalysis' concepts to date; the Freudian theme of Oedipus Complex. Considering *Trauma*, it refers to the fact that Charlie, the psychiatrist, is drawn too deeply towards his mother to the point that he cannot even understand his father's benevolence in hiding a secret from him throughout the years. Moreover, due to Charlie's lack of respect towards his father, the identification with whom has always brought him low self-esteem and episodes of major desperation, the psychiatrist, is driven towards his boss Sam Pike as a father figure worth admiration in an attempt to make up for the ugly image of his abusive father; Fred Weir:

Sam was my boss, but of course he was much more than that. My idealization of him was a kind of compensation for my own father's inadequacy, so he was a paternal surrogate onto whom I projected frustrated filial needs.

(McGrath, 127)

This Oedipal complexity becomes ironically questioned by the author as he, towards the ending of the novel, reveals the real possible murderer of Charlie's; the psychologist's mom. In doing this, McGrath is alluding to the fact that one of the biggest pillars of the psychoanalysis to date; namely, the Oedipus Complex can be wholly criticized. The fact that Charlie out of the love for his mother, cannot see the vivid source of his childhood trauma is an example of an Oedipus complex denied; a pillar of the clinical psychoanalysis fallen. This issue is significant because, again, McGrath through the association of a psychiatrist with a common type of pathosis; namely the Oedipus complex, is directing his criticism at the clinical psychiatry and its common grounds. Regarding this, Dana Alex argues that *Trauma* is not an entirely Oedipal reading while, at the same time, she points at the Freudian definition of trauma, the reconfiguration of trauma (PTSD) and whether or not they are sufficient when considering the collective nature of trauma. (137) She refers to Charlie's trauma as follows: "It is the click that has evoked Charlie's trauma and which keeps coming back to him in his nightmares." (138)

Alex connects the Oedipus complex in the novel with the issue of the survival from the trauma and the death drive and, therefore, adds:

Cathy Caruth writes on trauma from a psychoanalytic perspective, drawing from Freud's theories. In her consideration of the death drive, Caruth asks, "Is the trauma the encounter with death or the ongoing experience of having survived it?" (Caruth 2016, 7)."

(141)

A reading of the novel through this lens leads us back to the theme of the survivor guilt:

the mind cannot confront the possibility of its death directly that survival becomes for the human being, paradoxically, an endless testimony to impossibility of living. (64).

(Alex, 141)

This seems also to account for the reasons behind the suicide of the survivor of the Vietnam war experience; Danny Magill, which the psychotherapist Charlie Weir, has not been able to notice:

And this would also seem to explain the high suicide rate of survivors, for example, survivors of Vietnam [...] who commit suicide only after they have found themselves completely in safety. (65)

(Alex, 141).

Thus, Charlie Weir's trauma mystery, his 'period of latency' (a feature of trauma mentioned by Sigmund Freud in *Moses and Monotheism*) and his inability to medicate patients, can also be considered under the light of his association with the Oedipus complex which further indicates McGrath's critical opinions of psychiatry.

To sum up, in *Trauma*, Patrick McGrath depicts the treatment of various victims of trauma to be able to hint at the psychiatrist; Charlie Weir's subjective haunting trauma mystery. Moreover, the author mentions themes such as the formation of the figure of the psychiatrist out of major family dramas. McGrath continues his critique by representing various examples of talking therapy, negatively leading to re-traumatization, the concept of PTSD, and the issue of the survival from one's trauma. He furthers his argument through traumatic cases showing of sexual assault and the Vietnam war traumatic aftermath to be able to introduce the theme

of the contagious nature of madness through the depiction of the dynamics of power and psychiatrist's sources of pathos. He, eventually, reinforces his criticism by referring to the Freudian notions of Thanatos, the idea of home and the psychic issue of the Oedipus Complex.

### **Chapter 3: A Comparative Study of Universal Madness in Janet Frame's *Faces in the Water* & Patrick McGrath's *Asylum* and *Trauma*:**

In this closing chapter of the paper, a general comparison between the three novels; namely, Janet Frame's *Faces in the Water* and Patrick McGrath's *Asylum* and *Trauma* concerning the theme of the failure of psychoanalysis and the contagious nature of madness will be done.

The three novels studied in this thesis share a series of common themes that help the authors place their arguments regarding the shortcomings of clinical psychiatry. One common theme concerning the works studied here is the issue of the trauma talk which is considered as one of the basic approaches towards curing a patient's psychosis. Either in Frame or in McGrath, the attempts by the psychiatrists to turn a trauma story into a narrative end in re-traumatization of the victim of the trauma. Likewise, through various attempts at talking therapy, the trauma subjects are often guided towards the loss of their human identity for the traumatic event, oftentimes, proves too painful for a victim to be narrated. In *Faces in the Water*, this issue is repeatedly referred to by the narrator Istina Mavet.

Apart from that, the plots of the books are dominated by the society stereotypes revolving around the issue of mental health. In the three works studied here, the reader can witness various instances of the society's rejection or fear of the victims of trauma; the so-called mad individuals. This issue is ironically opposed and criticized by Janet Frame's depiction of Istina Mavet, a sane young girl who is unjustly hospitalized and, differently, in McGrath, by the depiction of the psychiatrists on the verge of madness. This notion is indicative of the very fine line between madness and sanity for it contains a major critique of the unjust traditional notions concerning mental illness. The ironic criticism of the two authors, in this regard, lies in their unique techniques at representing this issue to be able to eventually reject it. McGrath does so by placing similar psychological dilemmas of a patient within the psyche of the psychotherapist and Janet Frame, on the other hand, accomplishes in portraying this aspect through her mention of the various cases of violence carried out by the mental health staff towards the supposed mentally-ill (the representor of which Istina Mavet in *Faces in the Water*). With Frame, it is as if the mental health givers are the ones suffering from major mental health issues while McGrath's criticism is more direct in this regard since, he, intentionally, places these issues within the figure of the psychiatrist who is the narrator as well as the protagonist of his work of art.



This issue is closely connected to the recurrent theme of violence as associated with the dynamics of power in the stories. Throughout the narrative, the reader can witness various episodes of violence towards the psychic patients carried out by the mental health staff. It is also linked to the general unfavorable conditions of life in the psychic wards which in the books is recurrently depicted. Correspondingly, the psychiatrists are mostly driven by their obsessions with power and mastery over the patients and this proves another recurrent theme in the narratives studied here. This matter is significant as it is intertwined with the concept of misdiagnosis in the novels. The members of the mental health staff are highly conditioned by their ideas of dominion over the trauma subjects that they, unconsciously, are conditioned to make their psychic diagnosis based on their subjectivity and personal experiences and thus not according to some objective scientific endeavor.

Throughout the analysis of the novels studied in this paper, various categories of the PTSD are represented. The experience of the PTSD, though, can differ from one individual to another according to everyone's unique background of trauma. The common theme of PTSD in Janet Frame, is expressed through the character of the protagonist; Istina Mavet, and her constant feelings of unease based on her fear of the electroconvulsive therapy. Besides, in McGrath, the issue of PTSD is portrayed as associated with the various victims of trauma among which the protagonist, Charlie Weir. Moreover, in *Faces in the Water* and also in *Trauma*, the issue of a seductive childhood past as an initiative to the trauma is highlighted and well-represented by the protagonist of each novel. The PTSD is a subject matter which leads the narratives towards representing the universal and contagious nature of trauma. In Frame's work, the PTSD regards not only Istina Mavet but also all the patients living in a mental institute. In McGrath, however, the PTSD is depicted as associated with the mental patients as well as with the psychiatrist narrator in *Trauma* for Charlie Weir, in various instances of the book, signals his suffering from the PTSD due to the experience of his childhood trauma.

As closely connected to the theme of PTSD, the idea of the survivor guilt also plays a significant role in leading the narratives towards their ends. The development of the survivor guilt as an integral part of trauma is well-represented and commented upon throughout the three novels. In Frame, the guilt is associated with Istina Mavet's loss of a close friend in a psychic ward and in *Trauma* it is a collective experience of the survivors of the Vietnam war, the most significant of whom, Danny Magill. As associated with Danny's story, the survivor

guilt keeps returning throughout the narrative of *Trauma* for Dr. Weir holds himself responsible for his patient's death while he carries an enormous amount of guilt up to the end of the novel. As far as *Asylum* is concerned, the survivor guilt is depicted as associated with Stella Raphael. Yet, this issue proves ironic in this novel for it is just a notion of Peter Cleave's for, paradoxically, Istina Mavet is not truly suffering from any type of survivor guilt which connects this issue back to the theme of misdiagnosis. In addition to the matter of PTSD, the worlds of the novels are filled with instances indicative of Freudian psychological defenses. This issue proves significant mostly in Patrick McGrath's fiction as he ironically places the psychological defenses in the mind of the psychiatrists.

In conclusion, in Janet Frame's *Faces in the Water* and Patrick McGrath's *Asylum* and *Trauma*, themes such as the trauma talk, the rejection of the conventional notions of the society, the idea of violence and mastery, the concept of PTSD, the survivor guilt and the psychological defenses are portrayed. The novels raise issues about these themes and point to some critical conclusions about clinical psychiatry for, in the three novels analyzed here, a psychiatric disorder is not exclusively associated with the mental patients but it becomes vivid through the narratives that anyone; a patient or a psychiatrist, can suffer from a mental health disorder. This proves the mental health condition to be a rather collective experience that can influence anyone in the society.

## Bibliography:

Ash, S. *THE ABSOLUTE, DISTANCED IMAGE': Janet Frame's Autobiography*, JSTOR, 1993.

Biroğlu, E. "The Study of Obsession in Patrick McGrath's Asylum: Sexual Obsession, Obsessional Jealousy, Obsession with power", *International Journal of Humanities and Social Science*, Vol.9, Num.3, March 2019.

Bomb, SHORTS, Patrick McGrath, JSTOR, 2014, 30  
<https://bombmagazine.org/articles/1997/04/01/patrick-mcgraths-asylum/>

Caruth, C. *Unclaimed Experience, Trauma, Narrative, and History*, The John Hopkins University Press, 1996.

Cherry, K. "Freud's Eros and Thanatos Theory", *verywellmind*, March 2023.  
<https://www.verywellmind.com/life-and-death-instincts-2795847>

Falco, M. "Patrick McGrath's Case Histories or the Ruin(s) of Psychoanalysis" 2004, (pp.95-103)

Folley, M., Duncan, R. *Patrick McGrath and his Worlds. Madness and the Transnational Gothic*. New York: Routledge. (eds) (2020).

Frame, J. *Faces in the Water*, Vintage Books, Random House Australia Pty Ltd., 2008.

Freud, S. *Beyond the Pleasure Principle*. W.W. Norton & Company, Inc. 1961.

<https://chat.openai.com/c/1dbc09cd-375b-48ab-bad9-81ccd968fbe2>

<https://chat.openai.com/c/eff763b9-c0fe-4e6c-acc0-1299b1bc8af8>

<https://chat.openai.com/c/b76aa298-c028-46f9-8b37-fddb58b3610f>

<https://chat.openai.com/c/03afd822-976f-40d3-920f-458a842ef253>

<https://chat.openai.com/c/3ddf45a9-2cae-4a9e-9471-d01cab418c56>

<https://chat.openai.com/c/36fec3dc-b205-4715-85fe-83303b545168>

[https://dictionary.apa.org/posttraumatic-stress-disorder?\\_gl=1\\*\\_1adm2ko\\*\\_ga\\*MTAyMzQ1MjkzNy4xNzA4MDA5MDYy\\*\\_ga\\_SZXLGDJGNB\\*MTcwODAwOTEwOS4xLjAuMTcwODAwOTEwOS4wLjAuMA..](https://dictionary.apa.org/posttraumatic-stress-disorder?_gl=1*_1adm2ko*_ga*MTAyMzQ1MjkzNy4xNzA4MDA5MDYy*_ga_SZXLGDJGNB*MTcwODAwOTEwOS4xLjAuMTcwODAwOTEwOS4wLjAuMA..)

[https://youtu.be/un88iK\\_37Zk?si=OXd-scvtqUUhUqCqg](https://youtu.be/un88iK_37Zk?si=OXd-scvtqUUhUqCqg)

Kerler, D. "Trauma and the (Im)possibility of Representation: Patrick McGrath's Trauma": Culture, Language and Representation, *Cultural Studies Journal of Universitat Augsburg*, 2013.

<https://core.ac.uk/download/pdf/39085683.pdf>

Mambrol, N. "Sigmund Freud and the Trauma Theory", *Literary Theory and Criticism*, June 2017.

[https://literariness.org/2017/06/21/sigmund-freud-and-the-trauma-theory/#google\\_vignette](https://literariness.org/2017/06/21/sigmund-freud-and-the-trauma-theory/#google_vignette)

McGrath, P. *Asylum*, Penguin Books Ltd., London, England, 1997.

McGrath, P. *Trauma*, (1996) Bloomsbury, England, 2009.

S.A.Mitchell, M.J.Black, "Freud and Beyond: A History of Modern Psychoanalytic Thought, Sigmund Freud and The Trauma Theory", BasicBooks, 1995.

Muhammad, S.K. "Trauma Theory": *Accademia*, 2015.

[https://www.academia.edu/33182937/Trauma\\_theory](https://www.academia.edu/33182937/Trauma_theory)

Nortje, A., " Defense Mechanisms in Psychology Explained (+Examples)", *Positive Psychology*, 2021.

<https://www.simplypsychology.org/defense-mechanisms.html>

Olson. D. "Through Haunted Minds: An Interview with Patrick McGrath", *annual print journal of Centipede Press*, 2013.

[https://www.academia.edu/6540429/\\_Through\\_Haunted\\_Minds\\_An\\_Interview\\_with\\_Patrick\\_McGrath\\_](https://www.academia.edu/6540429/_Through_Haunted_Minds_An_Interview_with_Patrick_McGrath_)

J. Thieme, Janet Frame "Making chalk marks on water": Time and the Sea in Janet Frame's Faces in the Water and "The Lagoon", *Commonwealth Essays and Studies*, 33.2|2011.

<https://journals.openedition.org/ces/8154>

Kurtz, J.R. *Trauma and Literature*. Cambridge University Press, 2018.

M. Woolfe, "Post-Traumatic Stress Disorder", *Journal of Clinical Psychiatry*, 2011. [https://www.academia.edu/9209274/Post\\_Traumatic\\_Stress\\_Disorder](https://www.academia.edu/9209274/Post_Traumatic_Stress_Disorder)

C.Wright, *Lacan on Trauma and Causality: A Psychoanalytic Critique of Post-Traumatic Stress/Growth*, Journal of Medical Humanities, 2020.

Zlosnik, S. *Matt Foley, Rebecca Duncan. Patrick McGrath and his Worlds:* Alex.D: "You have to be a warrior to live here", PTSD as a Collective, Sociopolitical Condition in Patrick McGrath's Writing", Serie Occidentale, December 2020. (pp.137-150)

Zlosnik, S. *Matt Foley, Rebecca Duncan. Patrick McGrath and his Worlds:* Alliaata, V.M "The Price of Suffering and the Value of Remembering" Ca'Foscari Serie Occidentale, December 2020. (pp.119-134)