

MEJO

The MELOW Journal of World Literature

Volume 6

February 2022

ISSN: 2581-5768

A peer-refereed journal

published annually by

MELOW

(The Society for the Study of the Multi-Ethnic Literatures of the World)

Illness, Healing, and the Literary Imagination

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Editorial Note

MEJO, or the MELOW Journal of World Literature, is a peer-refereed e-journal brought out annually by MELOW, the Society for the Study of the Multi-Ethnic Literatures of the World. It is a reincarnation of the previous publications brought out in book or printed form by the Society right since its inception in 1998.

MELOW is an academic organization, one of the foremost of its kind in India. The members are college and university teachers, scholars and critics interested in literature, particularly in World Literatures. The Organization meets every year over an international conference and it seeks to maintain academic standards, encourages and grooms younger scholars, and provides a forum for senior scholars in literature.

The papers presented at MELOW conferences are screened, selected, edited and published by a Board of Editors especially appointed for the purpose. Whereas in the initial years the Society favoured a book publication, in subsequent years it was a journal that was published annually. With the changing times, MELOW decided to move on to online publication. The result is MEJO.

Dear readers, this is the sixth volume of MEJO, the MELOW Journal. This issue contains essays from the 2021 conference held at Shoolini University, Solan, HP. The papers have been selected by a panel of reviewers from the presented and revised submissions.

We, at MELOW, wish you happy reading!

Editors

About MELOW

MELOW (The Society for the Study of the Multi-Ethnic Literatures of the World) was first set up in 1998 as MELUS-India. It is an academic organization, among the foremost of its kind in India. The members are college and university teachers, scholars and critics interested in literature, particularly in world literatures, and literature across borders of time and space. The organization meets every year over an international conference. It seeks to maintain academic standards, encourages younger scholars and provides a forum for senior scholars in literature.

The MELOW revamped journal has existed in hard print for about a decade. The Mejo journal was reintroduced in 2016 and is now available online on the website.

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Published By

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ISAAC SEQUEIRA MEMORIAL FUND



Professor Isaac Sequeira

(5 January 1930--7 September 2006)

Professor Isaac Sequeira from Hyderabad, who worked at the Osmania University and was closely associated with the ASRC, Hyderabad, was a mentor and patron to several generations of academics in India. His sad demise in 2006 created a void hard to fill. We, at MELOW, wish to keep alive the memory of our Patron and guiding light who played a key role in all the activities of our organization.

We have set up an Isaac Sequeira Memorial Fund out of which a cash prize of Rs.5,000 is awarded for the **best paper presented at our conferences** (see details below).*

With effect from the 2010 conference, there is a **Special Invited Lecture** by a person of eminence funded by the Isaac Sequeira Memorial Fund.

Several individuals have come forward to offer contributions towards the corpus and donated generously to the ISM fund. Donations of Rs.1,000 or more may be sent in cash/by draft **payable to MELOW at Chandigarh**. Contributions may be mailed by registered post/courier to Prof Aneel Raina, Dept of English, Panjab University, Chandigarh-160014.

THE ISM AWARD

•In the memory of Prof Isaac Sequeira, MELOW annually awards a prize for the best paper presented at its conference. The award comprises a certificate and a cash prize of Rs.5,000. •The competition is open to Indian citizens who are members of MELOW. The participant/delegate should be less than forty years of age at the time of the conference. The abstract and complete paper should be submitted by the stipulated deadlines before it is presented at the conference.

- A panel of Judges is appointed by the Office Bearers of MELOW.
- If required, these rules may be amended by a simple majority of members present and voting at the Conference.

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Keynote Address MELOW 2021

Creativity in Crisis

Rajeshwari V. Pandharipande

University of Illinois at Urbana-Champaign, USA

Good morning!

I am delighted to be part of this conference on, “Illness, Healing and Literary Imagination,” which captures the moment in the middle of the global crisis caused by the Pandemic Covid-19. It provides an excellent opportunity to pause and deliberate on the devastating impact of the crisis on the humanity, and the tremendous suffering it has caused at physical, social, emotional, moral, and spiritual levels and find the ways to overcome the crisis.

This conference functions as a platform to collectively discuss the following questions “why pandemic (the root cause of the pandemic)?” “How did the world respond or is responding to it?” “How do we overcome the suffering caused by it?” “What does this crisis, and human responses to it reveal to us about human nature and the meaning of life?” “What helps healing?” Answers to these questions will better help us determine our role in this situation.

I applaud Professor Jaidka, the Chancellor, the Conference committee and the participants for undertaking this important project, which marks a major milestone in the journey toward the recovery and the healing process as it shows awareness and understanding of the situation, and a careful and caring way to determine our role in it! Congratulations!

1. Looking back is going forward. This is not the first Crisis our humanity and the world at large has faced.

In my short presentation, I would like to look back in the history to unravel the facts about how the writings and works of some of the great human beings, luminaries including scholars, artists, saints, and political and social thinkers have creatively responded to the pandemics in the history and were a strong guiding force toward the recovery and healing of the ailing, distressed and

tortured world in crises in their respective times. This deliberation, I believe will let us compare pandemics, their catastrophic impact, the universal patterns of survival, and how literary creativity played a unique role in the recovery, repair, and transformation of the suffering into a creative power, a new vision, a new world. I believe, history is our laboratory, which records and tells us what, when, and why of the experiences of humanity, that is why it is called itihāsa “Thus it happened”.

2. A close correlation between crisis and creativity: Some examples from the past.

Let me ask first, “How do we define crisis and creativity?”

Crisis is an abnormal, unexpected, destabilising condition leaving human beings helpless and which demands an immediate solution. Crisis is a Greek word *krino*, which means, “to decide.” Crisis can be a condition resulting from diverse causes, physical (earthquake for example), economic, Sociopolitical (Holocaust), environmental (water depletion, foods, etc.), virus (plague, Flu, etc.) or mental (anxiety-driven nervous breakdown). It is an emergency, where the established system of reasoning is incapable of providing a solution and if left unresolved, there is a risk of dangerous consequences. Crisis creates colossal physical, mental, social, and spiritual suffering.

Creativity is generally understood as the ability to view things in new perspectives, and generate new possibilities, new alternatives to express them, as poets do (see *Meghadūtam*, “The cloud messenger” composed by *Kālidāsa*, in which a cloud is treated as a messenger by the lover to convey his message to his beloved). In the context of a crisis, we look at creativity as a response to crisis. Creativity here refers to the ability to recognise the failure of the established norms and find novel solutions to the problems, uniquely appropriate to their resolution. Creativity is the quality of mind, may be a sixth sense, to tackle Covid-19 crisis as a challenge not simply an aberration and create a new vaccine. A world known artist *Van Gogh* created his masterpiece, “*Starry night*” while fighting with his worst depression and anxiety. Creativity is also defined as the tendency to generate or recognise ideas, alternatives, or possibilities that may be useful in solving problems, communicating with others, and entertaining ourselves and others.

Looking at these features of Crisis and creativity we are tempted to say that crisis is a destabilising force while creativity repairs, heals and stabilises. However, despite the difference in the nature of crises and the kind of creativity that occurred during or after the crises, there is almost a universal pattern we see in the history, that is, crisis has been a powerful catalyst for creativity.

3. Examples

I would like to present a few examples to show the relationship between crisis and creativity. How crisis unravels the inner strength within human beings, which they did not know they had. Carolyn Gregoire and Scott Barry Kaufman's 2016 book "Wired to create: Unravelling mysteries of the Creative Mind" investigated the phenomenon of art born of adversity.

They found out that the artists 'best work follows their periods of deepest suffering -the crisis of health, trauma or loss.

The biographies of artists show the correlation between crisis and creativity. Milton wrote his most celebrated work, "Paradise Lost" after the death of his wife, daughter and the loss of his eyesight. Van Gogh was battling anxiety and depression when he painted "starry night." Virginia Wolf wrote "to the lighthouse" as a strategy to cope with the loss of her mother.

Camus wrote "The plague" and Shakespeare wrote "King Lear" during the crisis of the plague. Giovanni's Decameron, a 14th century acclaimed creation was a response to the plague as well. We may ask, why does this happen? Why are artists inspired to create in the midst of their worst crisis?

In the midst of hopelessness, and meaninglessness, the creative artists and writers have found meaning of life in their profound creativity and creation. Their creative impulse liberated them from suffering! Their suffering forced them to find meaning. Meaninglessness became the source of their search for meaning. The destructive crisis became a creative impetus. The examples I am going to involve different types of crises and the creative responses are varied. However, they share a pattern, i.e., Crisis creates loss of meaning and creativity gives a new, original meaning through the creative action.

Let us look at some more examples of the writing of the world known figures in the crisis and see how the crisis/suffering empowered them and others. These can inspire us to deal with our own current crises and create a new imagination in us.

4. Crisis of imprisonment, liberation in Creativity and contribution to the world.

The crisis-inspired creativity has immensely contributed to the world. The most famous prisoners who contributed to the social, political, philosophical world found tremendous inspiration in the painful life in the prison. Their crises became their creative energy.

a) Nelson Mandela was facing the crisis of imprisonment in South Africa for 27 years! He wrote the well-known 255 letters in the prison, the letters to empower people to fight the white unjust government. It was the fight for freedom. He wrote continuously for 27 (from 1963 to 1990) years from prison. His letters expressed the pain of deprivation but also the power for the fight for freedom as if his isolation and suffering made him focus without any distractions on what was most important for him. Here we see the power of isolation allows one to ask the questions one would not have asked in the midst of the life full of other demand on one's time!

Let us look at Mandela's "Locked in a cell so tiny his head touched one wall and his feet the other at night, he found ample room to praise his monk-like isolation in 1975, calling it "an ideal place to learn to know yourself, to search realistically and regularly the process of your own mind and feelings." The deprivation, he added, "gives you the opportunity to look daily into your entire conduct, to overcome the bad and develop whatever is good in you." Mandela's book, *Conversations with myself* is his own experiences raw and fresh, told in real time; it seems as if one is having an intimate personal conversation with Mandela himself. Painful and powerful personal issues are treated and resolved with great sensitivity allowing the readers to explore new aspects and corners of the legend's life.

Mandela's seclusion in the prison, gave him time to evaluate the situation and come up with the solution of organising the movement against the government. His quote is a telling example of the power of crisis to sharpen the edge of human creativity, "A new world will be won

not by those who stand at a distance with their arms folded, but by those are in the arena, whose garments are torn by storms and whose bodies are maimed in the course of contest.”

b) Jawaharlal Nehru, the first Prime minister after India’s independence in 1947, wrote the book “The Discovery of India”, during his imprisonment at Ahmednagar fort for participating in the Quit India Movement (1942 – 1946).

c) Boethius (a 6th century political leader) wrote *The Consolation of Philosophy*, while he was still in prison awaiting his trial for conspiring against the Gothic rule under King Theodoric, is a story raising questions of grave importance. Themes like that of the Wheel of Fortune, Fate, Philosophy and Eternal truth as well as highest order of self-actualisation have been discussed within its frame. The book was a source of inspiration for many philosophers like Dante and Chaucer; many readers have also considered it as the most central book in the intellectual development of Christianity, which started with St Augustine, but eventually led here. He was executed in October 524 CE.

d) A simple and spontaneously written book, *My Experiments with Truth* records Mahatma Gandhi’s life and his contribution to the struggle for independence in India. Gandhi wrote this book in 1932, while serving time in Yerwada jail in Pune. What makes this book great is the fact Gandhi autobiographically narrated his life through the course of five major volumes, giving truthful insights. Gandhi believes that truth can be attained only through experimenting and through learning from the ups and downs and the struggles of life.

e) Cervantes’ *Don Quixote* is a book that inspired almost every literary movement during the 18th century. It can be said to be an allegory for themes like that of Christianity, Romanticism embedded in cult artists and alike. Even 400 plus years after its initial publication, *Don Quixote* holds both relevance as well as importance. Captured by the Turks in 1575, Cervantes wrote this book while in captivity. It is a tale of caution about the perils of idealism. The phrase “ahead of its time” is a cliché, but no better phrase comes to mind while describing this cautionary tale about the perils of

idealism. This book is undoubtedly one of the most influential works of literature in the Spanish literary canon.

f) The story chronicles the experiences of Divine, a recently deceased drag queen, recounting her journeys through Paris 'colourful homosexual underworld. Jean Genet's debut novel, *Our Lady of the Flowers* is considered his finest fictional work. Genet deserted the French Army in 1936, after which he was tried as a deserter and imprisoned in the military prison. Prison officials initially destroyed the first draft. Genet reproduced this novel in a dire attempt to bare the torturous isolations that he faced by building his own fictional controllable world. It is a novel that combines facts, memories, fantasies, irrational dreams as well as philosophical insights. The power of community and ethics that are bound up in aesthetically as well as theoretically in terms of homosexuality in *Our Lady of the Flowers*.

These creative responses note that the respondents transcended their immediate reality of prison and emphasise their realisation of finding meaning in their role in that reality. Rather than dwelling on the suffering, they rose above it and found meaning in the world beyond prison-their inner world.

5. Kabīr (a 15th Century mystic saint), Jnāneshwar (a 13th century poet-saint of Maharashtra): a fight for new visions through creative writing.

We have many figures in the Indian history who found solutions in the middle of the crisis, not personal but social. (There are plenty of examples of personal crises but I am quoting examples of social crises here). They used language as a powerful weapon to fight the crises. Their writings have been sources of inspiration for centuries including present.

Kabīr in 15th century CE, responded to the crisis of religious conflicts between Hindus and Muslims. In his *Dohe* (poetry in the specific meter of *Doha*), he argued for one God with many names and aggressively rebuked both Hindus and Muslims for their irrational behaviour. He called their religious practices as unnecessary. Kabīr is not a non-believer. He is criticising the outwardly show of the faith without sincerity and genuine understanding of it.

Kabīr was religious but wanted to point out the discrepancies in both Hindu and Muslim practices to convince them neither was better than the other in blindly following practices without understanding their deeper meaning. Kabīr’s creativity is well-known.

He said to the Hindus:

मुंड मुड़या हरि मिलें, सब कोई लेई मुड़ाया

बार बार के मुड़ते ,भेंड़ा न बैकुण्ठ जाया।

“If by shaving head one gets Hari-then everyone would do it.

By frequent head-shaving will a goat go to heaven?”

He said to the Muslims:

कंकर-पत्थर जोरि के मस्जिद लई बनाय,

ता चढ़ि मुल्ला बांग दे का बहरा भया खुदाय।

“Collecting small and big stones Masjid is built and Mullā shouts from their calling Allah. Has Allah gone deaf?” Jnāneshwar a 13th century mystic saint of Maharashtra, while fighting against battle of linguistic superiority of Sanskrit and marginalisation of Marathi and other regional languages ,wrote his magnum opus Jnāneshwarā, a commentary of the Bhagawadgītā and said, Sanskrit deve kel ī, Marth ī kāy corāpāsūn ālī? “If Sanskrit came from God, did Marāṭhī come from the thieves?” He fought back with creating a piece of influential work in Marathi in the Indian history of religion. These poet-saints created new visions of religions and languages respectively.

6. The 20th Century responses

In contrast to the above, the two celebrated and influential figures of the 20th century, T.S. Eliot, the well-known British poet, and Viktor Frankl, a Holocaust survivor, neurologist, psychiatrist, philosopher and writer responded to the personal and socio-political crises in their lives respectively, by assuming a unique strategy.

Viktor Frankl wrote, “In some ways, suffering ceases to be suffering at the moment it finds a meaning.” Viktor Frankl went through the catastrophe of the Holocaust and survived it.

Deprivation of food, connection with relations, love, torture, and constant threat of losing life made the concentration camp a living hell with total hopelessness in life of suffering and nothing else.

In 1945, within months of his liberation from a concentration camp in Nazi Germany, Viktor Frankl sat down to write a book. He was forty years old. Before the Second World War, he worked as a successful psychologist in Vienna. He wrote the manuscript in nine successive days. Although the book tells the story of the unfathomable horrors and suffering, he endured as a prisoner at Auschwitz, Dachau and other camps, the primary purpose of the text is to explore the source of his will to survive. The book, titled *Man's Search for Meaning*, went on to sell over 10 million copies in 24 languages.

Some see life as a never-ending quest for pleasure. Others believe life is about the accumulation of power and money. Frankl sees life as primarily a quest for meaning. In the meaninglessness of his life in concentration camp, he found the meaning of life within himself.

As humans, we often look to the margins, those extreme situations that test the fibre of human character. Viktor Frankl survived at the ultimate margin. He concludes that the ultimate test for all of us is to find meaning in our lives. It is within the power of everyone to find meaning, regardless of your health, wealth or circumstances—no matter how miserable or dire.

Frankl argues that external crises cannot take away the freedom, which human beings have to decide their attitude toward them and act accordingly. Some of the excerpts from his book are piercing but powerful examples of creative thinking in the midst of the crisis. The following discussion is based on Frankl's book (in quotes) and some of excerpts of Murray's (2018) writing on Frankl's book. Based on his experiences in the concentration camp, Frankl has discovered some important universal truths about human nature, which I find valuable in this pandemic situation.

a) We always retain the ability to choose our attitude.

“We who lived in concentration camps can remember the men who walked through the huts, comforting others, giving away their last piece of bread. They may have been few in number but

they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms – to choose one’s attitude in any given set of circumstances, to choose one’s own way.”

Frankl and his fellow prisoners had everything taken away from them, their families, friends, jobs, health, possessions, even their names and the hair on their bodies; but there was one thing that remained truly their own. It is what Stoic philosophers refer to as our inner discourse or guiding principle. Namely, we get to choose how to react to any given thought, emotion or set of circumstances.

Even though conditions such as lack of sleep, insufficient food and various mental stresses may suggest that the inmates were bound to react in certain ways, in the final analysis, it becomes clear that the sort of person the prisoner became was the result of an inner-decision and not the result of camp influences alone. Fundamentally then, any man can, under such circumstances, decide what shall become of him – mentally and spiritually.

No matter what life experiences we confront, we always have the inner-freedom to decide our attitude, and to remain true to our character and duty. This reminds me of the Bhawagawadgītā, which says that, the inner Self (Ātman) is never affected by the external events and powers (nainam chhindanti shastrāṇi, nachaidam dahati p pāvakah, “Weapons cannot kill it; fire cannot burn it”). Satyajit Ray’s movie, Aparājitā has the character of Durgā, which epitomizes this invincible power of the Self. Durgā is the character originally conceived and presented by Vibhūtibhūṣan Bandopādhyāy, who wrote the story, Aparājitā.

b) There will be Suffering – It is how we react to Suffering that Counts

Frankly claims that one finds meaning in life through three ways. Through work, especially when that work is both creative in nature and aligned with a purpose greater than ourselves. Through love, which often manifests itself in the service of others. Moreover, through suffering, which is

fundamental to the human experience. It is this third category that was put to the ultimate test through Frankl's experience in the concentration camp:

If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an eradicable part of life, even as fate and death. Without suffering and death, human life cannot be complete." The test then for all of us is how we respond to the suffering in our lives. "The way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity even under the most difficult circumstances – to add a deeper meaning to his life.

c) The Power of Purpose

Frankl observed that those prisoners who survived, who found a way to endure, always had a greater purpose that carried them onward through difficult conditions. For some it was a child who was sheltered away in some distant country and who was waiting for them upon liberation. For others it was a spouse or family member. For others an unfinished task or creative work required their unique contribution. Frankl compares those who had a purpose with those who did not. "The prisoner who had lost faith in the future – his future – was doomed. With his loss of belief in the future he also lost his spiritual hold; he let himself decline and become subject to mental and physical decay."

While working in a camp hospital, Frankl noticed, the death rate spiked the week between Christmas and New Year's in 1944. He attributed the dramatic increase to the number of prisoners who were naively holding out hope for liberation before Christmas. As the end of the year drew closer and it became clear that their situation was unchanged, they lost courage and hope. This in turn impacted their power of resistance and their ability to survive.

Frankl refers several times to the words of Nietzsche: "He who has a why to live for can bear almost any how."

d) The True Test of Our Character is revealed in How we Act

Frankl comes to the conclusion that there is no general answer to the meaning of life. People must answer the question for themselves. We find our own unique meaning based on our circumstances, our relationships and our experiences. Life is essentially testing us, and the answer is revealed in how we respond.

We needed to stop asking about the meaning of life and instead think of ourselves as those who were being questioned by life – daily and hourly. Our answer must consist, not in talk and meditation, but in right action and right conduct. Life ultimately means taking the responsibility to find the right answers to its problems and to fulfil the tasks which it constantly sets for each individual.

Therefore, the meaning of life is not found on some mountaintop away from the mundane life; rather, it is revealed daily and hourly, in our choice to take the right action and to perform our duties and responsibilities. Finally, Frankl responds to a question we might ask, “what if the person is powerless?” Frankl points out compassion and kindness toward them is the answer.

e) Human Kindness can be Found in the Most Surprising Places

One would assume that the camp guards and camp commander were, as a whole, terrible people. However, Frankl occasionally experienced startling moments of human kindness from guards. Frankl recalls a time when a guard, at great risk to himself, secretly gave him a piece of bread. Frankl says, “It was far more than the small piece of bread which moved me to tears at the time. It was the human “something” that this man gave to me – the word and look which accompanied the gift. At the same time, the senior prison warden, who was a prisoner himself, beat other prisoners at the slightest opportunity.” “The mere knowledge that a man was either a camp guard or a prisoner tells us almost nothing. Human kindness can be found in all groups, even those which as a whole it would be easy to condemn.” Frankl claims there are really only two types of people; decent human beings and indecent human beings. Both can be found everywhere. They penetrate

every group and every society.) “Life in a concentration camp tore open the human soul and exposed its depths. (Is it surprising that in those depths we again found human qualities which in their very nature were a mixture of good and evil?”

Frankl’s book, *Man’s Search for Meaning*, is a profoundly moving and extremely inspiring book. Finding and cultivating meaning in our daily lives is critical if we want to achieve what Socrates calls “a life well-lived.” Frankl’s insights teach us that, not only is there value in our search for meaning, but it is the duty of each one of us to find that meaning for ourselves and pursue it. Frankl argues for finding meaning outside suffering to deal with suffering. Suffering is an eradicable condition and one must find meaning of life beyond suffering, in our freedom to choose our attitude toward it, in the purpose of life beyond suffering, and in being kind to others, love others as way to deal with suffering.

7. T.S. Eliot, “The Waste Land”: the ultimate liberation from suffering.

Eliot, one of the most famous poets of the 20th century, writes about the post first world war crisis of moral and ethical degeneration of European society. For Eliot, the “hyacinth moment” marks the ultimate liberation, the Buddhist Nirvana from suffering, which he sees as the endless cycles of life and Death. When the mind transcends both suffering and happiness, life and death, and does not get attached to either, it reaches the state of liberation. Eliot describes the moment of liberation in the following lines:

You gave me hyacinths first a year ago;
They called me the hyacinth girl.
Yet when we came back, late, from the Hyacinth Garden,
Your arms full, and your hair wet, I could not
Speak, and my eyes failed, I was neither
Living nor dead, and I knew nothing,
Looking into the heart of light, the silence.
“The Waste Land” by T.S. Eliot.

The Mind becomes like a mirror, which reflects the objects as they face it but is not attached to it. The mind experiences emptiness, the undivided uncategorised reality! It does not discriminate and it sees the world as a whole by emptying the mind. Thus, for Eliot, suffering can be eliminated by transcending the vision of the world as divided into dichotomies of suffering and happiness. One experiences the world as a whole, not divided up into dichotomies of pleasure and pain, good and bad, etc. The pain is in seeing the world fragmented. The transformation of the vision, seeing the world as one, liberates one from suffering. A tall demand indeed!

8. From the past to the present.

We have looked at diverse responses to diverse crises with different solutions found by different people according to their own dispositions and circumstances. We may ask, does our current crisis fit into any one of the ones we discussed? How is it different? What is our role? Each crisis is unique and yet it shares the most salient feature with other crises is that all crises cause suffering and need immediate and unique solution. History presents diverse solutions, many lessons to us— Like Gandhi, Mandela, etc., transform the imprisonment into creative force by writing, like Frankl, change the attitude with the knowledge that no outside power can take away our freedom to choose our attitude Inner power. Like Jnāneshwar of Kabīr respond forcefully through getting involved in the crisis and responding to it, writing and changing the outside world, transcend the suffering like Eliot by finding the “hyacinth moment” of liberation from the cycle of rebirth. In summary, find meaning in the middle of meaninglessness is creativity and pursue that meaning; that is the purpose.

Our crisis is unique because it is global; it has taken the whole world hostage and threw us all in one pandemic, and crippled all of us physically, psychologically, and spiritually! Fear of death, uncertainty of future and the realisation of the limits of our unprecedented success in medicine, technology and communication have forced us to ask, how do we fight the crisis? Where did we go wrong? What has the crisis taught us? What is it to be human? What is our role in this

crisis? Each of these questions need a creative solution as our system of beliefs is shattered with the death of millions (and counting). The Vaccines have proven the human capacity to create a new defense against the virus. It is an immediate creative solution. However, a new set of beliefs is needed if the humanity wants to survive. The Pandemic has taught us two major lessons:

First, we must acknowledge and fully understand interconnectedness of all forms of existence, human, animal, birds, non-human, living, inanimate, natural forces, water, air, sun. As humans, we had failed to realise this noble truth. Wiebers and Feigin (*Neuroepidemiology Journal* (2020) (54 pp283-286), the two well-known neuroscientists in the US, point out that we the humans have divided our world into Human and the other in which the other- the birds, animals, the earth, water, the natural environment is for our consumption. Ruthlessly, we have consumed everything and called it progress, success. The human-dominated ecosystem will destroy human beings. Three out of 4 infections come from animals and spread through the parasites on animals and birds, which move to humans due to their close proximity. Swine flu, influenza, and many more. They say, “Our species has come to the edge of the cliff on these issues, and the covid-19 pandemic is forcing us to make a choice between either changing our thinking and practices or facing increasing destruction and perhaps self-annihilation. Time has come to rethink our relationship with all life on the planet.” Our religions had told us oneness and interconnectedness of all existences, but we did not listen, Darwin had told us about this through biological evolution but we did not pay attention to it. Finally, Corona taught us, we are all connected.

The second important lesson is about the “speed” with which we define the progress makes us lose so much we could have gained by simply slowing down. We would have seen more, connected with more of our own relatives, friends and loved ones, heard more, touched more and lived more.

There is beautiful poetry written during the pandemic time on the need to slow down so we go beyond our desires to have more for ourselves and pay attention to others. One striking poem is entitled “Stop.”

From Pandemic poetry 2021 composed by Kristin Flyntz:

An Imagined Letter from COVID-19 to Humans:

Stop. Just stop.

It is no longer a request. It is a mandate.

We will help you.

We will bring the supersonic, high-speed merry-go-round to a halt

We will stop

the planes

the trains

the schools

the malls

the meetings

the frenetic, hurried rush of illusions and “obligations” that keep you from hearing

our

single and shared beating heart,

the way we breathe together, in unison.

Our obligation is to each other,

As it has always been, even if, even though, you have forgotten.

We will interrupt this broadcast, the endless cacophonous broadcast of divisions and

distractions,

to bring you this long-breaking news:

We are not well.

None of us; all of us are suffering.

.....Last year, the firestorms that scorched the lungs of the earth

did not give you pause.

Nor the typhoons in Africa, China, Japan.

Nor the fevered climates in Japan and India.

You have not been listening.

It is hard to listen when you are so busy all the time, hustling to uphold the comforts and conveniences that scaffold your lives.

But the foundation is giving way,

buckling under the weight of your needs and desires.

We will help you.

We will bring the firestorms to your body

We will bring the fever to your body

We will bring the burning, searing, and flooding to your lungs

that you might hear:

We are not well.

Despite what you might think or feel, we are not the enemy.

We are Messenger. We are Ally. We are a balancing force.

We are asking you:

To stop, to be still, to listen;

To move beyond your individual concerns and consider the concerns of all;

To be with your ignorance, to find your humility, to relinquish your thinking minds and travel deep into the mind of the heart;

To look up into the sky, streaked with fewer planes, and see it, to notice its condition: clear, smoky, smoggy, rainy? How much do you need it to be healthy so that you may also be healthy?

To look at a tree, and see it, to notice its condition: how does its health contribute to

the health of the sky, to the air you need to be healthy?

To visit a river, and see it, to notice its condition: clear, clean, murky, polluted? How much do you need it to be healthy so that you may also be healthy? How does its health contribute to the health of the tree, who contributes to the health of the sky, so that you may also be healthy?

Many are afraid now.

Do not demonise your fear, and also, do not let it rule you. Instead, let it speak to you—in your stillness,
listen for its wisdom.

What might it be telling you about what is at work, at issue, at risk, beyond the threats of personal inconvenience and illness?

As the health of a tree, a river, the sky tells you about the quality of your own health, what might the quality of your health tell you about the health of the rivers, the trees, the sky, and all of us who share this planet with you?

Stop.

Notice if you are resisting.

Notice what you are resisting.

Ask why.

Stop. Just stop.

Be still.

Listen.

Ask us what we might teach you about illness and healing, about what might be

required so that all may be well.

We will help you, if you listen.

The following poem presents the imagined beautiful “aftermath” of the pandemic in the positive, creative, and reactions of the people. The poem is composed by Kitty O’Meara:

In the Time of Pandemic

And the people stayed home.

And they read books, and listened, and rested, and exercised, and made art, and played games, and learned new ways of being, and were still.

And they listened more deeply. Some meditated, some prayed, some danced. Some met their shadows. And the people began to think differently.

And the people healed.

And, in the absence of people living in ignorant, dangerous, mindless, and heartless ways, the earth began to heal.

And when the danger passed, and the people joined together again, they grieved their losses, and made new choices, and dreamed new images, and created new ways to live and heal the earth fully, as they had been healed.

Children's poetry is full of cries, complaints of seclusion, separation from the loved ones, their friends, and they are asking when this will all end, and hope for a better future. "Will the door open?" Is a beautiful poem. The child is asking whether the closed door in the lockdown will ever open?

The virus has defined our role as human beings. We must see ourselves part of the global ecosystem and must live with other forms of existence and not ruthlessly consume them. To co-exist is to care for others and their wellbeing, work for their good as our own. Share what you have medical knowledge, artistic skill, or money. Scientists must create vaccine; artists create art to lift their spirit. Simply water a plant or plant a plant and read a story to an old blind woman. The social and digital media with advanced technology had provided us with unprecedented access to innumerable happy things people share across the globe. This is a beautiful and aesthetically appealing solution to sadness and depression which Decameron, Giovanni's world known creation shows us. The merrymaking of the people in the worst of the crisis of Plague. The creative writers can provide moments of happiness to uplift the spirit of the sunken and sad ones. Humour, satire are some more strategies simple, ordinary people are finding in the middle of the crisis. One does not have to be Giovanni, Eliot or Kabir or Gandhi for that matter.

A Nanny, caretaker of seven children facing the crisis of political situation in Vienna, which had forced them in isolation, is portrayed in the movie Sound of music, tells the children not to be sad. They should think of their favourite things. Think, if you had them once you can have them again. She re-enforces the joy of the memory of beautiful things and their eternal joy—a thing of beauty is joy forever, its beauty increases; it never comes to nothingness:

When the dog bites

When the bee stings

When I'm feeling sad

I simply remember my favourite things

And then I don't feel so bad

Raindrops on roses and whiskers on kittens

Bright copper kettles and warm woollen mittens

Brown paper packages tied up with strings

These are a few of my favourite things

Girls in white dresses with blue satin sashes

Snowflakes that stay on my nose and eyelashes

Silver white winters that melt into springs

These are a few of my favourite things

A beautiful satire, which struck me recently is a short clipping from the Indian media (perhaps, you have all seen it).

It is a social satire and yet very funny.

A 7-8-year-old is telling people in the time of pandemic.

Agar sarīkrī aspatāl jāoge to jānse hāth dho baithoge,

Agar private aspatāl jāoge to zamīn zāydād se hāth dho baithoge.

Isliye,

Ghar men baitho aur hāth dhote raho!!

“If you go to a government hospital, you will lose your life (literally, you have to wash your hands with life). If you go to a private hospital, you will lose your property (literally, you will have to wash your hands with your property). Therefore, just stay home and keep washing hands.” The satire is on the government hospitals, which are not reliable, and private hospitals where one has to pay enormous money. Also, the beautiful pun is on the dual meaning of the phrase “to wash one’s hands” (to lose).

I would like to end this presentation on a serious note. Our role must be to create a proverbial leaf in O’Henry’s story, *The last leaf*. *The Last Leaf* is a short story by O’Henry, published in 1907 in his collection, *The Trimmed Lamp and Other Stories*. *The Last Leaf* concerns Johnsy, a poor young woman who is seriously ill with pneumonia. She believes that when the ivy vine on the wall outside her window, loses all its leaves, she will also die. Her neighbour Behrman, an artist, tricks her by painting a leaf on the wall. Johnsy recovers, but (in a twist typical of O’Henry) Behrman, who caught pneumonia while painting the leaf on that cold and damp night, dies.

We have to find our own corner where we are needed and we should create the leaf. Millions of “Johnsys” (the ailing people) are waiting for our help for our efforts to “paint leaves.” Do we have the power to do it? We may ask. We have tremendous power to help them. We have to find it. As my favorite Persian Sufi poet Rumi says, “You are not a drop in the ocean, you are the ocean in a drop.” That is our power. We must use it.

Thank you for listening to my views patiently. Let us pray for the well-being for all while doing our part in the struggle to get rid of the physical and metaphorical pandemic.

How to Heal a Nation using Freud? On the Treatment of National Vices according to Stanisław Ignacy Witkiewicz

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Abstract

Stanisław Ignacy Witkiewicz was one of the most interesting Polish representatives of the artistic avant-garde before World War II. He was a painter, playwright, prose writer, philosopher and... a dandy. In addition to writing artistic works, he also wrote a series of journalistic texts entitled *Unwashed souls* (in Polish: *Niemyte dusze*), in which he offered specific advice and recipes for maintaining personal hygiene and appropriate moral condition. All texts in this series were written in a satirical, ironic and grotesque tone from the position of an artist and a spiritual guide.

According to Witkiewicz, the most surprising idea that was supposed to heal Polish national flaws was submitting to Sigmund Freud's psychoanalysis. In order to be a healthy society, Poles should see their complexes: this characteristic unjustified sense of superiority, assigning great importance to historical events in which they participated, selfishness, laziness and the inability to work as a team. According to Witkiewicz, the recognition of the complexes and work on their elimination leads to civic, national and general human healing.

Keywords: Stanisław Ignacy Witkiewicz, Witkacy, Sigmund Freud, *Unwashed souls*, Polish literature

Witkacy, the artist, painted his works in various conventions: starting with the colourism of landscape painting-through the avant-gardism of Formism-to the "productions" of his Portrait Company. He also wrote numerous ambitiously conceived dramas and aesthetically diversified novels. At that time, he considered himself primarily a philosopher-and created works concerning this area which he also regarded as the most mature examples of his intellectual life (Degler 215-234).

Witkacy hoped for a public discussion regarding his essays also in the case of *Niemyte dusze Unwashed Souls* subtitled psychological study of the inferiority complex (the knot of impairment) carried out according to Sigmund Freud's method with particular reference to Polish problems- which was completed in 1938. This may have been influenced by the specific reception of an earlier and similarly written book, *Narkotyki Drugs* from 1932, *Pawlak 2016* or by his eccentric approach to the Freudian discourse then tentatively recognised in Poland (Magnone). Whatever the reason, Witkacy did not really stand much of a chance of convincing readers of his reasons, because nobody intended to publish such a thematically and stylistically surprising work and perhaps the fact that four essays from the *Unwashed Souls* series were printed in Warsaw-based periodical "Skawa" (1938-1939) should be perceived as a success anyway. It was not until after the Second World War, in the 1970s, that the work and not even in its complete form straight away was published in a study by Anna Micińska (Witkiewicz). By now, *Unwashed Souls* has been the subject of many interesting commentaries in which authors have found thought inspiring contexts of meaning: Jerzy Płomieński (Płomieński 177-266), Anna Micińska (Witkiewicz 5-50), Małgorzata Szpakowska (Szpakowska 98), Grzegorz Grochowski, Janusz Degler, Małgorzata Vraźić, Wojciech Sztaba (Sztaba 63-69), Justyna Borkowska (Borkowska 117-129) czy Anna Kowalska (Kowalska 102-109 and 84-91) as well as the author of this article (Kalinowski). Despite the already existing studies, there are still issues worth looking into more closely.

The Concept of Cleanliness

The issues of hygiene, cleanliness and psychophysical health were already discussed in numerous works on European culture of the 19th and 20th centuries, which also analysed them in relation to literature (Mirek and Krzan; Płonka-Syroka and Kaźmierczak). Its presence can be discussed at length also in the case of Witkacy and his *Unwashed Souls* for, biographically, he was associated with Zakopane, which was just experiencing its sanatorium related craze. Keeping to the treatment sanatorium context, it is easier to understand why Witkiewicz showed so much interest in Jørgen

Peter Müller's system of gymnastics, considerations related to bathing, the steam bath or the descriptions of haemorrhoid problems.

Witkiewicz was not the only one to reflect on the hygiene of the body... His master and inspiration in esoteric and metaphysical subjects, Tadeusz Miciński, was an advocate of the rhythmic method in theatre, ballet and... psychophysical exercises which he became familiar with in Hellerau, near Dresden (Germany), thanks to the activity of Emil Jacques-Dalcroze (Metoda E. Jacques-Dalcroze'a 7-10). Of course, for Miciński, this system was not only related to the physical condition, but rather to the comprehensively perceived social and mental sphere of man as researchers studying the topic have already written (Sławińska 303-323; Sztaba).

At this point, it should be pointed out that at the extreme end of Miciński's esoteric approach there were his exoteric initiatives of publishing periodicals such as "Sport" and "Dodatek Sportu" (1888-1891) with the motto *Mens sana in corpore sano*, *Przewodnik Ginnastyczny Sokół* (1890-1894), *Przegląd Ginnastyczny* (Gymnastic Review) (1897-1901) and "Ruch, a biweekly devoted to matters of physical education and normal body development in general" (1906-1914), which consistently promoted the idea of physical exercise for every member of Polish society.

After these publications specialising in physical culture in the broadest sense of the term it is necessary to remind ourselves of the fact that Witkacy's *Unwashed Souls* is a text which metaphorically reaches out to the idea of hygiene, in which the author simply starts from the issues of physical exercise or the use of medicines to reach issues of a different category: social, political, historical or even cultural ones. And it is at this point that Ernst Kretschmer and Sigmund Freud appear in Witkacy's writings.

Today's reader might find such a juxtaposition of names somewhat surprising. While Freud, in the context of health and mental "cleanliness", has been widely accepted today (even if his therapeutic approach provokes disputes), Kretschmer's theory, although really popular in the 1920s (the researcher was nominated for the Nobel Prize in Medicine in 1929), was no longer constructive in the years after the Second World War. For Witkacy, however, the work of Ernst Kretschmer and

his 1921 work *Körperbau und Charakter* were important enough for him to call the author of the work “a brilliant psychologist and psychiatrist” (ND 154), while his theory of personality types is summarised in a separate chapter of *Unwashed Souls*. This is a matter which has already been discussed (Kłonkowska 177-190).

In Witkacy’s *Unwashed Souls*, Sigmund Freud became another type of authority in the field of healing activities. This intellectual relationship was initially discussed in the research tradition in the private biographical and textual artistic context (Dobroczyński and Dybel; Magnone; Marcinowski 107-122; Nowakowska 107-122). As for *Unwashed Souls*, Witkacy admits with disarming frankness - that so far in his literature he had referred to the Viennese psychiatrist “mostly in a somewhat ironic way” (ND 154), and when discussing his theory, he had not even finished reading his flagship work (i.e., *Introduction to Psychoanalysis*) (ND 174). Objections of this kind certainly mean that, from the point of view of psychotherapy, Witkacy can be regarded as an author who spins simplified opinions or abbreviated characterisations. On the other hand, however, one has to admit that the essayist’s understanding of Freud’s writings stood out in the Polish reception of the time, and the critic artist was able to appreciate the psychoanalyst’s theses regarding the fact that artistic creativity “comes from entangled knots and dies with their disentanglement” (ND 153) or that he legitimately understood “eroticism as a permanent, latent, potential hidden in the inner bodily sensations foundation of all ‘experiences’ of even the most primitive living creature” (ND 183). For Witkacy Freud became “the Great Confessor of Humanity” (ND 189) through his ability to typify, generalise and invent techniques of treatment. The most important aspect of the theory of psychoanalysis will be the inferiority complex discussed in *Unwashed Souls* on the example of Polish culture.

Apart from Kretschmer and Freud, two psychiatrists are mentioned in Witkacy’s essay: Alexander Moret and Georges Davy in the context of their work entitled *from clans to empires* (in French: *Des clans aux empires*) (Moret and Davy) who, mixing in elements of historiosophical and political thought, co-create the specific methodological synthesis of Witkacy’s journalism. The names

and theories of Kretschmer and Freud, which are constantly mentioned in *Unwashed Souls*, seem to prove very useful in the process of cleansing, washing and healing the Polish soul.

Psychoanalysis of the Polish Society

Witkacy, as a journalist analysing social and “health” issues, regarded national megalomania which he called “putting on airs and graces” as the greatest Polish complex. He pursued his criticism ruthlessly, firmly, and sometimes insolently, believing that, by virtue of his status as an artist, he was at the same time predisposed to make remarks regarding every sphere of public life. He did not feel like, for example, Stanisław Przybyszewski a completely separate artistic-like entity or some kind of genius standing above society. Witkacy desired to explain, propagate, and speak to an audience with whom he felt an emotional connection. He believed in the causative power of his remarks, he emphasized it many times when writing sentences in which he used the forms: “we”, “our” or “for us” (Degler 8-15; Tomassucci 85-100).

Witkacy, despite his confession that in the 1930s he “shrivelled”, ceased to be impulsive and abandoned the aggressive struggle for his ideas he still wanted to change his own and other people’s everyday life. In order to do this, he began his reflections with observations of himself his own feelings of discomfort and existential unease (Bocheński 31-38; Kałowska). And so, when it came to describing the details of the mental atmosphere of Polish cities, he was particularly wry while describing the capital of Poland, Warsaw: adopting the attitude of both a sensitive artist and an ordinary citizen. The strategy was similar in other cases when Witkacy showed a number of details which could cleanse human bodies and souls of physiological and mental dirt. For example, with no restraint whatsoever, he wrote about “haemorrhoidal novalia” (ND 314-315), which he discussed not only on the level of a rhetorical sounding advertisement, but rather as a record of his own experiences in using various remedies for this ailment. Or, in a different case, he provided advice on the use of saliva (ND 338-339) in various types of cuts or skin problems.

The directness of the sentences written by this critic-moralist may surprise and even disturb with its style, but Witkacy was of the opinion that the effect of influencing the consciousness and

hygienic practice of the reader is more important than issues of appropriate literary decorum. Therefore, he did not hesitate to use colloquialisms, hyperboles, paradoxes, brutalism, accusations and even insults (Nowotny-Szybistowa 304-317). He would weave in phrases straight from a scientific dissertation, and a moment later he introduced rhymes; one moment he reached for philosophical and sociological authorities, and in the next he would refer to an event observed in a café or at a dancing club. The stylistic structure of the chapters of *Unwashed Souls*, like many other Witkacy's statements, is thoroughly personal, self-created and hybrid-like in terms of genre (Grochowski 169-214).

The stylistic eccentricity of Witkacy's persuasive texts can be seen very clearly on the example of his "advice" on powder and lipstick, which cannot be regarded as a literary example of a balanced style of health advice but rather as giving orders and hurling invectives at listeners who are excessively indolent.

In his advice and recommendations, Witkacy constantly attempted to build above his individual experiences a broader platform, the interpersonal level, on which problems had to be solved on an almost global scale. Hence, in *Unwashed Souls* there are such chapters as *Who is Who* (ND 319-322), *The Problem of Radio* (ND 333-337) or *Chain Dogs* (ND 337). In them, Witkacy investigated the mechanism of attracting people to publications which, by definition, are supposed to present outstanding personalities, but end up including biographies of average people. He also complains about the quality of music presented on the airwaves, which does not develop but rather flatters the tastes of listeners. Or, finally, he rails against all dog owners who treat their dogs badly. Everywhere, he broadens his private feelings onto the phenomena of community life and it is only from this perspective that he makes his final assessment.

In his desire to heal Polish society, Witkacy did not only deal with the present, but in accordance with Freud's recommendations he sought the causes of the disease of national megalomania in the near and distant past. And so, he wrote:

Let us stop inflating this fictitious grandeur of our past and trying to convince ourselves that we had everything art, science, respectable heretics, philosophy, technology and the devil knows what else, because in fact we had it all mostly arranged, or at any rate initiated by foreign influences. And as for the notorious Polish individualism, the development of which (in the case of nobility) was not hindered by anything, and the (supposedly...) “lofty” institutions devoted to freedom such as liberum veto... it is exactly all those institutions and this premature and at the same time belated individualism, or rather: its inadequate distribution among the various cultural strata of the nobility, which were the cause of all our past misfortunes and of the current low level of our country in almost every dimension (ND 224).

The criticism of individualism and the libero veto so strongly emphasized in the above quotation is not, of course, an original argument, and yet again we can find in such an approach trace of Witkacy’s readings and fascinations, of which the rooting in historiographical discourses conducted in the works of Cracow historians such as Walerian Kalinka, Józef Szujski or Stanisław Smolk seems quite obvious (Osypiuk and Symotiuk 225-234).

Witkacy’s historical “allusions” with full consciousness written as loose remarks and not as balanced scientific opinions in the dimension of their content also have certain features in common with the criticism of Occidentalism, which in Polish culture was consistently conducted by, for example, Michał Bobrzyński (Filipowicz and Kaute). It is worth stressing here that, following Polish critics of the West, Witkiewicz believed that the first and most serious cultural error that eventually caused the civilisational disease of the Poles was the adoption of Christianity by the founders of the Polish state from the side of the Western Church and not from Byzantium. The second great civilisational failure of the Polish ethnic element was the creation of a noblemen-based democracy, in which Witkacy did not see anything positive just the cult of privatism, materialism, obscurantism, the inability to work as a team, the narrowness of intellectual horizons and a false sense of civilisational mission (Sokołowski 125-167).

As a result, the Polish culture has created a deceased, conflicted society, with individuals “dirty” from their own complexes, bland or pretentious people. It is with such individuals that Witkacy, the critic, and anyone wishing to maintain the “hygiene” of the soul, is forced to live in the modernity, in which:

Wherever you see that a perfectly good fellow has turned out to be cruel, cold, ruthless and unhelpful, wherever a usually gentle person (...) suddenly hurls some mean, brutish insult that is extremely unpleasant for the receiver, if someone as good-natured as a ram all of a sudden lets out a stinking maliciousness, etc. (...), look for their complex, and above all a badly developed inferiority complex: a true knot of backwardness (ND 268).

Thus, Witkacy seemed to see the contemporary Polish culture as a “breeding ground for charmers” (ND 271-276), i.e., people who are well-dressed, know many languages, but who are in fact superficial, empty and prone to imitating other, richer members of society. Devoid of any depth of their own, they are condemned to mindless repetition. However, in order to conceal this fact, they push it to the depths of their personality and produce a mechanism which drives them to seek more and more new elements which supposedly prove their uniqueness and greatness and which drive them into the self-puffery so often mocked by Witkacy:

This eternal dissatisfaction and self-puffery beyond one's limits, as well as living beyond one's means physically and, to some extent, spiritually, in terms of a sense of importance and power became the basic psychological trait of almost every Pole. In this way, material goods, which could have been used for a significant increase in the field of production and culture, were used to increase the so-called “glitter”, to compete with others... nothing connected with essential values, just pure appearances. As a result, the country's wealth was wasted in a way that was uncreative and contributing nothing for the future (ND 236).

Epilogue

In *Unwashed Souls*, Witkacy attempted to heal Polish society, to purge it of national vices and bad hygienic habits. Brought up by an authoritarian father and an art model Stanisław Wyspiański, fascinated by Freud and Kretschmer, a practitioner of Müller's gymnastic exercises, he wrote his journalistic pieces convinced that his intentions made sense. He did it in an irreverent and apodictic manner, like an inspired speaker, agitator even an ideologist or leader. This can be seen as a manifestation of Witkacy's originality, but also as an artistic and intellectual reaction to Józef Piłsudski's statements overflowing with state-oriented thinking (Dudek) or the national themes in the writings of Zygmunt Wasilewski (Wasilewski). In Witkacy's mockery of "the so-called intelligentsia, the semi-intellectuals and the strata below them" (ND 132) one could even detect something similar to the style of the political proclamations of the fascist circles of Italy and Germany (Bocheński 31 and Pytko 27-41).

The author of *Unwashed Souls* failed to promote his views among a wider circle of readers. Nor did this promotion happen in the first decades of the post-war years. In today's cultural situation, Witkacy's articles on preventive health care has a completely different status. The whole sphere of bodily cleanliness is no longer a major social problem. On the other hand, the remarks made about the Polish mentality still seem to be valid, 'charmners' are constantly bred, while true 'fellows' are still lacking, and Poles are continuously more eager to seek "self-puffery" than opportunities for actual physical or intellectual work.

Works Cited

Bocheński, Tomasz. "Jedyny czyn i tego nie móc spełnić". *Witkacy i reszta świata*.

Officina, 2010, pp. 31-38.

Borkowska, Justyna. "Moralistyczne aspekty publicystyki Witkacego". *Witkacy*. 2014.

Co jeszcze jest do odkrycia? edited by Janusz Degler. Muzeum Pomorza Środkowego w Słupsku,

2016, pp. 117-129.

Degler, Janusz. *Witkacy nieznany*. Witkiewicz, Stanisław Ignacy. *Bez kompromisu*. Państwowy Instytut Wydawniczy, 1976, pp. 8-15.

Degler, Janusz. *Szczotki Braci Sennewaldt (a nie Sennebaladt!), czyli jak Witkacy nakłaniał Polaków do czystości ciała i duszy. Niesmaczna rozprawka z aktualnym dodatkiem*. Teatr Studio, 2010.

Degler, Janusz. "Witkacy - wychowawca narodu." *Człowiek, kultura, historia*, edited by Ewa Dobierzewska-Mozrzyk i Adam Jeziński. Uniwersytet Wrocławski, 2011, pp. 215-234.

"Od Jekelsa do Witkacego." *Psychoanaliza na ziemiach polskich pod zaborami 1900-1918. Wybór tekstów*, edited by Bartłomiej Dobroczyński, Paweł Dybel. Universitas, 2016.

Dudek, Dobiesław. *Józef Piłsudski wobec kultury fizycznej (1910–1935)*. AWF, 2004.

Filipowicz, Stanisław. "Ujarzmienie rozumu politycznego." *Polityczne horyzonty krakowskiej szkoły historycznej*. Wydawnictwa Uniwersytetu Warszawskiego, 1984.

Grochowski, Grzegorz. *Tekstowe hybrydy. Literackość i jej pogranicza*. Wydawnictwo UMK, 2000.

Kałowska, Agnieszka. *Witkacy. Etyka*. Wydawnictwo Uniwersytetu Łódzkiego, 2016.

Kaute, Wojciech. *Synteza dziejów Polski Michała Bobrzyńskiego*. Wydawnictwo UŚ, 1993.

Kłonkowska, Anna M. *Typy konstytucjonalne Kretschmera. Powroty do Witkacego*, edited by Józef Tarnowski. Muzeum Pomorza Środkowego w Słupsku, 2006, pp. 177-190.

Kowalska, Anna. "Książka w czytaniu wręcz rozkoszna". *Witkacy!* 2nd edition, 2018, pp. 102-109 (part 1); 2019, no 1-2, pp. 84-91 (part 2).

Magnone, Lena. *Emisariusze Freuda. Transfer kulturowy psychoanalizy do polskich sfer inteligenckich przed II wojną światową*. Universatis, vol. I&II, 2016.

Marcinowski, Filip. "Karol de Beaurain (1867 - 1927) - próba biografii." *Na drogach i bezdrożach historii psychologii* edited by Teresa Rzepa, Cezary W. Domański. Wydawnictwo UMCS, pp. 107-122.

Micińska, Anna. *Na marginesie "Narkotyków, Niemytych dusz."* *Stanisława Ignacego*

Witkiewicza. Witkiewicz, 1975, pp. 5-50.

Miciński, Tadeusz. "Wstęp." *Metoda E. Jacques-Delcroze 'a*. St. Sadowski 1912, pp. 7-10.

Kultura a Natura, edited by Zbigniew Mirek, Zbigniew Krzan, Tatrzński Park Narodowy, 1997.

Moret, Alexander, and Davy, Georges. *Des Clans aux Empires. L'organisation sociale chez les primitifs et dans l'Orient ancien*. La Renaissance du Livre, 1923.

Nowakowska, Katarzyna. "Stefan Szuman jako krytyk psychoanalizy." *Na drogach i bezdrożach psychologii*, edited by Teresa Rzepa and Cezary W. Domański, Wydawnictwo UMCS, 2017, pp. 189-197.

Nowotny-Szybistowa, Magdalena. "O szkodliwości narkotyków językiem S. I. Witkiewicza". Z *zagadnień języka artystycznego. Zeszyty Naukowe Uniwersytetu Jagiellońskiego*, 1977, pp. 304-317.

Osypiuk, Urszula, and Symotiuk, Stefan. "Upadek Polski jako 'pre-figura' upadku Europy." *Akcent*, 1990, vol. 1-2, pp. 225-234.

Pawlak, Tomasz. *Pierwsza książka abstynencka, która nie jest nudna. Przedwojenne recenzje "Narkotyków" S. I. Witkiewicza*. Państwowy Instytut Wydawniczy, 2016.

Płomiński, Jerzy E. "Polski pontifex maximus katastrofizmu." *Stanisław Ignacy Witkiewicz. Człowiek i twórca*, edited by Tadeusz Kotarbiński i Jerzy E. Płomiński. Państwowy Instytut Wydawniczy, 1957, pp. 177-266.

Historia kultury uzdrowiskowej w Europie, edited by Bożena Płonka-Syroka, Agnieszka Kaźmierczak. Akademia Medyczna, 2012, pp. 115-152.

Pytko, Mateusz. "Faszystowskie inklinacje Stanisława Ignacego Witkiewicza." *Witkacego Theweileitem, Theweileita Witkacym. Opowiedzieć (sobie) Polskę. Literackie ślady cenzur 1918, 1945, 1989 w szkicach warsztatowych na temat (i obok tematu)* edited by Hanna Gosk, Piotr Sadzik. Dom Wydawniczy Elipsa, 2016, pp. 27-41.

Witkiewicz, Stanisław, Ignacy. "Atmosfera miast", *Skawa* 1938, vol 1

- - - "Węzłowisko upośledzenia", *Skawa* 1939.

- - -. "Znaczenie codziennie-życiowe teorii Kretschmera", *Skawa* 1939.

- - -. "Klan wyjącego psa", *Skawa*, vol 2, 1939, pp. 6.

Sławińska, Irena. *Miciński i Hellerau. Studia o Tadeuszu Micińskim*, edited by Maria Podraza-Kwiatkowska. Wydawnictwo Literackie, 1979, pp. 303-323.

Sokołowski, Kamil. *Potencjał i rozczarowanie. Historia Polski na tle historii powszechnej według Stanisława Ignacego Witkiewicza. Historia ma konsekwencje. Mickiewicz, Mochnacki, Norwid, Witkacy o dziejach Polski*, edited by Arkady Rzegocki. Muzeum Historii Polski, 2012, pp. 125-167.

Szpakowska, Małgorzata. "Szczotki braci Sennebaldt". *Twórczość*, vol 3, 1976, pp. 98.

Wojciech, Sztaba. "O higienie duszy i ciała. Petera Altenberga „Prodromos” i Witkacego "Narkotyki" i "Niemyte dusze". *Odra*, vol 1, 2014, pp. 63-69.

Sztaba, Wojciech. "Gramatyka ruchów". *Tadeusz Miciński w Hellerau*. https://witkacologia.eu/uzupelnienia/Sztaba/Micinski_w_Hellerau.html [retrieved on 12.12.2019]

Tomassucci, Giovanna. "Witkacowskie rajce". *Przestrzenie teorii*, 2010, no 85, pp. 85-100.

Vražić, Małgorzata. "Pół żartem, pół serio". *Dziwny poradnik Witkacego, Stanisław Witkiewicz i Witkacy, Dwa paradygmaty sztuki, dwie koncepcje kultury*. Nakładem Wydziału Polonistyki Uniwersytetu Warszawskiego, 2013, pp. 196-204.

Vražić, Małgorzata. "Iluzje i deziluzje narcyzmu. Kulturowe konstatacje Witkacego." *Przyszłość Witkacego*, edited by Teresa Pękała, Universitas, 2010, pp. 309-323.

Wasilewski, Zygmunt. *Listy dziennikarza w sprawach kultury narodowej*. H.

Altenberg, E. Wende i Spółka, 1908.

Witkiewicz, Stanisław Ignacy. *Narkotyki. Niemyte dusze*, edited by Anna Micińska. Edition 1 Państwowy Instytut Wydawniczy. 1975

- - -. edition 2 Państwowy Instytut Wydawniczy, 1979.

Witkiewicz, Stanisław Ignacy. *622 upadki Bunga, Narkotyki, Niemyte dusze [Dzieła wybrane, vol I]*. Państwowy Instytut Wydawniczy, 1985.

Bombay Fever, the Toujours Vu, and Our Plague Era: A Phenomenology of Reflexivity

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Abstract

To read popular novelist Sidin Vadukut's medical thriller *Bombay Fever* (2017) any time after Chinese New Year 2020 is in effect to reread the prescient novel. Covid has transformed us as readers (of plague fiction). We're no longer wide-eyed playgoers. Instead, we're squinty-eyed analysts; we've moved from incredulity (OMG!!!) to recognition (real talk). Vadukut's originally speculative novel is presently a realist one—or, rather, a text that (now) elides said modernist genre-division by virtue of the *Toujours Vu*, the reader's sincere detective-like investment in the always-already ongoing and experienced. Affect, here, supplants ironic (pomo) distanciation or remove. This doubly invested (as plague patient; as identifying subject) readerly process results in a critically and emotionally complicated textual experience, one that allows for the fruitful interrogation of the role of reading (plague; fiction) in the face of lived existential anxiety in a post-truth era. Vadukut reflexively addresses the “complicated truths” of our laissez-faire familiarity with pharmacology. Furthermore, addressing plague fiction in the western tradition, Vadukut adds another reflexive level to the first (arguably) plague novel in English: Defoe's *Journal of the Plague Year* (1722). Where Defoe's innovative style long-confounded even savvy literary critics, however, Vadukut's thriller no-less skilfully enthrals them. *Both* allegorically *and* literally, Vadukut, like few other plague writers, captures the official and unofficial narratives of our *toujours vu* byzantine global present.

Keywords: Sidin Vadukut, *Bombay Fever*, Reflexivity, Para-textuality, Affect, Plague Fiction

Be exquisitely careful.

–Richard Preston, *The Hot Zone* (1994)

Chutiyas want to die.

–Sidin Vadukut, *Bombay Fever* (2017)

In *Bombay Fever* (2017), Sidin Vadukut’s reader encounters her first “fit of coughing” very early in the novel (Vadukut 10), which is the penultimate page of “2” a concise chapter heading rendered doubly ominous by the bloody handprint decal that follows it, as well as the bold-faced lede “86 days before outbreak” (6). The cacophonous word cough erupts eight times in the five-page chapter. The coughs shift and re-centre the narrative. Yet before these ominous eruptions produce a macabre “fit of coughing,” even minimally informed readers inhabiting the already long third-decade of the 21st century (our already interminable 2020s) apprehends the full-blown chaos of a world theatre mostly motivated by “intense fear of an unpleasant death,” to appropriate from Richard Preston’s 1994 non-fiction *The Hot Zone* (313). To be sure, said metaphysical anxiety is generated by the boldfaced “86 days before outbreak” (on the heels of the bloody handprint decals) that lede/lead chapters 1 and 2 (prompting our attuned recognition of a doomsday countdown framing *Bombay Fever*). Given the givens of Covid-19, however, Vadukut’s narrator’s scaffolding is now superfluous. We don’t need it. It’s all *toujours vu*, or the always already (and ongoing) experienced. Albeit, our stock “pomo-complaint,” “I’ve seen this shit before,” doesn’t boringly take hold. For this reader, at least, said fictional familiarity with a future present in which I now live, supplants ironic distantiating (or pomo remove) with invested experience (or sincere affect).

To read popular novelist Vadukut’s medical thriller *Bombay Fever* any time after Chinese New Year 2020 or, six weeks later, following Tom Hanks’s positive Coronavirus diagnosis, which compelled the Global North to acknowledge the contemporary fear and

trembling already entrenched in Asia, is in effect to reread the prescient novel. What we now officially call Covid has transformed us as readers (of plague fiction). We're no longer wide-eyed playgoers. Instead, we're squinty-eyed analysts; we've moved from incredulity (OMG!!!) to recognition (real talk; or IRL; or "True talk," to use Gugh's anxious description in Anand's 1939 novel *The Village* (83)). The coincidental genius of Vadukut's originally speculative text is that it's now a realist one: it instantiates the conditions of our "new normal." Still, there is a universal gesture, one that until this very decade courteously signaled welcome and agreement (and this without any appreciable personal health risk), a gesture that proves even *more terror evoking* than the suspenseful surgical glove backgrounding "*Bombay Fever: It Came, It Saw, Will it Conquer?*" on the novel's front cover (np). This "old normal" civility/gentility courtesy too proves *more* horror-inducing than the para-text of *Bombay Fever's* back cover, where the first descriptive sentence concludes with "her body disintegrating into a puddle of gore" (np). We learn in chapter 3—just three pages after the first mention of "a fit of coughing" (10)—that the explosive bodily collapse described on the book's back characterises what comes officially to be called "meltdown," a medical appellation earmarking the "final stage in the life of the patient" (134). *More terrifying than these horrors*, I continue to feel and to stress (over), is the formerly innocuous formality of "They all shook hands" (4).

The handshake—novel global (*t*)error *miserables*—ritually closes Geneva's Salon Internationale de la Haute Horlogerie (SIHH) "watch and jewellery trade show" as the novel opens (2). Ergo, what I above-christened the *Toujours vu*, which adapts the *Déjà vu*-adaptation *Jamais vu*. Whereas the *Jamais vu* concerns being unfamiliar with a situation that is familiar, thus reversing the conditions of *Déjà vu*, where the yet-experienced is recognised as already experienced, the *Toujours vu* occurs when a phenomenon in the midst of being experienced is always already affectively understood—even while still an active phenomenon. Though all-but a global-given in our lingering Covid-19 plague present, compulsive hand-washing, physical distancing, and the salutary politesse of donning a surgical mask whilst trafficking

(in) the public sphere, proved to be appurtenances of the very few. And even if we haven't read Richard Preston's Ebola and Marburg book *The Hot Zone* (1994), the 2020s have literally put paid to Preston's vivid figuration on viral transmission. "One or two viruses," he explained almost three decades ago, "can become a billion viruses in a few days—a China of viruses in a bottle the size of one's thumb" (Preston 176). In other words, we informed readers, are the obverse of *Bombay Fever's* status quo Mumbaikars. One-way Vadukut's narrator addresses the existential terror whelming portions of the Mumbai population involves incorporating occasional italicised interjections. The following mostly rhetorical interrogation one-third through *Bombay Fever* embodies the empirical alarm of Vadukut's characters in the face of (i) "jazz hands '[...] dreaded sign of the Fever's onset" (Vadukut 119) and (ii) "patients melting into puddle[s]" (120): "What the fuck is going on?" (140). Yet it is the IRL (in real life) *Toujours vu* for us invested mavens of this world-historical metaphysical moment. By summer 2020, we were all pretty much attuned to *what the fuck was going on*.

It is therefore no small wonder that the journalist Hormazd (who's forgotten iPad will soon be discovered and returned to him by a Sri Lankan SIHH cleaner) longs simply to read another George Simenon Inspector Maigret novel (5) to while away the time before his return flight to Mumbai. This early attention to what Rita Felski, adapting Paul Ricoeur in *The Limits of Critique* (2015), might call a problematic "hermeneutics of suspicion"—since reading novels does not amount only to unconcealing covert meaning; since reading novels is not only the remit of intuitive and attuned experts—invests *Bombay Fever* with a version of detective fiction's *whodunit*, namely the medical thriller's *what-is-it*. Vadukut's narrator doubles down on this sense of intrigue on the same page he references the detective genre (a genre, we remember, that is *de jure* novelistic, in light of the closure detective fiction pledges). Instead of resting and reading Simenon as he'd planned, Hormazd, apocalyptically conveyed from abbreviated exposition to initial complication, finds himself agreeing to travel to Lausanne with

his fellow journalists before their return flight to India—a decision that “sealed the fate of thousands of lives. Including [Hormazd’s] own” (Vadukut 5).

As already interpolated versions of Inspector Maigret, *Bombay Fever* readers are on the case, prepared to assemble the facts surrounding the “fate” of Hormazd and the lives of “thousands” more, and of how Hormazd becomes the vector for the so-called “Fever” that he must transport the 6,700 kms between Geneva and “Bombay.” And it’s on the very next page, where chapter “2” begins, that we first encounter Kanimozhi, the Sri Lankan SIHH cleaner I deliberately overwrote into the first parenthetical of the paragraph preceding this one. Kanimozhi finds Hormazd’s iPad in the media centre. She takes it with her after work on “Tram No. 13 from Palexpo to a café by Lake Geneva,” where she sits with “a cup of tea ... by the window” (7). These are details we reader-detectives note, especially as we are effectively rereading *Bombay Fever* in our plague era, where we’re all too hyper-aware of the import of “contact tracing,” something that makes amateur epidemiologists of us all. (Epidemiology, after all, is a now all-too-familiar field of study in our plague era. So many of us, via various media, newly cognisant of applicable “risk factors” and “evidence-based practice” and “public health” and interminably inconceivable “policy decisions”). When Kanimozhi therefore begins coughing directly as she opens Hormazd’s iPad, we, newly accustomed as we are to pneumonic “droplets” and R0 transmission factors, tremble (*but a little in relief too!*) at the news on the following page that she’s “just returned” from “4-weeks” in Jaffna, Sri Lanka, where she had had installed two air-conditioners in her grandparents’ home (8).

The modicum of relief that registers as we, doubly enlisted contact tracers (due at once to Covid-19 and to *Bombay Fever*), read on is emotionally complicated. As her coughs coarsen and quicken, we, downmarket Sherlocks, deduce that she’s newly symptomatic, so perhaps only just now becoming infectious. Maybe we don’t need to trace her steps. Perhaps the opening two sentences of the novel are indeed reliable. (If anything, epidemiological culture,

which includes evolving origin narratives—a pangolin, a wet-market, a lab leak—continues to teach us to distrust official narratives). The opening two-sentence paragraph of *Bombay Fever* reads: “Everything has a beginning. And Bombay Fever began in Geneva, Switzerland” (1). These simple sentences offer a perverse sense of relief. We need not look back. Fatefully gaze forwardly the doomsday clock chapter ledes chime. But what’s ahead, Covid, for one, continues to teach us. For two, the book’s back cover para-textually “spoilers” what must be Kanimozhi’s death in order to hook potential readers. For my own part, I just couldn’t help returning to the first question emblazoned at book-back top: “Where did it come from?” (np). The ominous answer, in its entirety, right there under the medical thriller key enquiry, reads: “In Switzerland, a woman collapses in the arms of an Indian journalist, her body disintegrating into a puddle of gore. She is the first victim of a monstrous disease that will soon kill hundreds with relentless fury” (np). “Hundreds”? Only hundreds, we, weirdly wounded, wince. The predicaments of our present plague-bound experience work in direct contrast to our simultaneous desire for fictional gravitas, for a serious “Bombay Fever” that will somehow validate why we were seduced to read this plague novel in the midst of a plague in the first place. Don’t we need the novel to instantiate our individual and collective eschatology, that mode of human meaning and completion, that spiritual fulfilment only quenched by the science of individual and cultural endings?

So, we peruse forwardly, our gumshoe notebooks handy and ready, the doomsday clock indexing “86 days” and counting of deadly incubation; and here we are merely in chapter 2 of a novel with 51 of them, not including the additional para-texts that bookend the novel (an epigram; a map; an epilogue; an author interview). But, as de facto Covid sophisticates, can we help hearkening back for novelistic clues? Those air-conditioners Kanimozhi had had installed in Jaffna (8-9)? Why this detail? It must be pregnant; Kanimozhi, we remember, waffles over selling Hormazd’s iPad in order to recuperate the cost of the two ACs. And, so

we learn in chapter “3”— “85 days before the outbreak” (12)—the plague we are guiltily yet eagerly anticipating is indeed inaugurated by Kanimozhi’s “meltdown” in Hormazd’s arms. Her haemorrhagic paroxysm, especially on the heels of 2014’s quickly contained international Ebola outbreak, evokes the nearly instantaneous liquefaction of infected bodies Preston harrowingly details in *The Hot Zone*. “The monkeys that were dying,” Preston coolly yet viscerally avers, “had become essentially a heap of mush and bones in a skin bag” (Preston 302). If only Kanimozhi had overlooked her civic duty. Whether or not we’re familiar with Preston’s apocalyptic (or hyper-accelerated Bhopalian) nuclear description of infection flashpoints— “A tiny amount of airborne Ebola could nuke a building full of people if it got into the air-conditioning system. The stuff could be like plutonium. The stuff,” Preston continues, “could be worse than plutonium because it could replicate” (224)—Covid, not unlike the common cold, but on fissile steroids, has conditioned us to comprehend the far-flung consequences of Kanimozhi’s near-spontaneous combustion.

The “Jets of dark, thick blood erupting simultaneously from her mouth, ears, nose and rectum,” perforce “drenching” the horror-stricken Hormazd (Vadukut 14), seal his fate, along with that of “thousands” of effectively radioactivated Mumbaikars. Assiduous readers of plague fiction might detect here a nod to Daniel Defoe’s *Journal of the Plague Year* (1722/1886), a text that similarly inhabited (and crowned) a complex critical space. *Bombay Fever*, so I have attested, is at once a speculative *and* a realist novel. The text effectively skips sub-genres. And *Journal of the Plague Year*, for its part, skips between actual genres after inaugurating the English novel (or establishing the new genre of fiction on the heels of 1719’s *Robinson Crusoe*, Defoe’s first—and arguably English’s first—novel). Defoe’s plague “memoir” prompted scholarly disputes over reliability beyond 1835, that is, well over a century-and-a-half after Defoe published the 1722 “eye-witness account of the Great Bubonic Plague” (Defoe np). Said plague, it’s imperative to recollect, ravaged & savaged London in

1665—when Defoe, the author of the necessarily “fictionalised memoir,” was but five-years old. The following influential passage from *Journal of the Plague Year* concerns “walking Destroyer[s],” meaning contagion & containment. It appears at the three-quarter point of the “memoir” and is to my mind the most harrowing figuration of Defoe’s “memoir”: “to what purpose are all the Schemes for shutting up or removing the sick People? those Schemes cannot take place, but upon those that appear to be sick, or to be infected; whereas there are among them, at the same time, Thousands of People, who seem to be well, but are all that while carrying Death with them into all Companies which they come into” (257). We *Toujours-vu* readers brace ourselves for the oncoming complication of this phenomenologically shared morally complex exposition. We crave the closure our Covid-contingent Zeno’s-arrow-or-Kafka’s-*The Trial*-everyday continues to postpone as the virus continues to evade (its) biomedical containment by steadfastly mutating down the Greek alphabet.

Counterintuitively, then, perhaps it’s really hope, that Kierkegaardian faithful leap to wittingly redress existential despair, that attunes Covid-plagued readers to the para-textually promised horror-realism of *Bombay Fever*. The biomedical horrors of our pandemic every day, we can but hope, are not merely protracting what amounts to a zero-sum game of human life, where only the virus (and the *pharmakon*) gains. Vadukut’s prescient narrator grasps this existentially affirmative plague-narrative attunement. Chapter “4,” just one-and-a-half-pages following Kanimozhi’s *Bombay Fever*-engendering “meltdown,” finds us in an indeterminate time in the near future reading from a “Commission of Inquiry” transcript recorded at the “*Provisional Lok Sabha Complex*” in Port Blair, in the Andaman and Nicobar Islands (Vadukut 16). We, besieged actual and fictionally aligned plague subjects, levy sighs of phenomenological and reflexive relief—authentic and affective—when we quickly learn that the subject of the “Justice Kashyap Commission of Inquiry” (16) is Aayush Vajpeyi, who was “posted in Mumbai as a social medical officer” at “the time of the outbreak” (16). Quite apart

from the now-gratuitous opening para-texts of *Bombay Fever*, ones echoing those in *The Hot Zone* (a map; biohazard symbology), this reflexive remove from the action of Bombay's Fever via glimpses of official post-plague state documents from an indeterminate time in the future affords reader-detectives with the promise of narrative closure, that is, the very novelistic resolution eluding us in our own plague present.

We may therefore continue reading *Bombay Fever* less guiltily, partly reconciled by the narrator's offering of reassuring reflexive removes, ones instantiating a post-plague universe that is not apocalyptic. Nor post-apocalyptic. Unlike in, for instance, the almost equally contemporary plague novel *Station Eleven* (2014), by Emily St John Mandel, readers don't find themselves interpellated into some post-apocalyptic new "old world" pastoral order, one sparsely populated by select survivors and their progeny. This same ironic idyll technique, this narrative reset, is used to similar, naturalistic effect in a host of plague and/or post-apocalyptic novels, including Stephen King's *The Stand* (1978/1991), Margaret Atwood's *Oryx and Crake* (2004), Kevin Brockmeier's *The Brief History of the Dead* (2006), and James Tam's *Man's Last Song* (2013). Vadukut resists the figurations his popular contemporaries tend to fetishise, even if negatively, as with Cormac McCarthy's taut *The Road* (2006). Yet there are formal resonances of Connie Willis's *The Doomsday Book*, a 1992 science-fiction novel speculatively nested *not* in an indeterminate near future (Vadukut's Port Blair "Commission of Inquiry," after the eradication of widespread antibiotic self-medication, *deus ex machina* for Bombay Fever!) but rather specifically in mid-2050s London (where time-travel and regular retroviral injections are normalised). Both authors gesture toward pharmacological control mechanisms, which don't preclude vaccine, quarantine, and other bio-political injunctions.

The fractional non-(post-)apocalyptic *and* anti-pastoral appeasement that Vadukut offers early, via the indexical (and maybe notional) remove/reprieve of the Port Blair

Provisional Lok Sabha “Commission of Inquiry,” also works, by stark contrast, to accentuate underworld “gangwar”—to employ “the Bombaiyaa inflection” of the activity Suketu Mehta in *Maximum City* describes as “[t]he heart of Bombay” (Mehta 144, 133, 144)—gangwar activities, ones made famous in/by English Mumbai fiction, most recently, for instance, in Jeet Thayil’s *Narcopolis* (2012) and Vikram Chandra’s *Sacred Games* (2006). More above-board, than below-, however, *Bombay Fever* foregrounds four main, intertwined narrative strands: (i) Ministerial official diktat, (ii) Prime Ministerial beta-protocol secreting, (iii) *BuzzFeed*-modelled *BuzzWire*’s circulation of officially unofficial news, and (iv) the management of officially official news.

Firstly, ministerial official diktat at the height of Bombay Fever is uncharacteristically (& unacceptably) delivered in “English” rather than Marathi, so Mumbai Minister Nishtha Sharma opines. She feels, she is, “invaded by the [dis-informative] words of another,” to appropriate from Georges Poulet’s “Phenomenology of Reading,” so that she can preempt the material terror of her constituents, the Mumbai hoi polloi (Vadukut 198). Secondly, India’s uniquely named Prime Minister in *Bombay Fever*, Nitin Phadnavis, which is an innovative near-anagram or a disharmonic echo of Sidin Vadukut himself, affords the author the freedom not to have his detective novel reflexively/detectively read as a *roman à clef*. Vadukut admits as much in the “Exclusive Simon & Schuster Q&A with the author, Sidin Vadukut,” a paratext appended after the novel (“Exclusive Simon & Schuster Q&A” 365-371). This is one reason, so the author also admits, why he sets *Bombay Fever* in an uncertain future (one admittedly not too—allegorically—distant from the novel’s 2017 publication date).

Thirdly, the English language *BuzzWire*, the virtual platform where news, celebrity, and entertainment intersect, and without the appurtenances of putatively transparent network news, also proves to be a reflexive critique of the English novel *Bombay Fever*. Just as *BuzzWire*’s naming of the virus evokes anglophone (if not even colonial) asymmetrical power relations, that the novel is itself in English bespeaks the representative shared linguistic apprehensions

of both the Indian English novelist Sidin Vadukut and his Marathi State Minister, Nishtha Sharma. Fourthly, and to conclude these two paragraphs on narrative strands in *Bombay Fever*, before moving to my brief conclusion, Vadukut avers the same media verity that Preston does in *The Hot Zone*, where the latter author includes the discomfiting declaration that “Half of [most any] bio-containment operation [is] ... news containment” (Preston 287). The Foreign Secretary in *Bombay Fever* meets Prime Minister Nitin Phadnavis’ secrecy query, namely the ironically naïve “What are the possible fuck ups, here?” (Vadukut 236), directly with the rejoinder “Media, sir” (236).

Certainly, we’re all conditioned to the tenets—or, perhaps more preferably/fittingly, the vagaries—of our post-truth epoch. Ever wary of disinformation, and of monocacy, but even more metaphysically wary of the plague still in the indefatigable making all around us, we invest in *Bombay Fever*, optimistically seduced by the closure the detective genre augurs, and that our collective narrative ethos, our eschatological drive, at times, and perhaps most suitably in world-historical times of existential distress, cannot but confirm. We read on. In ironic affirmation—ironic because, for this reader at least, Vadukut promises the obverse of the fateful “a melancholy conclusion” that Franz Kafka’s Josef K. finally comes to in the cathedral scene of *The Trial* (1925), a conclusion intimating the bank clerk’s summary capital punishment. We read on; we read on “because” (or is it “despite”?) Vadukut’s narrator, who first hooks us with para-textual surgical gloves and portentous questions, includes a paean to stories in the after-world just three page-flips from the cardboard of *Bombay Fever*’s front-cover.

We thereby encounter an opening epigram that functions first as poignant epitaph and then as unending epilogue. These beautifully dreadful lines from Boccaccio’s medieval plague epic *The Decameron* educe the human-all-too-human prerequisite for story, story as innate sustenance. “How many valiant men, how many fair ladies, how many sprightly youths,” Boccaccio’s speaker wonders, “breakfasted in the morning with their kinsfolk, comrades and

friends and that same night supped with their ancestors in the other world?” (Vadukut, np). Boccaccio’s lines, despite the funereal quality that threatens to overdetermine any familial reference to the dead, his lines leave us wanting more, wanting story; wanting Boccaccio’s “story” as well as, so strategically set up by the epigram/taph/graph, Vadukut’s substitute plague “story.” What resonates from Boccaccio and Vadukut alike is the behest to invest in fiction. Death is never the central theme in plague fiction. Survival is. And survival is story. Isn’t this why we read *Bombay Fever* notwithstanding the “relentless fury” we’re assured we’ll encounter? Isn’t this also why the sad lines from *The Decameron* quoted above are in fact happy lines, lines that celebrate the sharing of stories across languages, across nations and epochs—and worlds?

Works Cited

- Anand, Mulk Raj. *The Village*. Vision Books, 1939.
- Defoe, Daniel. *A Journal of the Plague Year: Being Observations or Memorials of the Most Remarkable Occurrences, as well Publick as Private, which happened in London During the Last Great Visitation in 1665*. George Routledge & Sons, 1722/1886.
- Felski, Rita. *The Limits of Critique*. Chicago UP, 2015.
- Mehta, Suketu. *Maximum City: Bombay Lost and Found*. Vintage, 2004.
- Poulet, Georges. “Phenomenology of Reading.” *New Literary History*, vol. 1, no. 1, Oct 1969, pp. 53-68.
- Preston, Richard. *The Hot Zone*. Anchor, 1994.
- Vadukut, Sidin. *Bombay Fever*. Simon & Schuster, 2017.
- Vadukut, Sidin. “Exclusive Simon & Schuster Q&A with the author, Sidin Vadukut.” *Bombay Fever*. Simon & Schuster, 2017, pp. 365-371.

Detecting the Self: Dis-eases and Spirituality in Contemporary Popular (Japanese) Literature

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Abstract

The Heian period (794-1185) was widely considered to be the golden age of Japanese artistic and cultural development. Major literary breakthrough could be seen in the appearance of numerous female courtly writers, and the publication of the world's first novel *The Tale of Genji*, by Murasaki Shikibu. Literary and cultural masterpieces also documented the evolution of results of cultural exchange with China. Looking back, the Heian period was a time of rich hybridity in terms of artistic form, philosophical and cultural ideas, and governmental structures. The Tang influence from China had left an imprint in the Japanese culture, yet duly absorbed and regenerated into a uniquely Heian sensibility. The strength of Heian sensibility is such that even contemporary popular culture still makes references to its cultural icons to tell present day stories. Yumemakura Baku's popular fiction re-fashions the Heian yin-yang master Abe no Seimei (921-1005) into a Sherlock Holmes figure, and re-interprets human diseases as psychological mysteries, and successfully appeal to Asian readers as well as those in many parts of the English-speaking world. The presentation looks at stories from the large *Onmyōji* collection which Yumemakura Baku published over the last 30 years, to examine the meaning of dis-eases as depicted in the contemporary popular fiction that re-interprets practices and beliefs from more than a millennium ago.

Keywords: Heian Japan; Yumemakura Baku; Abe no Seimei; Onmyōji; psychological wellbeing

Introduction: Re-fashioning Heian Japan

The Heian period (794-1185) was widely considered to be the golden age of Japanese artistic and cultural development. Major literary breakthroughs could be seen in the emergence of numerous female courtly writers, who captured snapshots of court life, and depicted the complicated human relationships among courtiers of different ranks. The world's first novel *The Tale of Genji*, was the creative product of a court lady, Murasaki Shikibu, published in early 11th century. In the literary and artistic masterpieces, one can see the influence of Tang China, as Japanese delegations were sent to China between the 7th and the 9th century to learn various aspects of culture, including religion, as well as government organisation. Overall, these four centuries are fondly remembered as an elegant, artistic, and glamorous era of a cultural hybrid where Japanese sensibility was enriched with foreign components. The strength of Heian sensibility is such that even contemporary popular culture still makes references to its cultural icons to tell present day stories. A very strong present-day example is Yumemakura Baku's popular fiction series, *Onmyōji*, in which he re-fashions the Heian onmyōji (yin-yang master) Abe no Seimei (921-1005) into a Sherlock Holmes figure, and re-interprets human diseases as psychological mysteries.

Abe no Seimei was an official in the Heian government, his job was to advise the emperor on spiritual matters, such as choosing the most auspicious dates for important ceremonies, praying for the health of the imperial family, and conducting rituals and divination. He lived to his 80s which was rather unusual at his time, and that adds charisma to his character, making him a favourite subject for stories. Although there is not much historical record of his life, stories about his mystical powers, and supernatural feats that he performed built up over the centuries. Yumemakura Baku's rendition of Seimei into a young, attractive, and almost neutral-gendered yin-yang master began in 1986 when he published his first *Onmyōji* story, "Genjo to iu biwa oni ni toraruru koto" (A biwa called Genjo is stolen by an *oni*). This

modernised character embodies qualities that contemporary readers of the 20th and 21st centuries can easily identify with: playful yet reflective, humorous yet serious when needed, flexible but professional, and most importantly a deep respect for the suffering of humankind.

With a firm orientation in the historical Heian setting, Yumemakura rejuvenates the ancient characters by inserting a contemporary sensibility into the depiction of their adventures. Partnering with the playful Heian-Sherlock is Minamoto no Hiromasa, a nobleman and talented musician shaped into a Heian-Watson, always sincere and eager to do good, to the extent of being naïve. The historical Minamoto no Hiromasa (918-980) was descended from the powerful Fujiwara family, but removed from the line of succession and granted a commoner's surname. While the historical facts of his lineage are not the focal point of the stories, his musical talent and his status grants him the freedom needed to engage in adventures with Seimei. The partners in investigation transgress realms of beings in Yumemakura's fictional Heian world, to relieve suffering beings of their dis-eases. Through their journeys of detection, contemporary readers are reminded of the invisible but inescapable connection between the material and the spiritual existence, and how a good life can only be achieved by a good understanding of our internal self.

Displacements of the Heart and Body: Dis-eases in “The Kuchinashi Lady”

The distinctive contemporary sensibility of Yumemakura's re-creation of the Heian stories can be seen in “The Kuchinashi Lady”. The story begins with the usual visit Hiromasa pays to Seimei's house – the courtyard is untamed, and the house is so untidy and rundown that it looks uninhabited. Every time Hiromasa comes for a visit, he wonders whether Seimei is here, and inevitably some creature will appear out of nowhere to greet him. In this occasion, a small animal comes out and speaks to Hiromasa – in Seimei's voice. This forms a pattern of how the stories usually begin, showing the casualness of Seimei's character, but also the magical power he has, as he manipulates spirits and creatures to do his bidding. Hiromasa, the nobleman who

has access to information, usually brings news about mysterious events in the capital city, or problem cases handed to him by other courtiers. Most of the adventures begin with these two friends' small talk, then leading to the mysterious affair at hand.

This time Hiromasa brought the strange experience of a monk who was living and practicing at Myouanji (meaning “wonderful peace temple” literally). For seven nights he woke up in the middle of the night and discovered a beautiful lady sitting outside his bedroom. The lady was naked under a thin cloak, and she covered her mouth with her right-side sleeve, not speaking. When the monk asked what he could do for her, she lifted her very sad eyes and looked at him beseechingly, and moved her right sleeve to ... reveal that she had no mouth! On the eighth night, the monk was reading *Kokin Wakashū* (Collection of Japanese Poems of Ancient and Modern Times) before going to bed, and the book was opened at a page by his bedside. In the middle of the night, he was awoken and discovered the same lady sitting by his bedside. This time, when he asked what he could do to help her, she pointed at the open page which contained a Waka poem about kuchinashi, and then she disappeared.

As usual, Seimei agreed to accompany Hiromasa to “have a look” at the mysterious event, although readers are given to feel that he already had a good idea of what was happening. This night the same sequence of events occurred, and the partners in investigation came face to face with the silent lady. When Seimei approached the sitting lady, he took from his pocket a small piece of paper with one Chinese word written on it: “ru”. The lady looked at Seimei with joy and gratitude when she saw the word, and she tilted her head towards the study before disappearing. The study, it turns out, was the place where the monk practiced by copying the sutras. Seimei opened the book and read the monk's writing of the *Heart Sutra* – and discovered a smutch over the word “ru”, leaving only the left part (woman) visible and the right part (mouth) missing. Seimei asked for paper and glue and restored the mouth to the woman character – thereafter the silent lady did not appear to trouble the monk again.

The kuchinashi lady is suffering because her mouth is displaced (or misplaced) by the monk's carelessness when copying the *Heart Sutra*. As she is only a word on the page, she has to take a form that can be understood by the monk – thus the beautiful woman's form, dressed in only a thin cloak. What is interesting is that this human form still cannot speak, and has to point to a poem on the page to communicate her needs. The particular poem she refers to contains the word “mouthless”, which is an obvious clue to her condition, but why is the monk reading a love poem before bedtime? Does this bedside reading material tell us anything about the emotional condition of the monk? And, does this emotional state have any connection to his carelessness while copying the *Heart Sutra*? Although the *Heart Sutra* is the shortest sutra in the canon, it contains the essence of Buddhist teaching – the “emptiness nature” of all things. The monk fails in his practice of seeing the emptiness nature of all things, and cannot fight his unconscious desires – desires to satisfy a self.

Free from the Spell: The “Real” Self in “A Biwa Called Genjo is Stolen by an *oni*”

The attachment to material objects, including the human body, is the recurrent reason for suffering in Yumemakura Baku's *Onmyoji* stories. Seimei is repeatedly asked to solve problems of noblemen who were troubled by jealousy, wounded pride, greed, anger, and the inability to let go of losses. The power and possible harm of attachment is described in the very first story of the fiction series, “genjo to iu biwa oni ni toraruru koto” (A Biwa Called Genjo is Stolen by an *oni*). Seimei was recalling his recent visit to Mount Kōya and his discussion with the monks about “spell”. He concludes that the most basic, but still powerful, spell is the name. Instead of the living being creating a name, it is actually the existence of a name giving birth to the identity of a living being. Seimei pointed at a wisteria tree and said that by naming it Mitsumushi, the tree will assume the qualities of a woman, wait for his return every day, and flower for him to please him. The name is a spell cast on the object/person, allowing manipulation.

The mysterious event Hiromasa brought to Seimei further confirms this theory. The famous biwa Genjo was stolen from the imperial palace, but for a number of nights, Hiromasa heard celestially beautiful music which could only be coming from Genjo, moreover played by a master, when he passed the main city gate. Seimei accepted his invitation to go, and the next night they brought another master musician with them, hoping to engage the mysterious biwa player through music. It turned out that Genjo was stolen by a ghost of an Indian man, Kandata, who lived more than a hundred years ago as an instrument maker. The wandering ghost chanced to see the beloved Genjo which he made in his previous life, so he took it in nostalgia. He would let it go if they brought one of the court ladies in exchange – he saw one who looked like his wife so many years ago.

Seimei expressed sympathy and agreed to his conditions of exchange. However, readers note that in their discussion, Seimei did not give out his real name to Kandata the ghost, while the others all revealed their real name. On the night of exchange, the court lady was presented, but she was carrying a weapon given to her by her brother, and this angered the ghost. He killed the woman and intended to punish Seimei and the group. The ghost called out their names one by one and said “don’t move” – Hiromasa and the monk were both frozen still in the midst of their action. But Seimei was not influenced in anyway, because without knowing his real name, the ghost had nothing to bind him with. Instead Seimei demonstrated perfectly how the name, agreed by both parties as the bond, can control by freezing Kandata, calling his name.

Finally, Seimei released the ghost of the Indian man from the decaying dog’s body he used as his habitat, and coaxed him into taking refuge in Genjo instead. When asked why Kandata complied, Seimei answered that because he used sweet words – another powerful spell. In this story which sets the beginning of a successful fiction series that appeals to contemporary readers for more than three decades, the concept of the name with its aural qualities as the most basic spell has been established. This invisible connection between the name and an object or

a person appears again and again in the adventures of Seimei and Hiromasa, signalling our continuous engagement with the meaning of our existence since ancient times. Just as the sutra-copying monk cannot be free from his desires, Kandata cannot be free from his attachment to his past, including his identity as Genjo's creator, husband to his wife, and the bond with his name. The only way one can be free (of any dis-eases) is to be free from the labels of a self.

Conclusion

Japanese popular fiction writer Yumemakura Baku has created a fiction series set in ancient Japan, with all its cultural and artistic details, but re-fashioned to connect to contemporary readers. The huge success of the series (over Japan as well as the Asian region and some English-speaking countries) is good proof that his choice of having the main characters as a quasi-Holmes-and-Watson dual, as well as the modernisation of the mysteries are well-targeted decisions. Seimei and Hiromasa are historical characters, but their involvement in the fiction series is contemporary in nature: they unravel the mysteries of noblemen in trouble, and reveal that these mysteries are but unfulfilled desires in people's heart. They present to us a world when external dis-eases, pain and suffering, are the manifestations of emotional and psychological trouble inside. This view chimes well with contemporary sensibilities, and readers find consolation as well as a sense of identification in the stories. Resolutions may not be easy to come by, but the reading experience is therapeutic as one finds the self and trouble creatively reflected.

Works Cited

Baku, Yumemakura. *Onmyoji*. Trans. Moro Miya. Taipei: Muses Publishing House, 2003.

Skepticism in Belief: Pandemics, Procopius, and Political Schism

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Abstract

When the world shut down due to an ‘unknown’ pandemic in March 2020, it was not the first-time society has been affected by spreading global disease, which further spread collective and individual dis-ease. It often seems that as much as things change, the more they stay the same. Uncertainty breeds fear, and so too does isolation—always has. Fear revels in what is unknown, resulting in belief structures being questioned, built up, and/or torn down. Let’s go back then to late Roman antiquity, when the rest of the world was further away, both physically and mentally, and attempt to unpack today’s plague alongside the fifteen century’s old Justinian Plague. We have descriptions of social, cultural, and physical realities associated with the devastating 6th c. plague. Procopius, in particular, has works extant that reference Justinian’s Plague and some trends appear strikingly familiar when revisited 15 months and/or 15 centuries later. Skepticism, made glaring in the face of disease, can pave the way for alternate belief systems to solidify and take root when political schism is actively at work among the masses in various ways. For example, political trends in military and travel a century following the fall of Rome in 410 and the increasing solidification of Christianity through 4th /5th /6th c. CE.

Keywords: Pandemic, Plague, Christianity, Justinian Plague

When the world shut down due to an ‘unknown’ pandemic in March 2020, it was not the first-time society has been affected by a global disease, which spread collective and individual dis-ease. It often seems as much as things change, the more they stay the same. Fear revels in what is unknown, resulting in belief structures being questioned. If we go back now to Roman antiquity, when the rest of the world was further away, both physically and mentally, we can attempt to unpack our

current plague pandemic alongside the fifteen century's old Justinian Plague—or, the First Plague Pandemic. We have descriptions of social, cultural, and physical realities associated with these devastating 6th c. plague. Procopius, has 2 extant works that reference the Justinian Plague and some trends appear strikingly familiar when revisited 15 centuries later.

As we know, our current plague – COVID 19 – is a type of coronavirus that has been spreading (and mutating) worldwide since December 2019. The virus spreads on the breeze so to say, and ways to reducing transmission include, social distancing, masking, and washing hands. Symptoms of infection are variable, which combined with a lengthy incubation period and insufficient global vaccination rates, continue to propel the spread of COVID 19 worldwide. Of course, this is the first time that *WE* (like, you and me) have been affected by this kind of world-disrupting pandemic, but it is certainly not the first-time humanity has experienced a catastrophic plague. Probably, the most well-known is the Black Death of the Middle Ages.

The Black Death (also known as the Second Plague Pandemic) began in the mid 1340s, but experienced regional recurrences well into the early 19th century. Spreading through Asia, Europe, and Africa, the First Plague Pandemic may have killed an estimated 50 million people—perhaps, 50% of the population of Europe at the time. Also known as the Bubonic Plague, it is one of three plagues caused by the bacteria, *yersinia pestis*, and is mainly carried by infected fleas. The Plague spread through rat to rat, rat to human, and human to human contact on ships (and beyond). Today anti-biotic treatment is over 90% effective in treating the bubonic plague, however there are *still* cases that result in death every year. COVID 19 is different than these historical plague pandemics in several ways—for example, a virus is not bacteria—but, it is proving similar in that it is affecting global (and regional) economies, politics, and culture. Skepticism in belief seems to be a common side effect, regardless of time or place affected by plague—15 months ago or 15 centuries ago.

Nearly 1500 years ago, the Justinian Plague broke out in 541/2 CE and was the historical debut of the bubonic plague. Also known as the First Plague Pandemic, outbreaks are thought to

have recurred for over 200 years into the 750s. Skepticism exacerbates schism – so, let’s establish a few contexts and dynamics that surrounded the First Plague Pandemic of the 6th century. First of all, after an arguable dominance in the Mediterranean lasting over 750 years, Rome had been sacked just over 100 years prior, c.410 CE, and the western provinces had also been lost to foreign pressures and various groups coming into Europe from the east. People moving through and across the Steppes from east to west and back again, after the fall of the western Roman empire likely played a role in spreading the plague into, and across, Asia, the rest of Europe, and the Mediterranean.

Remembered as a despot, Justinian I reigned over the Eastern Roman Empire for almost 40 years in the 6th century. His reign was marked by *renovatio imperii* (or, ‘restoration of the empire’). Justinian’s ‘restoration of the empire’ meant (among other things) attempting to regain Rome’s former territories in the west that had been lost to the Goths, Huns and various Germanic groups from Africa through continental Europe to the UK. Restoring the Western Roman Empire meant that there was a lot of military campaigning under Justinian.

Economically, the east prospered over the lost, and now-foreign-run west. Trade increased under Justinian, which (in plague terms) meant there were more boats (which meant more rats/flea-spread). Agriculture flourished, even through the major Plague outbreaks of 541/42 CE—however, there was widespread famine across the Empire seven years following. There were also labor shortages post-plague. Regardless, Justinian engaged in massive building programs before, during, and following the Great Plague of 542 CE (to 558 CE in *The Buildings of Justinian*, Procopius).

Chronologically-speaking, this is the beginning of what is commonly referred to as “The Dark Age” in standard European history. Less stable realities after the fall of Rome simply demanded wealth, art, knowledge, and skills become increasingly ‘moveable’ for a time. Reform legislation with respect to religious matters was dynamic from the 4th to 8th centuries CE, and a series of councils and synods resulted in the consolidation (and subsequent reorganisation) of

Christianity across what we know today as Europe, and across the world. What is remembered as ‘worldwide ’after the fact largely depends on who is telling the story and why they are telling it.

Enter Procopius of Caesarea, born in Palestine in the late-5th century. Trained as a lawyer, Procopius moved to Constantinople in 527 CE, the same year that Justinian I became emperor and that Belisarius became his (Justinian’s) No. 1 General. Procopius was appointed legal advisor and private secretary to Belisarius; tasked to keep notes, he published several works from the period that remain extant today. Two very different histories that both discuss the First Plague Pandemic—one is straight-up, military chronicling (*History of the Wars*) and the other is sensational, gossip reporting (*Anecdota*, or *Secret History*)—are the focus here, and shed light on aspects of our Current Plague Pandemic too.

Several descriptions of plague exist from antiquity and often they come to us contained in military chronicles (i.e., Thucydides; Ammianus Marcellinus). Procopius chronicles the campaigns of emperor Justinian’s General Belisarius through Italy, Africa, and Persia in eight books, spanning from 527 to 550 CE. Of particular interest to us today is Book II, Chapters 22 and 23. Procopius opens Book 22 with the Plague and is explicit about its far-reaching impacts; “During these times there was a pestilence, by which the whole human race came near to being annihilated” (*History II: xxii:1*).

The sickness itself is described by Procopius in detail: from its onset, to symptoms, to eventual death (*History II: xxii:18-39*). Within a week of exposure to the bacteria, flu-like symptoms would appear. Then onset of bubonic swelling in the lymph nodes at the groin, armpits, temples (*History II: xxii.17*). These were often accompanied by vomiting, delirium, or coma (*History II: xxii.19*). Procopius goes on to tell us:

Death came in some cases immediately, in others after many days; and with some the body broke out with black pustules about as large as a lentil and these did not survive even one day, but all succumbed immediately (*History II: xxii:30*)

Procopius also describes how the First Plague Pandemic spread from the sea ports into the nearby city; then, outward into the fields beyond. Knowing what we know from 15 centuries of hindsight, it makes perfect sense since we know from the Second Plague Pandemic of the 14th century that the bacteria spread mainly by way of the infected fleas on the rats that were transported on boats. Procopius tells us how; “And this disease always took its start from the coast, and from there went up to the interior” (History II: xxii:9).

In its second year, the Plague made its way to Byzantium—which is where Procopius himself was exposed to it, so it makes sense that his history is focused on the effects of the plague specifically. Justinian I, also caught the Plague in Byzantium (History II: xxiii:20). Both men survived. As both men would have had the resources to receive timely treatment (which, much like we see in our current plague pandemic, would not be the universal case for everyone). Over the worst four months of the initial outbreak death rates exploded to over 10,000/day (History, II: xxiii:1-5). These numbers are likely exaggerated in Procopius’s account, but it is not out of line to believe that mass graves were overflowing (History, II: xxiii:6-10) or that no proper funeral rites could be conducted (History, II: xxiii:8-15). All this sounds way too familiar over these many months of COVID restrictions affecting how communities and individual mourn their dead worldwide.

Such was the course of the pestilence in the Roman empire at large as well as in Byzantium. And it fell also upon the land of the Persians and visited all the other foreign lands besides. (History, II: xxiii:21)

Chronologically, Procopius wrote his *Anecdota* or *Secret History* just following his *History of the Wars* (c.550), but it wouldn’t be published until after the deaths of both Justinian and his wife Theodora (so, post-568). The *Anecdota* is quite different from Procopius’s military chronicles that were published while the emperor Justinian was still alive—this is reflected in content and tone. *Anecdota* (or, *Secret History*) is a history of what Procopius presents as the intrigue-laden, 6th century imperial court of Justinian and Theodora. It was a deliberate attempt to discredit and show

them both as greedy and base, which was not totally out of line perhaps? Depending on one's philosophical leanings. Regardless, Procopius juxtaposes a depraved emperor at court against his triumphant general, Belisarius, who was represented by his chronicler as winning myriads of triumphs on battlefields abroad. To a certain extent, propaganda at its finest.

In Book 18 of the *Anecdota*, Procopius estimates that upwards of 50% of the population that survived his expansionist wars would be later lost to the Plague. He blames the deaths on Justinian as he recounts all the "lives destroyed" by the "demon" emperor in his *Anecdota* (cf. *Anecdota*, xviii.1).

Such, then, were the calamities which fell upon mankind during the reign of the demon who had become incarnate in Justinian, while he himself as having become emperor, provided the causes of them (Anecdota, xviii:45).

Let's just say, this is a very different presentation of the emperor than what appears in Procopius's other works, *The Buildings of Justinian* and *History of the Wars*.

Regardless though, how similar to COVID 19 (c.2021) are these earlier broad ranging effects/affects of the bubonic plague on society, politics, the economy, and culture?

Military campaigning was the main reason people moved from one place to another in the ancient world (other included, for example, occupational reasons—politicians, merchants, and entertainers). Today though, people mostly travel 'just because '(and, still, of course, for occupational reasons—politicians, merchants, and entertainers). Regardless of why people are travelling, this is a major spreader in *all* plague pandemic situations. Reminiscent of how Procopius talks about the spread of the First Plague Pandemic from the coast to the interior, spreading out from points of contact—from port cities, if you will (*History*, II: xxii:9).

As time wears on in this, our current, interminable plague, there is more and more regional variance. This was also the case during the plague pandemics of the 6th and 14th centuries CE. As some responses become more localised, others become increasingly global in their reach. COVID 19 has certainly influenced some trends that were already emerging pre-COVID, like on-line

commerce. Other things are increasingly taking an online form too: like, education. For example, opportunities like the hybrid 21st International MELOW conference at Shoolini University in November 2021.

The twenty-four-hour news cycle and the internet are major differences between then and now that further contribute to skepticism in belief by way of social media and the constant availability of pretty much everything. The world is constantly scrolling through legitimate information and ‘fake news’ alongside their friends photographs and tabloid gossip. The internet is being mobilised as a real tool in social engagement in many ways these days, for better or worse. When speaking about the popularity of conspiracy theories in the 21st century, especially during COVID; it seems this has been the case for the past 15 centuries too.

For they love to conjure up causes which are absolutely incomprehensible to man, and to fabricate outlandish theories of natural philosophy, knowing well that they are saying nothing sound (History, II: xxii. 1)

Conspiracy theory culture existed in antiquity, and academic skepticism among the masses is acknowledged by Procopius (History, II: xxii:1), suggesting that it was just as prominent in the ancient world, as it is today. Distrust of ‘the facts’ is nothing new.

Skepticism comes in many forms and can be made glaring in the face of disease. This can pave the way for alternate belief systems to solidify and take root when political schism is actively at work among the masses in various ways. History reminds us that adaptation to a Plague is so often reactionary and very seldom seamless. This is perhaps hardest to see when we are currently in the seam of our own plague pandemic. We know Procopius caught the Plague and survived, literally *and* literarily. How word gets around is very different today than it was 50 years ago, let alone 1500 years ago. Then, it was Procopius’s *Anecdota* and the tavern; and now, it’s (still) tell-all books and (still) word of mouth—only on the internet instead of in-person.

Works Cited

Procopius. *Anecdota or, Secret History*. Translated by HB Dewing. Loeb Classical Library 290, Harvard University P, 1935.

Procopius. *History of the Wars*. Translated by HB Dewing. Loeb Classical Library 48, Harvard University P, 1948.

Mordechai, Lee, et al. "The Justinianic Plague: An Inconsequential Pandemic?" *PNAS*, National Academy of Sciences, 17 Dec. 2019, <https://www.pnas.org/content/116/51/25546>.

"Justinian's Foreign Policy and the Plague: Did Justinian Create the First Pandemic?" *Did Justinian Create the First Pandemic? - Insects, Disease, and Histroy | Montana State University*, www.montana.edu/historybug/yersiniaessays/schat.html.

"Justinian's Foreign Policy and the Plague: Did Justinian Create the First Pandemic?" *Did Justinian Create the First Pandemic? - Insects, Disease, and Histroy | Montana State University*, www.montana.edu/historybug/yersiniaessays/schat.html.

Marguerite Duras 'L'Amour: Understanding Madness through Foucault's Concepts of 'Biopower' and 'Biopolitics'

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Abstract

Marguerite Duras (1914-1996), one of the most distinguished French intellectuals, excelled not only as writer but also as a filmmaker, dramatist, and journalist. Her well acclaimed novella, *L'Amour*, presents madness as a result of repressive thought process existent in the society. This paper takes up to understand madness through the lens of Foucault's notions of 'Bio-politics' and 'Bio-power'. Foucault's discourse on madness is a valuable insight into the power politics behind the dichotomies such as- sanity and insanity, reason and unreason, normality and abnormality. According to the philosopher, it is power which differentiates between healthy and sick people. The sick is regarded as deviant therefore excluded from the society. Madness is considered a condition that denotes absence of reason. The reasonable persons are given right to exercise power over the unreasonable. Madman is controlled through discipline and cure that apparently have a rational and positive orientation but Foucault considers them as the subtle power mechanisms referred to as 'Bio-power'. The mad people can include all those who do not adjust with the norms of the society such as eccentrics, rebels, and transgressors. They are seen as anomalies from the rational order of the world. Madness in *L'Amour* is first presented as a deviant characteristic and then as a tool of liberation. The mad characters here are not seen taking any effort to integrate with the society and with its norms; they rather seem to have transgressed the very myth of normality.

Keywords: Madness, Bio-power, Bio-politics, Norms, Liberation.

Marguerite Duras, one of the distinguished French intellectuals, excelled not only as a writer but also as a filmmaker, dramatist, and journalist. In the world of fiction, Duras brings forth the

emotional imbalance in the lives of women caused by different factors. She deals with love, desire suffering as these emotions affect women adversely and push them towards insanity (Mambrol). It is believed that the insane suffer from a brain ailment. This viewpoint is commonly held by specialists in the area and has been popularised in literature, films, and other forms of media. Contrary to this popular viewpoint, Duras in her well-acclaimed novella *L'Amour*, presents madness as a means of power-politics prevalent in the society. Madness can be understood through the lens of Foucault's notions of 'Bio-politics' and 'Bio-power.' Foucault's discourse on madness is a valuable insight into the power politics that work behind the dichotomies such as sanity and insanity, reason and unreason, normality and abnormality. Madness is considered a condition that denotes the absence of reason. The reasonable persons are given the right to exercise power over the unreasonable. In a society where reason is the norm, mad people are considered as the 'other' therefore excluded from the normal mode of existence. Madman is controlled through discipline and cure that apparently have a rational and positive orientation but Foucault considers them as the subtle power mechanisms hence 'Bio-power.' Foucault examines different ways in which bio-power works towards making the human body a subject to the dominant forces. An individual's body is manipulated and trained by the incessant exercise of disciplinary power. He/she is made to internalise certain norms of behaviour knowing them as essentially good for their life. Thus, the disciplinary mechanisms in today's modern society have got rid of "direct forms of repression and constraint because social control is achieved by means of subtler strategies of normalisation, strategies which produce self-regulating, 'normalised' individuals" (13). This life-affirming and productive bio-power, as viewed by Foucault, mainly works through power/knowledge dynamics:

Knowledge linked to power, not only assumes the authority of 'the truth' but has the power to make itself true. All knowledge, once applied in the real world, has effects, and in that sense at least, 'becomes true.' Knowledge, once used to regulate the conduct of others, entails constraint, regulation and the disciplining

of practice. Thus, ‘there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations (1977, 27).

Michel Foucault talks about that how various institutional, physical, social mechanisms and knowledge structures enhance and maintain the exercise of power within the social body. Knowledge itself is a medium to impose a monopoly over the world. One group is othered on the basis of the knowledge which has been provided for that particular group that it is weak, insignificant, peripheral. Now, where does this knowledge come from? This comes from the group or the community which is in power. The powerful group highlights others’ perceived weaknesses to make itself look stronger or better. So, this is done for maintaining and furthering the power of one section minimising the power of the other. So, knowledge serves to keep power where it already lies. Any knowledge or truth which is made available to the world is fabricated in favour of one group and against the other. So, it is important to understand this power/knowledge relationship if we want to understand the underlying politics. The perceived knowledge about any particular group is made so pervasive and it has penetrated so deeply into the belief system that we have believed it has a truth. The knowledge provided about certain people as mad since they are mentally sick and therefore not for to live a normal life with others in the society. They have been presented in such a negative way that they have become secluded in society. People start maintaining distance from them considering them negative and threatening as their behaviour is not normal and reasonable.

The people are ignorant of the more intense patriarchal domination that comes in the form of ‘bio-power – ’which is implicit but all-pervasive. For Foucault, “power exists everywhere; it was a key concept because it acts as a type of relations between people, a complex form of strategy, with the ability to secretly shape another’s behaviours” (Mason). Michel Foucault is of the view that various institutional, physical, social systems work towards strengthening the forces

of power on the one hand and transforming human bodies into docile bodies on the other. Medicine is one such field that makes a certain group of people misfit in society therefore repressed. It is literature that has given the voice to the silenced people. The mad people are mostly portrayed suffering from the loss of language. Foucault defined madness as a “lack of language” that is “the silence of a stifled, repressed language” (Felman 14). Language and rationality go hand in hand. Since madness means the absence of rationality, it also entails the absence of language. Loss of connection with language means losing connection with meaning. In her work *Writing and Madness*, Shoshana Felman rejects the “false concept” of madness as a “loss of the relation to the mastery of meaning” (54). Using this definition, Felman takes a critical stand against the domination of psychiatric discourse over philosophical and literary ones. In so doing, she celebrates the potential of literature in challenging the clinician’s power by giving routes of expression to what culture excludes under the label of madness, that is, “nonsense, alienating, strangeness, transgressive excess, an illusion, a delusion, a disease” (Knuuttila 133). An individual’s body is thus controlled through medical knowledge. Jen Pylypa throws light on this:

According to Foucault, the medical profession historically gained considerable power to define reality through the control of privileged and respected scientific knowledge. Medical knowledge came to define the boundaries of normality and deviance. Medicine has also objectified our bodies, bringing them under the surveillance of the medical system as objects to be manipulated and controlled. Thus, at the level of ideology, medicine creates the discourse that defines which bodies, activities, and behaviors are normal; at the level of practice, medical procedures are a principal source of the institutional regulation and disciplining of bodies (30).

The mad people can include all those who do not adjust to the norms of the society such as eccentrics, rebels, and transgressors. They are seen as anomalies from the rational order of the

world. The mad characters in *L'Amour* are the ones who never tried to get inclusion in the community rather they considered themselves as different people who have been liberated from societal constraints. Duras informs about this liberated and illuminated state of the mad people: “As she notes, the absent state of these madwomen does not refer to a mental illness but to a state illuminated by the ‘ignorance’ of their ‘inner shadow’, which places the women radically – but not unambiguously – beyond all moral evaluations” (Armel 123). In this novel, *L'Amour*, there is an unnamed madwoman who lives in a seaside resort S. Thala. This nameless madwoman is constantly pregnant. She is in contact with two men, one is a madman and the other is a traveler. The story is allegorical that has a literal meaning as well as a symbolic meaning. On the surface, it's a love story. The story portrays a woman and a man spending their days on a beach in the village of S. Thala. The first man, who happened to be the woman's lover, returned to the village after a long gap of 17 years. During this period the woman had gone mad. The novella tells the story of the trauma and suffering of women resulting in her madness on the pretext of failure of love on the one hand and other implications of the very concept of madness. The place, Thala, is considered an asylum in the story. Knuuttila writes, “Since an allegorical reading conveys another, secondary world alongside the literal one, my question is: how does *L'amour*, being a continuation of *Lol's* story, point to emblematic meanings in terms of trauma and madness, for example, to the socio-political discrimination of women, and/or the failure of romantic love?” (166).

In a desolate location where only the rhythm of natural elements signals the flow of time, the protagonists are reduced to mere pronouns, and their interaction is limited to minimum gestures and actions. They fall outside the language system. Therefore, they do not conform to the rationally ordered patriarchal world. In the state of madness, they belong to the other world which is not governed by language. This world, governed by reason and logic, is given meaning through language. According to Lacanian views, the hierarchical structures of Western society are constructed by the medium of language and form a “symbolic order.” It is by the symbolic system

that the laws are set to define the truth of all things. Within this Symbolic order, “subjectivity, identity and sexuality are constructed by language...” (Cameron 163). The mad people lose language thereby lying outside the symbolic order. They do not conform to the normative system of the given society as all the norms are laid down through the medium of language. Since the mad people appear to have lost the connection with language, they are free from socio-cultural imperatives. Mad people have access to unconscious non-verbal language. Before joining the "symbolic order" or the rules of language, a newborn life in the "semiotic order," as proposed by Julia Kristeva, where he or she is guided by instincts and impulses rather than words (Cameron 173). When one is in the semiotic order, one does not conform to the logical order. Being a part of the linguistic system involves submitting to prevailing discourses. “L’amour’s tropology appears to be an emancipatory counter-discourse which, substituting metonymically a sentence by one sole word or a broken line, does not submit itself to any dominant discourse. Rather, this rhetoric subverts the ‘rational ’order, such as the hierarchy of human beings as opposed to natural elements”. Thus, their madness and the fragmented language they use are the deconstructive modes to subvert the logical meanings subsumed to be inherent in the language system. So, breaking down the utterances into apparently meaningless utterances can be taken as a deconstructive tool. Language is the cornerstone of the male-oriented Western Metaphysical system that controls human life. The entire Western civilisation, with its rational orientation, arose and is comprehended only via the medium of language. The people who do not fit in the western system devised by rationality or reason and defined by language, are declared anomalies or deviants. Such people are kept in an asylum. They are kept on medication so that they can become normal to be fit in the rationally ordered society. Apparently, no harm is being done to them. They are kept on medication and subjected to regular monitoring. On the surface, they appear to be life-affirming mechanisms. If seen from the Foucauldian perspective, such a system itself is bio-power which gives rights to the sane people to exercise control over the insane. What is the basis of the divisions between sanity and insanity, reason or unreason, rational or irrational? Who decides that who has

power over whom? The power is maintained through the medium of language. Hierarchical dichotomies are created through the language itself. So, many thinkers and linguists came forward to deconstruct the rational modes of perception. The relationship between language and meaning is arbitrary as emphasised by the Swiss linguist Ferdinand de Saussure: “there is no inherent connection between a word and what it designates” (Barry 41). Thus, mad people in this novel liberate themselves from the assumed hierarchical truths of the western metaphysical system. Madness for these people has become a liberating mechanism. They no more seem to rely on language to seek the truth of existence. Instead, they look to the elemental forces of Nature to experience life in its pure and authentic form. The world of Nature is considered irrational and instinctive as opposed to the Western world of rationality and reason. So, Nature itself is rejected by the rationally ordered human world. The power is sustained through the formula of Othering applied to certain groups by highlighting their imaginary weaknesses. This formula of Othering has not been applied to human beings only but also to the world of Nature hence the emergence of culture/ nature binary opposition. Culture includes everything which is man-made: civilisation, intelligence, value system, rational and moral laws etc. Nature is represented as insignificant, and peripheral. Again, some knowledge becomes the ground for Othering of Nature. Nature has not only been rejected considering as insignificant but it has also been controlled and exploited by mankind. It is through technology that man attempts to assert control over nature. The mad people here in this story appear to reject the rational world and reconnect their bond with Nature.

Madness in *L'Amour* is first presented as a deviant characteristic and then as a tool of liberation. They get to know the greater truths that lie in the unconscious world which cannot be accessed through reason or logic. Since madness means the absence of reason, it enters the realm of the unconscious instinctive world. Since Nature stands opposite to the reason and rationality of mankind, Mad people, as portrayed in Duras 'L'Amour, appear to have a kinship with the elemental forces of Nature. Thus, Duras as a writer endeavour to decode the notion of madness

through philosophy and psychoanalysis. The mad characters here are not seen taking any effort to integrate with the society and with its norms; they rather seem to have transgressed the very myth of normality.

Works Cited

Armel, Aliette. *La force magique de l'ombre interne. Marguerite Duras. Sous la direction de Alain Vircondelet, Rencontres de Cerisy. Ecriture. 1994. Trans. SK.*

Barry, Peter. *Beginning Theory: An Introduction to Literary and Cultural Theory*. T. R. Publications PVT. Ltd., 2006

Cameron, Debora. *Feminism & Linguistic Theory*. 2nd Ed. Palgrave, 1992.

Felman, Shoshana. *Writing and Madness*. Stanford UP 2003.

Foucault, Michel. 1977. *Discipline and Punishment: The Birth of the Prison*. Trans. Alan Sheridan. Vintage Books.

Knuuttila, Sirkka. *Fictionalising Trauma: The Aesthetics of Marguerite Duras's India Cycle*. Helsinki University Print Helsinki, 2009.

Mambrol, Nasrullah. "Key Theories of Marguerite Duras." *Literary Theory and Criticism*, 26 Feb. 2018, literariness.org/2018/02/26/key-theories-of-marguerite-duras/. Accessed on 25.09.2021

Mason, Moya K. "Foucault and His Panopticon." *Foucault and His Panopticon - Power, Knowledge, Jeremy Bentham, Surveillance, Smart Mobs, Protests, Cooperation, Philosopher*, www.moyak.com/papers/michel-foucault-power.html. Accessed on 10.10.2021

Pylypa, Jen. "Power and Bodily Practice: Applying the Work of Foucault to an Anthropology of the Body." *Arizona Anthropologist*,
journals.uair.arizona.edu/index.php/arizanthro/article/view/18504/18155.

Hypochondriac Notions: Thoughts on the Language of Disease in J.D. Salinger's "Raise High the Roof-beam, Carpenters"

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*There is, let us confess it
(and illness is the great confessional)
a childish outspokenness in illness;
things are said, truths blurted out,
which the cautious respectability of health conceals.*

-Virginia Woolf, On Being Ill

Abstract

Despite the fact that he describes his brother as a "Sick Man," Buddy Glass, J.D. Salinger's "alter-ego and collaborator" (Franny and Zooey), is not much healthier – both as a person and as an author. While the utter demolition of his work as a 'standard short-story writer' will not be complete until the two last Glass stories (Seymour) are published (1959 and 1965), Buddy/Salinger does not refrain from giving out signs of decadence and degradation in slightly earlier works – such as "Raise High the Roof-beam, Carpenters" (1955), the famous account of Seymour's wedding day.

In the novella, collected together with "Seymour" in 1963, a twenty-three-year-old Buddy is presented, exhausted and with pleurisy, arguing his case in favour of his beloved older brother, the absent focus of all his writing; by picturing himself as a young yet physically strained man, Buddy/Salinger is anticipating his upcoming struggles with a) genre constraints (cfr. "Zooey" and "Seymour" for an explicit mention, "Hap-worth" for an implicit surrender) and b) representation in toto, especially with regards to Seymour. The language of disease accompanying the action of the short story functions as a sign of deeper corruption, a failure in speech and writing when major

'human' issues like love, loss and death come to the fore. Exploiting the traditional topos of disease, Salinger introduces the figure of the 'writer in distress' that will inhabit, with varying degrees of physical impairment, his next and last fictional works. Such a statement also contributes to the reading of the whole Glass family saga as an ample reflection on literature and writing factualised through the existential and identity dilemmas of its characters.

Introduction

The writing and representing of illness can take up multiple forms, aims and purposes; illnesses and diseases have inhabited literature with a number of functions since its origins, while only more recently the call for space granted to 'actually' ill voices has started giving out fruits. As for disability, illness is often used as a device (Mitchell and Snyder) to characterise, identify or justify a given participant or situation.

While not necessarily a text about illness, J.D. Salinger's "Raise High the Roof-beam, Carpenters" (1955; 1963) plays with the subject, apparently with the only purpose of thoroughly representing its protagonist and narrator Buddy Glass, back from military training to attend his older brother's wedding. In the specificity of the plot, however, Buddy's illness does not really play any role; we have to presume it is with more stratified levels of signification that the feature is attributed to the young man. I maintain that here, as well as in other Salingerian stories, illness functions as part of the construction of a topos, that of the 'writer in distress,' at the same time peculiar to the author's oeuvre and a perpetuation of a symbolic tradition of ill/diseased/disabled narrators or focalisers.

Physical ailment, the sufferings of the body, represent the surface version of inner and creative issues faced by the author's alter-ego, and protagonist of the tale, Buddy. A full exploration of such issues can be found in "Seymour: An Introduction," a novella published in 1959 and collected together with "Raise High," however, some aspects are foreshadowed in a two-step's performance that from physical ailment in "Raise" (and contemporary "Franny") moves to the discussion of genre

conventions in “Zooey” and culminates in what critic Warren French did not hesitate to define as “self-indulgent kitsch” (160).

This opinion is not only excessively trenchant, but also flattening and de-complexifying: with a wish for a reconsideration of Salinger’s later works in mind, I will structure this paper around a close reading of illness features in “Raise High the Roof-beam, Carpenters,” with specific attention paid to the development of ‘foreshadowing,’ as well as to how the topos of the writer-in-distress is developed (also) to represent Salinger’s struggle with genre constraints. Moreover, the use of illness in these stories can function as a refracted mirror-image of other illnesses, diseases that cannot be mentioned, as the one haunting Seymour but never described, surfacing only in fragments scattered through the works.

Buddy-in-Distress

“Raise High the Roof-beam, Carpenters” starts with a dichotomic image of health and sickness: “One night some twenty years ago, during a siege of mumps in our enormous family, my youngest sister, Franny, was moved, crib and all, into the ostensibly germ-free room I shared with my eldest brother, Seymour” (3). The house is tainted by disease, but the room in which teenage Seymour and Buddy live is germ-free, so much so that a child can be preserved by a highly contagious ailment. This condition, as my close reading of the novella will show, only characterises the narrator and protagonist in this very instance.

By now almost proverbially (at least in Salingerian terms) famous, the opening of the novella has functioned as a key for interpretation of the character of Seymour: in Buddy’s own words, “Since the bridegroom’s permanent retirement from the scene, I haven’t been able to think of anybody whom I’d care to send out to look for horses in his stead” (5). The statement refers to a Taoist tale (“prose pacifier” [5]) Seymour reads to a ten-months-old Franny and which offers a brief illustration of what it means to live according to detachment and indiscriminate, unable to see the difference between

a “dun-coloured mare” and a “coal-black stallion” (4). See-more Glass is thus always the one for indiscriminating love: he is commonly recognised as the looker of horses, a real “mukta, ring-ding enlightened man, a God-knower” (Seymour 86). However, one may easily advance a further hypothesis: “but the superlative horse one that raises no dust and leaves no tracks is something evanescent and fleeting, elusive as thin air” (4). In life, Seymour may very well have been the looker: in fiction, yet, is he not the horse? Buddy cannot successfully represent him, his struggle in doing so is potentially the main concern of the whole 1963 volume: on paper, Buddy is the looker. This double condition of spectator and author, of involved and involving, caught up in the unsolvable swirl of writing and being written, is what spurs my critical category of ‘writer-in-distress.’ The characterisation strategies deployed to go with such a strongly connoted narrator are many and varied and, at least in the last three novellas of the Fifties, quite often lean on the category of disease.

A Close Reading of “Raise High the Roof-Beam, Carpenters”

“In late May of 1942, the progeny seven in number of Les and Bessie (Gallagher) Glass [...] was flung, extravagantly speaking, all over the United States. I, for one, the second-eldest, was in the post hospital at Fort Benning, Georgia, with pleurisy [...]”: while in togetherness health is maintained, Buddy develops a physical ailment when apart from his dear ones, and in particular his brother Seymour. This serves a three-fold purpose: first, it characterises the narrator (common effect of illness and disability – a major case is Benji in *The Sound and the Fury*); secondly, it establishes a connection between emotional turmoil and disease; lastly, it grants the narrator total freedom of expression, which would not be as easily appointed to a perfectly healthy person. Woolf’s quote, in epigraph to the present paper, summarises this concept quite clearly: there is “a childish outspokenness in illness” (36). Buddy could easily be regarded as ‘unreliable,’ with his suspicious proximity to the subject matter of his writings and his accidental (?) identity mix-ups: Salinger himself sort of wants us to think so. However, Buddy’s physical conditions come to the fore at seminal points in the narrative as some kind of ‘justification’ against two of the great enemies of a writer, the requirements of truthful representation and the adherence to the rules of genre. While these issues, as anticipated above, are

more explicitly discussed in “Seymour,” it is in “Raise High” that their prominence is first foreshadowed in a few key passages.

The picturing of Buddy-in-distress alternates between objectively ‘retrievable’ signs of sickness and mental projections (hypochondriac notions) the narrator himself makes: “pleurisy,” as reported above, is the official diagnosis, and provides Buddy with the painful grounds for his subsequent elucubrations concerning his “own state of health” (15). Interestingly, while at the beginning paranoia as to his possible illness is endogenous, towards the ending external causes come to the fore, specifically identifiable in other people’s behaviours and statements (in particular the well-known Matron of Honor’s): however, similar if not identical linguistic formulations are used, as to create some sort of epithetical environment around the narrator’s depiction of himself. Compare for reference the following passages (my emphasis):

I had a sustained, cowardly notion, the entire time I was in the room, that I was about to haemorrhage, or, at the very least, fracture a rib, despite the corset of adhesive tape I was wearing. (11)

But for the first part, those first few minutes in the car, I was still mainly concerned with my own state of health. Besides having pleurisy and a bruised head, I had a hypochondriac’s notion that I was getting a strep throat. (15)

I stopped right there, thank God. My heart was banging away something terrible, and, like most hypochondriacs, I had a little passing, intimidating notion that such speeches were the stuff that heart attacks are made of.” (49)

While seemingly simple evaluations about one’s self as a paranoid “hypochondriac,” these passages’ placements in the story establish a very clear connection between author, narrator and subject-matter: in the very first instance, Buddy (and everybody else) is about to discover that no wedding is going to take place. For Buddy, however, unlike for everybody else, this translates into something different:

the subject of his writing is gone. Quite literally, the story has “haemorrhaged” and lost the presumed blood constituting its core: this recurrent image of Seymour eloping or running away is a refracted echo of his first, blasting appearance and his most definite elopement in death in “A Perfect Day for Bananafish” – but it is also a common enough staple of writerly debates surrounding the possibility of actually representing something in fiction.

Narrative tension grows when Buddy enters a car with other wedding guests: faced with the possibility of having something to tell again, the narrator’s notion this time involves “strep-throat” – which could make speaking, i.e., narrating, painful and difficult. Salinger’s characters are all doomed by anxiety concerning their identity (Seed 85), and Buddy is perhaps the most anxious of all: the prospect of identifying himself as his brother’s brother is at the same time galvanising and terrifying (“My face was burning. In a way, though, I felt an infinitely less furry sense of self-identification than I had since I’d got off the train earlier in the afternoon” Buddy admits when he is finally discovered by Edie Burwick [34]).

Last comes the fear of a heart attack: defending Seymour against accusations and insinuations on the part of the Matron puts Buddy face to face with his biggest enemy the impossibility of success in writing about Seymour hence stimulating an almost deadly response. And still as death is Buddy’s sleep when everybody has left the apartment to reach the bride’s family home: “I was asleep or, possibly, out cold before I landed, or so it seemed” (73). But his work is not done – sleep is for those who have reached at least a touch of awareness: 1955 was not the year for this kind of ending, with Buddy waking up “with a splitting headache and a parched mouth” and Franny “looking at the ceiling”; however, with a symmetry that challenges all detractors of Salinger’s eye for composition (among whom, interestingly, novelist John Updike [54]), both “Zooey” and “Seymour” resolve in sleep at the end, oblivion mimicking death while also granting relief.

Anything but a Short Story Writer: Foreshadowing the Failure of Genre Constraints

All about Buddy’s statements contributes to the literary construction which I have labelled ‘writer-in-distress’; however, it also serves the purpose of foreshadowing the extensive discussion of core

issues in subsequent works. As shown in the paragraph above, Buddy's "notions," while apparently concerning his health, are related to three key points: the fact that subject-matter can escape writers; the problem of identification and identity; the issue of emotional attachment and distance. If taken without reference to the Glasses, we can see how such concerns may apply to wider issues of fiction-writing, which is why I maintain Salinger's next steps will be always more explicit in these terms: already in 1957, we see Buddy challenging genre constraints in the introduction of "Zooney," which "isn't a really a short story at all but a sort of prose home movie" (37); and in 1959, "Seymour" "fails to be a story" (Bloom 3) and gifts the reader with statements as

[...] his character lends itself to no legitimate sort of narrative compactness that I know of, and I can't conceive of anyone, least of all myself, trying to write him off in one shot or in one fairly simple series of sittings [...]. [...] My original plans for this general space were to write a short story about Seymour and to call it "SEYMOUR ONE," with the big "ONE" serving as a built-in convenience to me, Buddy Glass, even more than to the reader – a helpful, flashy reminder that other stories [...] would logically have to follow. Those plans no longer exist. [...] on this occasion I'm anything but a short-story writer where my brother is concerned. What I am, I think, is a thesaurus of undetached prefatory remarks about him (Seymour 86).

If paired to the switch to letter-writing (or better letter-reporting) that is "Hap-worth 16, 1924," we can have a glimpse of the formal intuitions which were likely to be stimulating Salinger as of the late fifties/early sixties. In front of his fifty-five years of silence, one would be tempted to admit that no solution was found to the problem of what it means to write and relate to one's writing – literature as representation is a failure, writing about writing may be the solution, so what next? Perhaps Salinger continued working on the subject and the publication of his unpublished prose [which was expected in 2020, but which will likely not happen before 2022 (Salinger)] will unveil a few developments.

Seymour Glass as a Mosaic of Quotations

With all the pleurisy and hepatitis and lack of sleep, how is it that Buddy can only refer to Seymour – and not to himself – as to a “Sick Man”? I’m sick is one of the most frequent phrases in all the Glass stories but, exception made for his suicide and suggestions made by Rhea Fedders, Muriel’s psychoanalysis-enthusiast mother, nothing more specific emerges about the man’s actual discomfort with life. Very little is disclosed in “Seymour,” from which we know that the eldest Glass would be able to lie down and scream but never to tell where it hurt; and of the man’s experiences during the war, we have close to nothing. His remaining siblings, however, suffer, and quite a bit – as this paper has tried to show. Apart from Buddy, whose case is paramount also because of his triple role of character/narrator/fictional author, we find: Franny’s stomach ache, self-starvation and passing out in “Franny,” her breakdown in “Zooney,” Walt’s death by means of an exploded gas stove, and, among the ‘enlarged family,’ Eloise’s alcohol-fed unhappiness in “Uncle Wiggily in Connecticut” and her daughter’s disastrous short-sightedness. By means of letters (Franny’s first and Seymour’s then) we also learn of ailments attributed to Les and Bessie.

Seymour is a representational crux and, as such, is better depicted in the scattered form of quotations, reverberating his discomfort, transformed and transmuted, throughout the other protagonists of the stories: but is he the core of the discourse here, or is it once again Narrative (with a capital N)? This question anticipates my interpretation of the character: while much criticism has focused on trying to describe who Seymour is, with evaluations as to the validity of his representation through the stories (inconsistencies between “Perfect Day” and other works have frequently been pointed out; needless to say, Salinger had spotted them first and made amends per Buddy in “Seymour”) and investigations concerning his suicide, I would suggest a more fruitful approach in considering the man as a function of narrative. Without his death, no stories would have been written. This is not to underestimate the number of themes, concerns and echoes that are brought forward by the mere existence of such a character in the saga: however, I believe the main issues investigated by

criticism so far tend to privilege Seymour's status as a (fictional) human being and neglect his much more powerful narrative status.

Conclusion

This paper has offered a close reading of one of Salinger's last novellas, "Raise High the Roof-beam, Carpenters" through the interpretative framework of illness. While the performativity of disease is barely brushed upon in the story, which is not strictly concerned with the construction of a sick subject, physical ailment is nonetheless used in a symbolic manner and exploited to grant the narrator a certain degree of freedom – a feature peculiar of illness (Woolf).

Aspects of disease correspond to as many issues on the narrative front, articulating the problem of writerly and genre constraints that characterises Salinger's last (so far) phase – by exploiting the concept of foreshadowing, I have shown how "Raise High the Roof-beam, Carpenters" is the soil in which rhetorical and theoretical features of the following stories are rooted.

Works Cited

Anthony, Lawrence. *AntConc* (version 3.5.8). Computer software. 2019.

Bloom, Harold (ed.). *J.D. Salinger, New Edition*. Bloom's Literary Criticism, 2008.

"Celebrating JD Salinger - An interview with Matt Salinger." Penguin Books UK YouTube channel. <https://www.youtube.com/watch?v=A2iYrFGeT3s&t=1456s> (last accessed August 9th 2021).

French, Warren. *J.D. Salinger. Revised Edition*. Twayne Publishers, 1982.

Grunwald, Henry Anatole (ed.). *Salinger. A Critical and Personal Portrait*. Harper and Row, 1963.

Mitchell, David T. and Sharon L. Snyder. *Narrative Prosthesis. Disability and the Dependencies of Discourse*. University of Michigan Press, 2000.

Salinger, J.D. *For Esmé – With Love and Squalor, and Other Stories (Nine Stories)*. Penguin Books, 2010 [1953].

---. *Franny and Zooey*. Penguin Books, 2019 [1961].

---. *Raise High the Roofbeam, Carpenters and Seymour: An Introduction*. Little, Brown &co, 2014 [1963].

---. "Hapworth 16, 1924" *The New Yorker*, June 19, 1965.

Seed, David. "Keeping it in the Family: the Novellas of J.D. Salinger." *J.D. Salinger. New Edition*. Ed. by Harold Bloom. Bloom's Literary Criticism, 2008. 78-87.

Updike, John. "Franny and Zooey." In Grunwald, Henry Anatole (ed). *Salinger. A Critical and Personal Portrait*. Harper and Row. 1963, 53-56.

Woolf, Virginia. *On Being Ill*. [Hogarth Press, 1930] Project Gutenberg Australia,

<http://www.gutenberg.net.au/ebooks15/1500221h.html#ch3> (last accessed August 9th 2021).

Amidst the Pandemic: A Study of Katherine Anne Porter's *Pale Horse, Pale Rider*

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Abstract

The predominant narrative of global development and progress celebrates the power of science and technology and reiterates faith in human accomplishment and achievement. A pandemic effectively challenges it, debunks it, and reduces it to shambles. As the disaster strikes, the fact that it happened in the past also brings no comfort; instead, it adds to the anxiety, fear, and stress. There is hardly time to learn how to face it, let alone record, remember, or write about it. Since the disaster draws its power from its inevitability and all-encompassing capacity, no one can stay intact, separate, or aloof from experiencing its trauma and suffering. The boundaries between social categories lose their significance not because the world comes closer but because everyone is forced to focus on surviving in isolation and seclusion. There is a false sense of unity in this separateness; the experience of pandemics, however, is primarily individual. It does not lead to a shared, communal experience. Unlike war narratives where death and destruction can be presented as tales of glory, the pandemic does not offer that consolation to victims and survivors. Katherine Anne Porter's short novel *Pale Horse Pale Rider* fictionalises personal as well as collective memories of the Influenza pandemic of 1918. This article explores how Porter recalls, re-members, and narrates the trauma experienced as a victim and as a survivor of the pandemic. Through her narrative, the article examines the individual and social experience of disease, particularly in the light of the ongoing Covid 2019 pandemic.

Keywords: Pandemic narrative, Memory, Trauma, Storytelling, Healing

An onslaught of the 2019 Corona pandemic has made the world recall similar encounters with disease and death. Events that had almost disappeared from collective memory have come back to add to the panic, fear, suffering, grief, and loss. *Pale Horse, Pale Rider*; Katherine Porter's chronicle of almost a hundred years back, 1918-19 Spanish Influenza pandemic is a significant source since it provides a rare record of personal and cultural trauma experienced at the time. This article examines Porter's work in the light of the recent experience of the pandemic; how it affects identity and shapes personal and social relations. The aim is to explore how being face to face with unpredictable and uncontrollable disasters changes the way individuals think of themselves and the world around them. The article also focuses on the lessons the world should have learned or, perhaps, can still learn about its attitude towards others during the pandemic.

Published in 1939, Porter's novella is a tale of love blossoming amid World War I and the Influenza pandemic. The story features Miranda, an intelligent young girl working as a journalist who falls in love with Adam, a young army officer. With the First World War going on, death is already in the air. As the reader worries that Adam might become a casualty of war, there is a shift in the narrative; instead of Adam, Miranda falls victim to the influenza epidemic. Having symptoms for a while, she reaches a point where she can ignore no longer and must acknowledge her precarious condition. The story unfolds as she lies sick, drifting in and out of consciousness. Miranda's dreams, nightmares, delusional ramblings, and a few lucid memories form the content of the short novella. The action takes place in the twenty-four hours before she collapses, followed by the span of her illness, but mostly in her mind as she recalls several incidents from the past.

The uniquely vivid portrayal is due to it being autobiographical; through Miranda, Porter is telling her own story. Porter too had worked as a reporter with *Rocky Mountain News* in 1918-19 during the final months of the Great War as also the beginning time of the Influenza

epidemic outbreak. Like Miranda, Porter caught the virus, and things got so bad that even her obituary had been prepared. She, too, had lost someone very close to her. Also, like Miranda, she survived and slowly regained her health. The traumatic experience, however, stayed with her. Cathy Caruth describes trauma as a “wound of the mind—the breach in the mind’s experience of time, self, and the world--- not like a wound of the body, a simple, and healable event, but rather an event that...imposes itself...repeatedly, in the nightmares and repetitive actions of the survivor” (Caruth 4). Porter went through it but it took her around twenty years before she could finally write the story. When she did, as she wrote to a friend, she finished writing the book within nine days in one go. With this work, Porter put on paper what she had experienced first-hand and what was ingrained forever within her memory. As Susan J. Brison argues in another context, the only way to diminish the repressed experience of trauma is to transform the “traumatic memory into a coherent narrative that can then be integrated into the survivor’s sense of self and view of the world.” (Brison 39). Writing for Porter thus was to seek relief from her burden and achieve catharsis. As a reporter, she had come in direct contact with innumerable men dying in the war and subsequently due to the disease. The public and the private thus merged in her life as well as in her narrative. The short novel indeed is one of a kind, written from the point of view of a victim of a pandemic who suffered but was lucky to survive even though she lost a lot and as a result, became different from what she had been before falling sick, a different person altogether.

Porter’s narrative is significant for its sensitive exploration of the theme of human mortality even as the world goes on with everyday business, continuing with its struggles with numerous issues related to love, truth, economic and social disparity, and women’s identity. As she records, the perspective changes due to the outbreak, and soon all such matters take a back seat while the aim shifts to that of staying alive, surviving. Porter skilfully captures the physical and psychological struggle to cope with an unfamiliar and horrifying situation. Jewel

Spears Brooker rightly situates Porter's work alongside modern classics such as *Ulysses*, *Mrs. Dalloway*, and *The Waste Land* for portraying "relation between the fluttering consciousness of the individual and the nightmare of the contemporary history and, at the same put both into a larger context that at once, de-personalises and de-temporalises, thus giving the personal and the temporal a shape and significance they otherwise would not have" (Brooker 213). Even as Porter faithfully recreated the moment from her own life as well as the history of the times, she simultaneously wove together a timeless work of art. As one reads the novella, one is struck by numerous similarities with the present Covid scenario, not only in the fast spread of the pandemic but also in terms of the response of the people to its tragic unfolding. Miranda continuing to ignore her symptoms for as long as she can, as well as the reactions of people around her once her sickness is known, sound painfully familiar. It is almost as if Porter is writing today about the ongoing pandemic. The discussion about the origins of the outbreak is naturally endless. It coincides with the prevalent war-time sentiment, and the blame naturally falls on the typical 'other'.

"They say," said Towny, "that it is really caused by a German ship to Boston, a camouflaged ship, naturally, it didn't come in under its own colours. Isn't that ridiculous?" "Maybe it was a submarine, said Chuck, "sneaking in from the bottom of the sea in the dark of night. Now that sounds better." "It started in Boston, somebody reported seeing a strange, thick, greasy-looking cloud float up out of Boston Harbour and spread slowly all over that end of town. I think it was an old woman who saw it." "I read it in a New York newspaper," said Towny; "so it's bound to be true." Chuck and Miranda laughed ... loudly... "Towny still reads the newspapers," explained Chuck." (Porter 206). With a few minor changes, the conversation indeed could have happened today, right from fixing blame to the trust newspapers inspire!

In a similar vein, Porter narrates, initially; Miss Hobbe, Miranda's landlady, is sympathetic when she learns about Miranda's illness. Soon, however, she threatens to have her

evicted, "... with her face all out of shape with terror...crying shrilly, "I tell you; they must come for her now, or I'll put her on the sidewalk... I tell you, this is a plague, a plague, my God" (Porter 232). In the present context, these words echo numerous reports of even close families refusing to come forward to look after the unfortunate patients. Miranda, however, is lucky as Adam steps in to nurse her and look after her. The tragedy occurs when as a result, Adam contracts the disease, and subsequently, Miranda discovers later, he dies due to that.

Porter's novella thus portrays individuals dealing with traumatic circumstances forcing them to make difficult choices. While some, like Adam, are unable to walk away, many just do not wish to endanger themselves. There is little medical care available and hardly any ambulances, beds, rooms, or doctors in the hospital. Miranda has a "burning slow headache... she can't smell or see or hear..." Adam tells her to stay confined in her room because, "It's as bad as anything can be...all the theatres and nearly all the shops and restaurants are closed, and the streets have been full of funerals all day and ambulances all night--" (Porter 233). It will take long for her to get any medical help, even as she gets worse hanging between living and dying, coherence and confusion, passing back and forth from consciousness to unconsciousness. As Porter depicts the disruptive nature of the pandemic leading to panic and suffering, alongside, there are references to a tendency to accuse someone, to fix blame for the disease, even if it is without any logical basis. No wonder the world forgets once the pandemic is over. This is how the human mind deals with the intolerable memories of a situation beyond control, through concealing and forgetting. Porter writes, "Her mind, split in two, acknowledged and denied what she saw in the one instant, for across an abyss of complaining darkness her reasoning coherent self-watched the strange frenzy of the other coldly, reluctant to admit the truth of its visions, its tenacious remorse and despairs" (Porter 251). Miranda now is the victim inching towards death as well as Porter, re-living, remembering, and recording her personal traumatic experience

In the novella thus, Porter draws heavily from her personal memories; days she lived and when she found her life interrupted by the pandemic. Porter is not interested in portraying the progression of the disease as much as its effects on herself and others around her. Nevertheless, the disease occupies center stage colouring every aspect of Miranda's life. As Porter writes, the disease turns out to be more deadly than the war. Adam calculates his chances of surviving the war, ironically, he ends up dying of the disease. A soldier dying in battle is tragic, yet, one may argue, he chooses to fight and when killed in war, covers himself in glory. Moreover, there is political agenda at work. The soldiers' death is celebrated as an affirmation of nationalism, patriotism, heroic sacrifice, and human achievement. In the novella, Miranda is nastily accosted by two men who question her in a veiled threatening manner about her not buying the Liberty Bonds. Her explanation that she does not have money is not acceptable because, as the older man says, "There is no excuse, no excuse at all, and you know it... with our American boys fighting and dying in Belleau Wood...anybody can raise fifty dollars to help beat the Boche" (Porter 186).

Thus, a compellingly impressive narrative is built around the war. Dying of the pandemic, on the other hand, brings no such consolation. Its victims are caught in the predicament, unaware and unconsciously, and often they are blamed for their condition and accused of making careless mistakes. Nancy Mairs cynically observes, "The subtext here is that we are all going to die, and that that's all right. It's not a message that will attract readers in droves" (Herndl 771). A pandemic gives rise to images of the unexpected death of countless people even though there is a continuous presence of illnesses all around us. Hardly a year goes by without some or the other alarming disease dominating the international news. A pandemic with its grand expanse and pervasiveness not only kills but also makes death not count at all. The literary narrative, however, makes it possible to register the individuality of suffering, which otherwise the pandemic snatches away from its victims.

As Miranda collapses from the virus, in her delirium, she has recurring dreams of death. She awakens from the dream about ‘a lank greenish stranger,’ a pale rider riding a pale horse who comes galloping to take innumerable victims along with him. The reference is to the Biblical apocalypse. In another memory, she remembers a conversation with Adam about a traditional spiritual in which death takes away the singer’s lover, mother, father, siblings, and eventually, the entire family. Miranda identifies herself with the singer in the spiritual. She tells Adam, “But not the singer, not yet. Death always leaves one singer to mourn” (Porter 240). Porter thus suggests that victims of war and of the pandemic can be rescued from being forgotten by the survivors through a song of mourning. Though trauma caused by wars, political upheavals, (1947 partition of India, for instance), natural calamities, and pandemics, tends to impact collective memory, it especially stays and builds up in the individual survivor’s memory. Miranda believes she is the lone survivor; hence it is her duty to sing and mourn and remember the dead. Porter’s telling of the story is her way of holding onto the memory as also a testimony of her faith in the healing powers of storytelling. Religious connotations and beliefs getting mixed up in the progression of the war and the pandemic, is born out of the human desire to make sense of the chaotic traumatic happenings.

In the novella, Miranda contemplates dying and falling into oblivion: “Oblivion, thought Miranda, her mind feeling among her memories of words she had been taught to describe the unseen, the unknowable...I shall not know when it happens, I shall not feel or remember, why I can’t consent now, I am lost, there is no hope for me.” (Porter 251). Almost at once, as if a curtain has fallen, Miranda realises that she is quite familiar with this ultimate reality. The thought leads her to return and look at the living again. But now she laments, “Where are the dead? We have forgotten the dead” (Porter 255). This aptly sums up the fear and the worry; of forgetting those who died or being forgotten after death and no one to remember or mourn the loss and the pain, the trauma felt by the unfortunate victims. Perhaps,

as she wrote the book some twenty years later, Porter already felt the memories becoming blurred or mixed up leading her to think that the suffering and devastation experienced by so many would disappear from cultural memory. Miranda, (as Porter did), quite miraculously returns from the brink as if, and back to life. She, however, feels no joy of recovery, only despair and foreboding.

As Miranda recovers from her illness, she discovers that the world has changed in comparison with how it was before she fell sick. The war is over, and so is the infection. As the people celebrate in the streets, Miranda tells her nurse, “Please open the window, please, I smell death in here” (Porter 256). She hopes that she can resume living, but as she opens one of the letters waiting beside her bed, she learns that Adam is dead. He died not in the “filthy war,” but of infection, probably caught from her. Miranda initially does not react. The grief of losing him as well as the guilt of surviving is tremendous. She desperately prays that the news is a lie, “She said, “I love you,” and stood up trembling, trying by the mere act of will to bring him to sight before her. If I could call you up from the grave I would, if I could see your ghost I would say, I believe” (Porter 264). As a survivor, Miranda cannot bear the thought of Adam not being there, and she feels it is her responsibility to remember him always. Rather she has an obligation to remember. David A. Davis aptly points out how Porter draws from her personal trauma to provide an authentic and powerful creative expression of an almost forgotten historical event. As Davis notes, “She incorporates trauma ...by embedding a cycle of remembering and forgetting into the text’s language and structure. Miranda uses the language of memory ‘remember,’ ‘reminder,’ ‘memory,’ ‘forget,’ ‘forgotten,’ --- on more than a dozen occasions.” (Davis 58). The aim is to ensure there is no forgetting or disappearing from historical as well as cultural memory. It is only through mourning that Miranda can look towards the future: “No more war, no more plague, only the dazed silence that follows the ceasing of the heavy guns; noiseless houses with the shades drawn, empty streets, the dead cold

light of tomorrow. Now there would be time for everything” (Porter 264). The ‘time for everything’ does not indicate that Miranda is moving on in life as if it is all in the past now. Instead, these words convey profound sorrow and a deep sense of loss even as life goes on. Porter achieves her objective of coming to terms by inviting readers to share her trauma. With her literary text, as Porter facilitates readers’ participation in the pandemic experience, she ensures the survival of its memory.

To sum up, approaching Porter to understand the ongoing Covid 19 pandemic is to enter the nightmarish world where the pale rider on the pale horse continues to gallop away claiming victims without mercy and one after the other. Covid 19 has indeed altered the way people think about life and conduct business on day-to-day basis. Confronted suddenly with vulnerability to pandemics has renewed interest in the historiography of infectious diseases and what it did to individuals or how it played havoc with lives. Porter’s narrative provides a perspective on all these issues. Whether a literary text can be a tool of memory to draw lessons from maybe a point of debate, but for those who venture to learn from the past experiences of the pandemic, Porter offers a rare and real opportunity. By combining images from the Biblical apocalypse, World War one, and the Influenza pandemic, she creates an enduring memory of a particularly critical historical moment that continues to be relevant today. The tender tale of love and tragedy, particularly in times of covid, offers much to learn about human grief, loss, illness, and suffering. As a pandemic narrative, it can help develop deep compassion towards the suffering of others and to do something about it among its readers. Since no one is immune from infection, we must find a way to hear the stories of the sick. We must learn to make and read representations of the sick without judgments based on categories governing race, gender, or caste. To imagine that some time from now, all the suffering as also the victims of the ongoing pandemic might vanish from collective memory is a disturbing and sobering thought emphasising the transient nature of human life, experience, and memory. After all, all this, even

if it is termed as ‘useless dying, ’should obviously mean something. As the world moves on from the current pandemic as well, it would do well to remember the suffering, grief, and loss of all who are suffering and take care of them genuinely. Perhaps, the solution would be to embed the memories within the world of literature, where they shall be retained, nurtured, cherished, and referred to forever. It should not take another pandemic for the world to take notice of Porter’s work or, for that matter, of the painful accounts of contemporary history of the Corona pandemic.

Works Cited

- Brison, Susan J. “Trauma Narratives and the Remaking of the Self.” *Acts of Memory: Cultural Recall in the Present*, edited by Mieke Bal, Jonathan Crewe, and Leo Spitzer, New England UP, 1999, pp. 39-54.
- Brooker, Jewel Spears. “Nightmare and Apocalypse in Katherine Anne Porter’s Pale Horse, Pale Rider.” *The Mississippi Quarterly*, vol. 62, no. 2, Spring 2009, pp.213-34.
- Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, and History*. The Johns Hopkins UP, 1996.
- Davis, David A. “The Forgotten Apocalypse: Katherine Anne Porter’s “Pale Horse, Pale Rider,” Traumatic Memory and the Influenza Pandemic of 1918.” *The Southern Literary Journal*, vol.43, no. 2, Spring 2011, pp.55-74.
- Mairs, Nancy in Diane Price Herndel. “Writing About Illness, Bodies, Culture.” *American Literary History*, vol. 10, no.4, Winter 1998, pp. 771-85.
- Porter, Katherine Anne. *Pale Horse, Pale Rider*. Random House, 1939.

Death, Disease and Disillusionment: Logotherapy and Survival Motivation in Somerset Maugham's *The Painted Veil*

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Abstract

Pandemics have been known to change the course of history. Pandemics in literature reflect on human behaviour, vulnerability, fear of the disease and death amongst the people. With healthcare systems collapsing, loved ones suffering and dying there is a general sense of dread and depression leading to cynicism and anxiety.

In *Man's Search for Meaning*, Viktor Frankl recounts his experiences in the Nazi concentration camps and his survival story. He used his own theory, logotherapy, to discover how hope can be found in the midst of suffering and death. Logotherapy, which translates literally "to heal through meaning", is both a philosophy for living and a method employed in psychotherapy and counselling. Logotherapy means "a will to meaning in life"; finding a meaning in life which helps us to have something to live for.

This paper endeavours to study William Somerset Maugham's *The Painted Veil* in the light of Frankl's logotherapy. This paper offers insight into the situations of the characters and applies logotherapy as the pivot of hope during the epidemic and debates how finding a meaning and purpose in life provides motivation and an anchor to survival.

Keywords: Pandemic, Logotherapy, Viktor Frankl, Somerset Maugham, The Painted Veil, Survival motivation, Will to meaning.

...is there any sense in asking what is the meaning of life?

-Maugham, 9

He who has a way to live can bear with almost any how.

-Frankl, 9

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Viktor Frankl was an Austrian Psychiatrist and neurologist who founded the theory of Logotherapy – a meaning-centred approach to psychotherapy. In contrast to Freud's "will to pleasure" and Adler's "will to power," logotherapy is based on the idea that we are driven by a "will to meaning" or an inner desire to find purpose and meaning in life. (Ameli and Dattilio 387)

What keeps us going despite suffering and pain? How to overcome disillusionment and despair? According to Frankl, every person has a “will to meaning” in their life. They just have to look for that will and find their purpose in life and hold onto it. In the bestial concentration camps Frankl had nothing to hold onto. His entire family – father, mother, brother and wife were killed in some camp or the other. Only his sister survived. How did he - who had lost every human and material possession – find a reason to live? It was here that he used his theory of Logotherapy to survive:

...to live is to suffer, to survive is to find meaning in the suffering. If there is a purpose in life at all, there must be a purpose in suffering and in dying. But no man can tell another what this purpose is. Each must find out for himself, and must accept the responsibility that his answer prescribes. If he succeeds, he will continue to grow in spite of all indignities. (Frankl 9)

The Painted Veil was published in 1925. It is the story of Kitty Garstin and her ill-fated marriage to bacteriologist Walter Fane, and thus it describes her growth as a human being. Kitty marries the wrong man for the wrong reasons. Her mother’s pressure for marriage and dreading her plain-looking and unattractive younger sister getting into wedlock before her forces her to marry Walter Fane, a bacteriologist, who is passionately in love with her. However, after moving to Hong Kong with her husband, she falls in love with the charming and handsome Charles Townsend, the Assistant Colonial Secretary. When Walter Fane discovers his wife’s infidelity he gives her a choice – either accompany him to Mei-Tan-Fu, a village beset by the cholera epidemic or submit to a public and socially humiliating divorce. While Townsend refuses to leave his wife and marry Kitty, she is left with no choice but to follow her husband to what she considers certain death. While in Mei-Tan-Fu, Kitty discovers that she is pregnant. She starts to help the nuns at the convent and busies herself while Walter stays out the whole day treating patients. Eventually, Walter contracts the disease and succumbs to it and Kitty returns to her parents’ home.

Kitty knows that her husband's intention is to let her die of the epidemic. The time that she spends alone surrounded by death and disease coupled with the jolt that she has received with Townsend's outright rejection of her makes her reconsider her life. *The Painted Veil* is about sin and suffering, service and sacrifice, repentance and regeneration. Opposing notions, such as the beautiful and the grotesque are juxtaposed. It reflects the antithetical nature of human relationships and captures the fine line between love and hate, passion and anger. In Maugham's world basic human emotions are twinned in the hearts of men and women and they never follow a mathematical and proportionate method of acting and reacting. In *The Painted Veil* human beings become victims of their own illusions.

Walter Fane, previously considered a cowardly and meek bacteriologist, is content with his life. He is married to the woman he loves and his work provides him with the satisfaction in life. Overall, his life has a purpose – love and work. His personal and professional lives are both to his liking, but when his dream existence is shattered by his wife's infidelity, he loses track of his life's purpose and meaning. His entire world comes crashing down. He is unable to find a reasonable purpose in life when he goes to the cholera ridden village Mei-Tan-Fu because his real intention is to punish Kitty by letting her die due to the epidemic. He hopes the same for himself. Viktor Frankl writes:

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation... we are challenged to change ourselves (104).

Walter is not able "to change" himself according to the need of the hour and circumstances. His "personal tragedy" does not lie just in being betrayed by his wife but in being unable to cope with

the betrayal. While in Mei-Tan-Fu, he performs his duties devotedly but his inner self is dead. He has “no will to live” and “no will to meaning” – it is all lost with his loss of faith in Kitty. It isn’t the epidemic that kills him. It is his lack of determination and lack of a reason to live that takes his life. His last words before his death are “The dog it was that died”. This is the last line from Oliver Goldsmith’s poem “An Elegy on the Death of a Mad Dog”. The poem is about selfishness and how it is manifested in people’s actions in society. Its main message is a critique of society, telling a story about betrayal and shallowness. At the beginning of the poem, one learns that the dog and the man are friends, but when the dog bites the man, people start to think that the dog has gone mad. They are all convinced that the man will die, and are shocked when it turns out to be the dog that unexpectedly dies instead.

Walter chooses to call himself the dog here and Kitty the man. He means that Kitty’s unfaithfulness was so poisonous that it killed him despite the fact that he had intended death for Kitty. Like the dog he had bitten Kitty so that she would ultimately lose her life to cholera. But the poison which she spread through Walter because of her infidelity spread to his soul and he wasted away in the end. People consider it madness when he takes her along to an epidemic ridden region. “She might have easily lost her life: he had. Was it a joke?” (Maugham, *The Painted Veil*). They all fear for her life, but she is the one who survives because she finds “a life-purpose” which gives her the will to survive.

Also, as compared to Walter, her intentions are never evil. She falls in love with someone else and commits adultery. But her intentions are never as cruel and evil as those of Walter who wants her to die. He wants to punish her physically and mentally. Outwardly, a well-respected and highly regarded doctor, inwardly, he is almost possessed by the devil at this juncture. He is a person of extremes – either quiet and loving to insanity or vengeful and hateful to the extent to turning into a murderer.

Kitty, on the other hand, turns out to be a balanced person out of the two. She quickly learns from her actions and begins to introspect. She is young and inexperienced, someone who grew up in a society where women were viewed as prospective brides, wives, mothers or daughters. Education and sophistication were never given any importance and she was raised by her mother with the sole ambition of finding a suitable husband for her. Her mother was herself disappointed in her husband, who according to her did not get enough promotions and was a social embarrassment to her. Kitty, being the beauty of family, pays the price of her mother's misplaced ambitions and expectations.

She has no freedom of choice in her life. She marries Walter Fane out of compulsion and later on is forced to move to a death-hole. All her life she is fettered by the desires of others and if she ever dares to follow her heart she is labelled as unfaithful and punished. After Walter's death Kitty suddenly finds herself free.

Freedom! That was the thought that sung in her heart so that even though the future was so dim, it was iridescent like the mist over the river where the morning sun fell upon it. Freedom! Not only freedom from a bond that irked, and a companionship which depressed her; freedom, not only from the death which had threatened, but freedom from the love that had degraded her; freedom from all spiritual ties, the freedom of a disembodied spirit; and with freedom, courage and a valiant unconcern for whatever was to come (Maugham).

Finally, it is in Mei-Tan-Fu, broken-hearted at Townsend's rejection and jolted to reality that she decides to change. This change is brought about in her because she decides to live life on her own terms, for herself and no one else. She discovers herself while working with the nuns at the convent. When she finds out about her pregnancy, it becomes the turning point in her life. Though she has the chance to retrieve her lost life with Walter by telling him that he is the father of the child, yet she chooses not to lie. When asked by Walter she says that doesn't know. This is a sign

of a strong and honourable character. While Walter is scheming and burning inside Kitty lays all her inner demons to rest.

Kitty begins to change when she starts to work with the nuns, taking care of the orphans. She realises that there is more in life than going to parties and having a great time. She begins to love the feeling of being needed. She changes not merely by her association with the nuns but because of her encounter with death; seeing people die everywhere of cholera. Face to face with death for the first time in her life, she becomes aware of the insignificance and triviality of life. She, who used to think that “painted veil” of life was the only reality has now the veil rudely lifted up before her gaze. Fear begins to purify her character. She works hard to change her old habits and ways. The impact of death and disease gives Kitty a new knowledge; it helps her have a better understanding of life and its meaning because “the meaning of life differs from man to man, from day to day and from hour to hour. What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person’s life at any given moment.” (Frankl 102) She helps in the convent because she wants to help the people and not because of any ulterior motives. Kitty matures through various stages in life - marriage, love, adultery, indifference, suffering and regeneration and finally becomes a beautiful human being:

Kitty had a queer feeling that she was growing. The constant occupation distracted her mind and the glimpses she had of other lives and other outlooks awakened her imagination. She began to regain her spirits; she felt better and stronger... It began to seem quite natural to live in the midst of a terrible epidemic. She knew that people were dying to the right and left of her, but she ceased very much to think of it (Maugham).

With her pregnancy she finds another purpose in life – to raise a responsible and better child than her mother raised her to be. She wants to make sure that her child does not make the same mistakes

which she made in her life and decides to give her child the freedom to live. While talking to her father she says:

I want a girl because I want to bring her up so that she shan't make the mistakes I've made. When I look back upon the girl, I was I hate myself. But I never had a chance. I am going to bring up my daughter so that she's free and can stand on her own feet. I'm not going to bring a child into the world, and love her, and bring her up, just so that some man may want to sleep with her so much that he's willing to provide her with board and lodging for the rest of her life (Maugham).

Kitty's submission to Townsend after her return to Hong Kong, appears artificial in the beginning. But a vehement indulgence and subsequent negation are very much need for her purification and liberation. This episode between her and Townsend proves to be the ultimate soul-wrenching revelation to her. She, who had believed herself to be free of all feelings for the man, submits to him without much resistance. The self-loathing which she experiences subsequently brings about the most remarkable shift in her character. It is at this juncture that she feels like a cheat not just to her own self but to Townsend's wife who has been extremely good to her:

I don't feel human. I feel like an animal. A pig or a rabbit or a dog. Oh, I don't blame you, I was just as bad. I yielded to you because I wanted you. But it wasn't the real me. I'm not that hateful, beastly, lustful woman. I disown her. It wasn't me that lay on that bed panting for you when my husband was hardly cold in his grave and your wife had been so kind to me, so indescribably kind. It was only the animal in me, dark and fearful like an evil spirit, and I disown, and hate, and despise it. And ever since, when I've thought of it, my gorge rises and I feel that I must vomit (Maugham).

The title of the novel *The Painted Veil* is taken from P.B. Shelley's sonnet "Lift Not the Painted Veil". "Lift not the painted veil which those who live Call Life: ...a Spirit that strove For truth, like the Preacher found it not." (Shelley) Shelley's biographer, Newman Ivey White, points out that

'Veils 'is almost always with Shelley a symbol of the concealment of truth. (White, 331) The symbolism of the veil is used by Shelley in another of his poems *Prometheus Unbound*, "Death is the veil which those who live call life." Life is made of illusions and people's ideas of reality, truth and death are all veiled.

Though the novel reflects the ambivalence of the poem it is magnanimous towards life and a great deal less obscure. According to Frankl, life is all about one's perspective. When the "veil" is lifted the bitter truth and reality is revealed and it is this bitter truth that the characters of the novel have to deal with. Each one deals with it in his or her own way and it is only Kitty who manages to emerge as a better and improved version of her older self while Walter's baser characteristics take control of his psyche and reduce him to the worst version of his older self. According to Frankl, every situation in life is like a problem or a challenge and man can solve these problems by being responsible and that is the very essence of human existence. (102) In the end Kitty succeeds in finding "a meaning in life" which serves as an anchor for her survival through her suffering – both emotional and physical. But as Frankl believes, it is not necessary to suffer to find meaning in life, he simply tells us through his experience and Logotherapy that "meaning is possible even in spite of suffering." (105) In the end we can say Kitty is able to "live" a meaningful and fulfilling life through experiences which help her grow as a human being.

She has found wholeness within herself and united the material life within the spiritual by allowing it to transform the material that yet remains the same; ... And the moral import of that is, that it is not necessary to die to attain the Kingdom of Heaven but necessary only to live (Ward 247).

Works Cited

Frankl, Viktor. *Man's Search for Meaning*. Beacon Press, 1992.

Maugham, S.W. *The Painted Veil*. E-book ed. Vintage Digital, 2009, Kindle.

Maugham, S.W. *The Summing Up*. William Heinmann, Heron Books, 1938.

White, Newman Ivey. *Portrait of Shelley*. A.A.Knopf, 1945.

Amelli, Matti and Frank. M. Dattalio. "Enhancing Cognitive Behavior Therapy with Logotherapy: Techniques for Clinical Practice." *Psychotherapy (Chic)*. 2013 Sep:50(3):387-91.

doi: 10.1037/a0033394. PMID: 24000857.

Shelley, Percy Bysshe. *Complete Poetical Works*, Donald & Klopfer, 1961.

---. *Prometheus Unbound*. Dent, 1961.

Ward, Richard H. W. *Somerset Maugham*. Geoffrey Bles, 1937.

Progeria and Stigma of Normality in Scott Fitzgerald’s “The Curious Case of Benjamin Button”

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Abstract

Deterioration in the physical or mental state of a human body has always been a cause of serious concern for both the affected and the related family. While medical practitioners, in hand with the researchers and scientists, have been actively innovative in finding cures for the manifold diseases reported worldwide on a daily basis, not all illnesses have found their killer-medicines. Progeria is one such rare genetic disorder with no cure. The disease has made its appearance in various genres in English Literature. This paper presents a study of the implications of this syndrome with reference to Fitzgerald’s short story “The Curious Case of Benjamin Button.” The case of Benjamin Button is a fictionalized case of Progeria where Benjamin suffers reverse ageing. Born as a septuagenarian, Benjamin dies as a baby. This curious case has triggered off several questions related to the idea of ‘normalcy’, ‘diseased condition of the human body ’and ‘ageing ’with its sociological, psychological and ontological implications, and the credibility of medical advancements devoid of humanitarian concerns. Drawing theoretical insights from C.P. Snow and Susan Sontag, this article discusses the stigma of ageing as perceived in the human society and the invincible potency of Progeria to demolish it.

Keywords: Progeria and English literature, Scott F. Fitzgerald, Benjamin Button, Ageing, Normality, Foucault, Medical Humanities

Literature serves as a guide to the rapidly changing medical landscape of the world. In his Reed lecture delivered in 1959, C.P. Snow observed “a gulf of mutual incomprehension – sometimes hostility and dislike” (2) between the sects of literary intellectuals and physical scientists. However, some works of literature have tried to bridge the gulf by fictionalising the experiences of the sick, the debilitated, the homeless, the disabled, the impaired and the challenged. These stories approach the idea of health and ability from scientific perspectives unperceived by the common man. Illness narratives make health and sickness at the centre of the fictional experience. In fact, they expeditiously actualised Snow’s vision to integrate the two cultures of science and humanities. Medical Humanities exhorts the field of Medicine to implement human-centred practices that blend traditional and cutting-edge technology, and work to mitigate the tension between the factors that allow the medical practitioners to address the disease and the holistic approach that encourages patients to thrive. It should adopt a humane approach towards the medical condition or sickness of individuals, boosting their morale to believe in the adoption of a healthy life. It captures the subjective experience of patients within the objective and scientific world of medicine.

Deterioration in the physical or mental state of a human body has always been a cause of serious concern for both the affected and the related family. While medical practitioners, in hand with the researchers and scientists, have been actively innovative in finding cures for the manifold diseases reported worldwide on a daily basis, not all illnesses have found their killer-medicines. Progeria is one such rare genetic disorder with no cure. The disease has made its appearance in various genres in English Literature. This paper presents a study of the implications of this syndrome with reference to Fitzgerald’s short story “The Curious Case of Benjamin Button.” The case of Benjamin Button is a fictionalised case of Progeria where Benjamin suffers reverse ageing. Born as a septuagenarian, Benjamin dies as a baby. This curious case has triggered off several questions related to the idea of ‘normalcy’, ‘diseased

condition of the human body 'and 'ageing 'with its sociological, psychological and ontological implications, and the credibility of medical advancements devoid of humanitarian concerns. Drawing theoretical insights from C.P. Snow and Susan Sontag, this article discusses the stigma of ageing as perceived in the human society and the invincible potency of Progeria to demolish it.

Progeria comes from a Greek word for 'prematurely old'. Hutchinson-Gilford progeria syndrome (HGPS) is characterised by "extreme short stature, low body weight, early loss of hair, lipodystrophy, scleroderma, decreased joint mobility, osteolysis and facial features that resemble aged persons" (Hennekam 2603). It is one of the rarest diseases affecting one in every four to eight million births. Gordon, Professor of Paediatrics research published the following facts about Progeria and its cause:

In 2003, scientists discovered that a genetic mutation causes HGPS. They identified a gene, called LMNA that controls the production of a protein known as Lamin A. This protein makes up part of the membrane that surrounds the cell nucleus. Scientists think that the damaged protein makes the cells of the body unstable. This instability leads to the process of premature ageing (np).

The average existence of a Progeria patient is observed to be thirteen years of age because ageing happens faster than usual in their cases. They are born with an aged look and have typical facial features and physique that is almost similar in all of them. Panigrahi and team's research paper declares that there is no effective treatment for its cure as of now. The only available approach functions towards symptomatic treatment, timely identification and prompt management of the arising complications (np). The available treatment only helps ease or delay some of the symptoms of the disease. Although medics and scientists work hand in hand to come up with a significant cure for this disease, the patients continue to suffer.

Fitzgerald's short story, "The Curious Case of Benjamin Button", is an exclusive account of a case of Progeria functioning with a heavy fictional element. It was first published in 1922 in *Collier's Magazine* and later anthologised in Fitzgerald's collection, *Tales of Jazz Age*. Fitzgerald notes that he was inspired to write such a tale at Mark Twain's remark "It is a pity that the best part of life comes at the beginning, and the worst part at the end" (Petry 202). It is probable that this idea had triggered, in Fitzgerald, the absurdity behind the universal desire to remain, be considered and admired as young forever, which became the seed for this short story. Although he says that his attempt to write this story had resulted in "a weird thing," that could be "the funniest story ever written," (Petry 202) the case of Benjamin Button has sparked off several discussions on the fantasies attached to youth, the real repercussions of ageing and more importantly, a very rare but terrifying disease called Progeria. He imagines a strange situation of growth from old age to babyhood. The story serves as "a backdrop for exploring the dimensions of having chronological age severed from psychological age, having the human experience be transformed whether in the imagination of artists or by bioengineers and those interested in rejuvenation medicine and those who espouse pro-longevity and immortality" (Felsted 142). It is reportedly a case of reverse ageing but can be related to Progeria due to similar medical conditions, symptoms, challenges and fatality.

In the beginning of the story, Benjamin Button appears as "a man of three score and ten, a baby of three score and ten, a baby whose feet hung over the sides of the crib in which it was reposing" (BB 5). The Buttons held a highly desirable social and financial position in Baltimore and were among the top-listed expectant parents of the town. They owned the legacy of being ahead of their times, be it the use of technology or a modernised lifestyle. Hence, they strived hard to maintain their honour and social esteem. But as destiny would have it, fortune missed favouring them on the day when Mrs. Button, to the utter shock of the entire medical

fraternity of Baltimore, delivered a septuagenarian, who became the only heir to the name, fame and property of the Buttons.

Mr. Roger Button, unable to accept the condition of the new-born, pressurises Benjamin Button to lead a 'normal life' that is coterminous with his chronological years after birth. While Benjamin waits to pore over newspapers and encyclopedias, enjoy hour-long chats with his grandfather or get to his closet to smoke a cigar in secrecy, his father forces him to play with rattles, toy trains and cotton stuffed animals. All the time, the father refuses to accept the reality behind Benjamin's medical, psychological and physical condition. While Mr. Button is aware of Benjamin's anomalousness, as revealed by his intentional grooming of his son, he insists on 'believing' in the illusion he creates about Benjamin that he was 'normal'. Obsession with normality is another important theme of this story. When critically analysed, discrimination based on normality and abnormality of an individual is racial science. The 1990 Disability Act in the US contained an elaborate explanation that concluded no individual as actually normal or abnormal. A psychology textbook describes "the idea of normality [as] socially constructed and contested notion" (Wetherell 359). Foucault severely criticised these notions and norms as "order defined by natural and observable processes" (179) and therefore, not possessed by anyone to exercise superiority over another. The conceptual framework within which the idea of 'normality' operates dates back to the eighteenth century. During this time disciplinary surveillance combined with physical examination of individuals was carried out in hospitals, prisons, schools and barracks. These groups endorsed "the universal reign of the normative ... [and] each individual, wherever he may find himself, subjects to it his body, his gesture, his behaviour, his aptitudes, his achievements" (Foucault 304). Thus, the idea of normality became integral to the psychological discourse of the twentieth century.

Kim Sasser observes, "Mr. Button's selfishly motivated desire to perceive his son as normal causes him never truly to see his son, the actual person in front of him, and thus care

for Benjamin in the way his son's odd yet actual age requires" (188). Sasser's view gives an insight into the purpose served by Medical Humanities. A father like Mr. Button, who holds a selective vision of his son's ontological aberrancy, could be a potential threat to the life of the patient. Parents, indifferent to the needs of their ailing children, become one of the prime reasons for both mutual disharmony and failure of medical treatment given to the patients. Medical Humanities functions on the principles of humanistic approach to the treatment of diseases and reiterates the role of family and the society at large in transforming the fragile world of the patients into a comprehensive one.

Benjamin Button suffers disappointment throughout his life due to his incongruent physical and mental age. Fitzgerald had designed a story where the worlds and Benjamin's time frames operate in opposite directions, to meet somewhere in the centre, which is the only time of his life he could live like other human beings. Around thirty years after his birth, he is physically and mentally able to embrace the age in its entirety. However, his happiness is short-lived as he begins to experience frustration in the phases that follow where at one point of time he grows physically and mentally younger than his own son.

"The Curious Case of Benjamin Button" also questions the underlying presumption of normal behaviour concerned with memory befitting old age, memory and youth. Born as a baby, a human being acquires knowledge, accumulates memories as he grows into adulthood and then passes into old age, a second childhood. Benjamin Button's supposed "weird" life deconstructs the fantasies attached to youth and youthful appearance. Both turn out to be huge challenges for him whose life is sandwiched between physical and mental growth and the pressure to comply with the social norms. Since his life seems to be on a reverse movement, he comes on earth with the knowledge sourced from experience. That could probably be the reason why he takes life in the right stride with a composure befitting his age defined by physical and mental conditions. His likes and dislikes are compliant with this age. As a result,

Benjamin enters his youth after experiencing old age. At several points of time, the stark truth frequently haunts him that he would never be able to go back to that age which he had lived through and his friends would be experiencing in future. This psychological discord creates emptiness and a desire for 'normalcy' in the deep abyss of his psyche.

In this case, age is not mere numbers or the accumulation of years after the birth date. Age becomes an individual's identity in the world. However, the idea that one changes with age remains constant because Benjamin also undergoes change after birth. Age dictates one's physical and mental conditions, personality and character traits. Though Benjamin succumbs to his age-related wishes, he is forced to behave as per his chronological age. The other characters are insensible to Benjamin's needs and aspirations because they bother more about society's expectations and reaction. He, however, manages to please his father and later, his son, but most often is helpless.

Prioritising peace, comfort and happiness, it is absurd that neither Benjamin nor his family were allowed the freewill to accept the former's condition as it is. Fitzgerald challenges the real purpose and meaning of ageing through Benjamin who seems to be abnormal to the society, yet demonstrates the problems associated with youth too. Growing young could create confusion within a family. Ageing could be graceful if one accepts it with a positive frame of mind. While ageing is usually accompanied with memory related issues, remaining young could be equally challenging. In any case, the importance of 'perfect remembering' and the 'fear of forgetting' are largely debatable. The natural trait of forgetfulness in old age is a blessing in disguise because it helps one to grow beyond the limiting beliefs of hatred, anger and differences. One grows to embrace humanity in its whole. But Fitzgerald evokes real-life situations through the life of this fictitious character whose life "stresses the disruption and havoc that can emerge when the threads of memory are severed from the salient features of life. It brings about how such severance is an obstacle to change.... By highlighting how

forgetfulness damages and dissipates Benjamin Button's topsy-turvy existence, we can grasp how forgetfulness may overlap into moral concerns" (Alexander 16). The three threads namely chronological age, bodily age and psychological age are seldom congruent and are inharmoniously interwoven in Benjamin's life. Hence, he fails to cope with his peculiar circumstance which further creates confusion and disorientation in his life. Being an adult, he is not allowed to behave like one. Instead, he is forced to be like a child befitting his chronological age. Similarly, when he reaches his old age, though physically becomes a baby, he is expected to behave like an adult. These expectations are as per the chronological age and the society completely ignores his bodily and psychological peculiarities and special needs. Compelled to comply with the society's belief system, people like Benjamin Button tend to deceive themselves by pretending to project themselves as not abnormal in any way. In certain circumstances Benjamin Button either revels in his inability or hides his growing unhappiness by diverting his mind towards newer interests. Though he does not indulge in self-pity, he seems frustrated with his life running reverse and termed 'abnormal' in the human world. Susan Sontag terms such pretence as 'romantic agony' in her essay "Illness as Metaphor. She writes, "Agony [becomes] romantic in a stylised account of the disease's preliminary symptoms... and the actual agony [is] simply suppressed" (29).

The choice of diction further validates the idea of normality as a major concern posed by the story. Scott Fitzgerald often confounds the readers by using words like 'normality', 'normal appetite', 'proper thing', 'acceptable and appreciated by the people of Baltimore', 'years of normal ungrowth' and so on. The idea of 'normalcy' is itself questionable as it is an elusive component in the sociological circle. Society assigns roles, responsibilities, behavioural norms to different age groups and persuades them to follow them. Balzer challenges the enforcement of such attributes in his article:

We have to negate ourselves to perform ourselves in contrast to our feelings, emotion, needs and so on. Questioning the attributes of ‘adulthood’ and ‘childhood’ as well as their effects, could mean to produce new possibilities of experiencing life for those who need recognition to live, but who feel restricted by the very parameters that are used for their recognition as an adult – ignoring this may have painful consequences even for fictitious persons like Benjamin Button. (218)

Financial insufficiency and the need for special care marginalise these special people in the society. Though the funded research organisations provide them with assistance at various levels, it does not suffice.

Family plays a major role in the life of these patients. It is important that they underplay their sorrows and frustration at the unfortunate sight of their own children suffering from this disease and prioritise the needs and expectations of these patients. While in reality, the patients do get the benefit of a friendly environment, Fitzgerald’s fictitious character Benjamin is not privileged to experience such compassion and kindness. His family, especially the father (the mother’s presence is not evident in the story), does not accept him for what he is. He agrees to satisfy Benjamin’s wishes as long as he plays along with a charade of normality. His family exists around him simply as an obligation, with no real love or care for him. Neither his father nor his son tenders any understanding of his desires and cravings. He is left to suffer loneliness and disappointment as most of his expectations are not met by the society. Be it the wish to spend time in hour-long chatting with his grandfather or choosing to join army or getting into Harvard, he is denied these wishes owing to his appearance which is in contrast to his chronological age. Henry Alexander states that Benjamin fails to change his behaviour as per others’ expectation because he is “unable to see himself as others see him” and is unaware “as to how he comes across to others” (2). It is evident that in spite of the ever-growing fantasy

attached to remaining young forever, Benjamin's case reveals the immanent distress and disillusionment that come along with it. This case of reverse ageing, an imaginary extension of Progeria, effectively brings out the mental condition of a person affected by such a rare disease for which no cure is available.

Through this story, the author indicates the need for a discrimination-free society that is likely to provide equal opportunity and adequate space for such patients to live their life to the fullest. From the perspective of Medical Humanities, this paper highlights the various challenges faced by Progeria patients with reference to Benjamin. It asserts that people affected with rare diseases also deserve a meaningful life and it is necessary to treat every being with dignity. Physical and mental disorders have a grievous implication on patients. Physical disorders especially, distort one's external appearance. This directly influences the individual's attitude towards oneself. Moreover, the society casts them as a freak which further affects demoralises them. Hence, apart from the work to be carried out in the field of medicine, it is the responsibility of the society to discard curiosity towards such people and embrace them as part of the society.

Aged, differently-abled and terminally ill people and people with rare physical and mental disorders have recently gained attention from various sectors like media, medical care and literature. While deteriorating health may cause impairment of one's abilities, discrimination based on this inability causes mental depression and a sense of insecurity among patients. To arrive at a remedial measure, the medics should join hands with psychologists and social thinkers to evolve a unique care-system that embraces humanity along with its physical, psychological and social inadequacies. The medical fraternity should strategise an effective combination of medicine and motivation in the care system that eschews stereotyping and social judgements from affecting the patients' morale.

Richard Smith sums up the two apparent formulations of Medical Humanities, “The additive view is that medicine can be ‘softened ’by exposing its practitioners to the humanities; the integrated view is more ambitious, aiming to shape the ‘nature, goals and knowledge base ’ of medicine itself” (qtd. in Greaves:2). The combination of medicine and art of literature should aim at developing a standpoint that is concerned with the understanding of what is it to be human with a common mode of enquiry. The professionals should therefore eschew all sorts of bias, prejudice, selfishness and greed for money and, espouse the cause of humane care to foster a healthy and happy world community.

Works Cited

- Alexander, Henry. “Reflection on Benjamin Button.” *Philosophy and Literature*, vol. 33, 2009, pp. 1-17, http://muse.jhu.edu/content/crossref/journals/philosophy_and_literature/v033/33.1.alexander.html. Accessed 21 June 2019.
- Balzer, Nicole. “I Can’t Tell You Exactly Who am I...: The Creation of Childhood and Adulthood in F. Scott Fitzgerald’s Short Story “The Curious Case of Benjamin Button””. *Justice, Education and the Politics of Childhood: Challenges and Perspectives*, edited by Johannes Drerup, Gunter Graf, Christoph Schickhardt and Gottfried Schweiger, Springer, 2016, pp. 207-219.
- Felsted, Katarina Friberg and Scott D. Wright. *Toward Post Ageing: Technology in an Ageing Society*. Springer, 2014.
- Fitzgerald, F. Scott. “The Curious Case of Benjamin Button.” *Freeditorial Publishing House*, 2013. <https://freeditorial.com/en/books/the-curious-case-of-benjamin-button> Accessed 20 June 2019.

- Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. Pantheon Books, 1977.
- Gordon, Leslie B. "Progeria." World Book Student, *World Book*, 2017, www.worldbookonline.com/student/article?id=ar447180. Accessed 13 June 2019.
- Greaves D, Evans M. "Editorial: Medical humanities". *Medical Humanities*, vol 26, no. 1, 2000, pp. 2. <http://dx.doi.org/10.1136/mh.26.1.1>. Accessed 20 June 2019.
- Hennekam, Raoul C.M. "Hutchinson-Gilford Progeria Syndrome: Review of the Phenotype." *American Journal of Medical Genetics - Part A*, vol. 140, no. 23, 2006, pp. 2603-24. [10.1002/ajmg.a.31346](https://doi.org/10.1002/ajmg.a.31346). Accessed 15 June 2019.
- Panigrahi, Rajat G, Antarmayee Panigrahi, Poornima Vijayakumar, et al. "Hutchinson-Gilford Progeria Syndrome: A Rare Genetic Disorder." *Case Reports in Dentistry*, 2013. <https://doi.org/10.1155/2013/631378>. Accessed 15 June 2019.
- Petry, Alice Hall. *Fitzgerald's Craft of Short Fiction: The Collected Stories: 1920-1935*. The U of Alabama P, 1989.
- "Progeria." *Encyclopaedia Britannica*, 19 Feb 2019. <https://freeditorial.com/en/books/the-curious-case-of-benjamin-button>. Accessed 11 Aug 2019.
- Sasser, Kim. "The Magical Realist Case for 'Benjamin Button'". *The F. Scott Fitzgerald Review*, vol 8, 2010, pp. 181-207. *JSTOR*. Accessed 15 July 2019.
- Snow, C. P. and Stefan Collini. "The Rede Lecture (1959)." *The Two Cultures*. Cambridge UP, 1993, pp. 1-52.
- Sontag, Susan. *Illness as Metaphor; and Aids and it's Metaphors*. Doubleday, 1990.
- Wetherell, Margaret. *Identities: Groups and Social Issues*. Sage Publications, 1996.

'Blindness' as a Trope: Probing the Metaphorical Illness and Understanding the Socio-Political Reality in José Saramago's *Blindness*

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Abstract

The paper aims to explore the epidemic of blindness as an allegory to comment on human weakness and immorality in José Saramago's *Blindness*. Saramago created a more timeless and universal description and critique of human behaviour, of humanity and its civilisation. In *Blindness*, Saramago transports us into a society in which an unexpected epidemic of blindness (whose mode of transmission is unknown) spreads quickly, leading to chaos between citizens and institutions.

The study of epidemics always helps us understand the socio-economic structures, politics as well as personal relationships. Epidemics have affected human civilisation in multiple ways - culturally, politically, financially, demographically and biologically. The Covid-19 pandemic shines a light onto the vulnerable social and economic systems, thereby clearly pointing out the flaws of a capitalistic society. The novel presents us with the harsh fact that our political and health systems are incapable of dealing rapidly with an epidemic, and criticises and unmask a rotten and disengaged society.

Blindness by José Saramago becomes a kind of Tiresias (the soothsayer in Dante's *The Divine Comedy*) of the Western civilisation which is falling apart. According to Saramago, "Western societies, became increasingly blind; because instead of tackling the big problems, we preferred to see less."

Keywords: Epidemic. Blindness. Allegory. Homogenisation. Authoritarianism. Violence. Moral Depravity. Western Civilisation.

Human history is basically defined by the fight against the outbreaks of innumerable deadly diseases, pandemics and epidemics. Since time immemorial, humans have been constantly dazed with the unpredictable emerging and re-emerging of contagious diseases, intractable diseases and genetic diseases. The abrupt global movement of people, hasty urbanisation, challenging health care systems and environmental degradation resulting mostly from climate change have pushed fatal infections to spread worldwide at unprecedented rates. We need to thoroughly understand the rise and fall of the past pandemics and take lessons from the mistakes committed that risked human lives, in order to prepare ourselves for future pandemics. The study of epidemics has always helped us to understand the socio-economic structures, political impact on communities as well as changes in personal relationships. Epidemics have affected human civilisation in multiple ways politically, culturally, economically, demographically and even biologically. From the first plague epidemic caused by the bacterium *Yersinia pestis* that broke out in 541 CE killing nearly 50 million people; to the delirium, coma and death due to the Yellow Fever which led to the success of the Haitian Revolution; to the epidemics of cholera among workers and poor resulted from the Industrial Revolution; to the global influenza of 1918, caused by the H1N1 virus that recorded nearly 6000 deaths each day; to the ongoing Covid-19 pandemic of 2019 which have claimed a couple of million deaths, making it one of the deadliest pandemics in human history. Diseases during an epidemic can be transmitted very quickly, both within and across countries. It is essential to execute a calculated response to the initial outbreak. The phenomena of urbanisation and climate change has elevated the risk of epidemics. Human beings living in close quarters due to urbanisation escalates the chances of transmission of contagious diseases.

Blindness is a story about a disease that causes widespread blindness. We follow a society in which for seemingly no apparent reason people start going blind. The novel begins with a driver who remains stopped at an intersection in front of a traffic light and fails to advance after the light turns green. He has suddenly gone blind, but his blindness is not a typical

one where the world turns dark. His entire vision turns milky white, thereby introducing the sudden “white blindness.” The narrative follows the doctor at a clinic and his wife. Only the wife of the doctor can see but pretends to be blind to not leave her husband behind. The government is overwhelmed by all the blind people. So, to protect the ones with sight, they quarantine the blind in insane asylums. Narrated from the wife’s point of view, the story describes what matters if blindness makes things like money and jewellery not important anymore and people essentially relapse to their basic survival instincts. The characters of *Blindness* have no names, only roles - the doctor, his wife, a girl with dark glasses who is a prostitute by trade, a child with the squint, an old man with the black eye patch, the dog of tears, the car-thief, the leader of the thugs, the Ministry of Health, a distant and faceless entity called the Government and so on. Saramago does not convey the location of the blind city to create a timeless and universal story. He stages a scenario of fate where people don’t know what to do anymore and they are reduced to their basic human instincts, and are strictly divided by good and evil.

The story shows how people all too soon degenerate into animal behaviour. But some of the characters rise above the squalor and terror that surround them. The doctor’s wife, for instance, is truly inspirational when she helps the injured car-thief. Other characters show signs of true humanity, such as the girl with the dark glasses who becomes a mother figure to the boy who squints. The most haunting image is that of the church at the end of the book where all the statues and the pictures of Christ and the saints have their eyes covered. It strikes as a rebellion against God, who watches humanity suffer, but does nothing, leading to a demonstration of lost faith and open aggression towards the idea of the divine. As Saramago puts it, “Western societies, became increasingly blind; because instead of tackling the big problems, we preferred to see less.” At the end of the book, the doctor and his wife have a conversation. The doctor's wife says, people didn't "go blind," they "are blind." "Blind, but seeing," her husband replies. "Blind people who can see, but do not see."

Though Saramago uses the unusual epidemic of blindness as a metaphor to reflect on human vulnerability and iniquity, he may have had the idea of the actual Cuban pandemic. Being a lifelong follower of Communism and a member of the Communist Party, Saramago was a close friend of Cuban leader and President, Fidel Castro and has openly admired the Cuban government. It would be quite reasonable to associate the Cuban Epidemic Optic Neuropathy of the late 1991 to 1993 which had affected more than 56,000 people in Cuba, as a source of Saramago's work of fiction. The Cuban Epidemic Optic Neuropathy caused visual loss, peripheral neuralgia and other neurologic symptoms, thereby affecting almost 0.5% of the entire population of Cuba, and the greatest percent of those affected were men who smoked and consumed excess alcohol, having the worst toxic habits (Santiesteban-Freixas et al. 115). The epidemic neuropathy rapidly appeared throughout the country in a critical time of economic change due to the continuation of the embargo imposed by the United States and due to demise of the political systems of supporting socialist countries, which led to loss of a large part of advantageous commerce with Western Europe (Santiesteban-Freixas et al. 115).

The strange blindness in the novel diminishes the physical interaction of the blinds with the world of being, colours and things. This very characteristic feature creates a kind of contemporary homogenisation. The disappearance of identities, names, colours, thoughts and all kinds of uniqueness are similar to what happens in a homogenised internationalised world, in which the acculturation of individuals with various origins occurs, be it cultural, regional, personal and political. Pandemics are a mirror for humanity which reflects the moral relationships that people have towards each other. It has affected human civilisations throughout human history and have had significant impacts on shaping human society and politics. *Blindness* can be viewed as an allegory for a world where we neglect what is around us. In the novel, the Government immediately creates the policy of 'us versus them' between the vulnerable newly blind and the horrified seeing. Violence and moral depravity in the abandoned mental hospital reaches new depths. We are drowned in the terrifying world of

violence, hate, obscenity and hopelessness, where the true adversary is not their ailment or the suffering but people themselves. The nameless city has become a microcosm of social and moral degradation. *Blindness* conveys Saramago's fright of buried threat that modern society might experience shared or cooperative blindness when an entire community becomes blind. In his 1998 Nobel Lecture titled, "How Characters Became the Masters and the Author Their Apprentice," José Saramago wrote,

Blind. The apprentice thought, "we are blind", and he sat down and wrote *Blindness* to remind those who might read it that we pervert reason when we humiliate life, that human dignity is insulted every day by the powerful of our world, that the universal lie has replaced the plural truths, that man stopped respecting himself when he lost the respect due to his fellow-creatures (Saramago 1998).

Blindness has been glorified and repeatedly worshipped in the canonical texts like *Oedipus Rex*, *King Lear*, *Madame Bovary* and *Paradise Lost*. The blind prophet Tiresias in Sophocles' *Oedipus Rex* is the sole person in a world of seeing and thinking people who can comprehend the truth and reveal it unflinchingly. This very demonstration evolved the counter-notion concerning blindness that the blind can achieve a deeper insight, refined intelligence and creativity as well as a deeper meaning than the sighted, who are forever consumed in the material values rather than spiritual existence. William Shakespeare depicts blindness in accordance with the version established by Sophocles in *Oedipus Rex*. Shakespeare dramatised the human experience of blindness as well as the social construction of its meanings. In *King Lear*, when Gloucester laments, "I have no way, and therefore want no eyes; / I stumbled when I saw," Shakespeare made the metaphor of blindness straightforward. Both Gloucester and Lear suffer from the lack of insight and wisdom, thereby leading the discourse toward metaphorical blindness. The two characters make fatal errors in judgment and they barely understand, see or know things around them. The blind beggar in Gustave Flaubert's *Madame Bovary* is presented

as a realistic character who makes prophecies without knowing that he does so, as Flaubert utilises the character of the beggar to portray Emma Bovary's drowning into corruption. The beggar is Emma's character foil in the novel, reflects on her inner state and his indicating presence becomes more prominent in the novel as Emma Bovary's situation gradually becomes uncontrollable. And, John Milton revives the idea of prophetic vision from Sophocles, but believes that God has afflicted blindness upon him and he views himself as a part of a larger community with ultimate faith and hope in God. Through *Blindness*, José Saramago becomes a kind of Tiresias of the Western civilisation which is gradually crumbling and forces us to contemplate the deepest of moral questions that might arise from a harsh social structure due to the outbreak of a mysterious epidemic.

Blindness is firmly established in the history of 20th century authoritarianism and fascism, with its focus on the specific political history of Portugal during the times of José Saramago (mainly from the 1930s to the 1970s). In Portugal, the military coup of 28 May 1926 ended the First Portuguese Republic (1910-1926) and established a right-wing corporatist military dictatorship known as *Estado Novo* or the "New State" or the Second Portuguese Republic under the leadership of statesman and economist Antonio de Oliveira Salazar. The "New State" was based on conservative, nationalist and clerical principles (Tapalaga). His New State was commended as an instance of a 'good dictatorship': one that kept away most of the tyrannical and infidel factors of Benito Mussolini and Adolf Hitler. Due to propaganda, the Portuguese *Estado Novo* was particularly not remembered as being an aggressive dictatorial regime. In power for 41 years, the *Estado Novo* systematically promoted itself as a distinct manifestation of authoritarianism, which was rooted in accessibility and benevolence. To its European citizens, the state positioned itself as a strict, but paternal, figure; to the colonised peoples in Africa and Asia, it posed as a 'good coloniser', a purveyor of advanced civilisation and evangelisation (Ferraz). Salazar had a political programme in mind – the foundation of a new political, economic and social order, based on an authoritarian state (Oliveira 1990). In

order to preserve such a “new order” and to exert its authority as wide as possible, *Estado Novo* fashioned and implemented different societal structures, which functioned as the “keepers of order”. Among those, three were central to trigger the activity of armed organisations in Portugal: 1) the absence of political freedom, represented by the existence of a single party – the National Union; 2) the absence of freedom of expression, represented by the censorship; and 3) the existence of a political police, responsible for the institutionalisation of violence and for the forced labour camp (Silva and Ferreira 28). The persona that Salazar cultured was of a restrained, moralistic and non-metropolitan dictator. It was a persona that dominated until his death, and also the one which he never strived to change. Salazar was an educated absolutist who meticulously followed global politics and ideas of the times. During Salazar’s rule as the Prime Minister of Portugal, the government fundamentally neglected public interest and exercised as a corporation. Saramago was an atheist and an anarchist communist who was deeply concerned about the system of centralised political power. He believed in the abolition of the state and thought that individuals should make their own sort of smaller collectives or work on an individual basis. He was also a supporter of direct or pure democracy in which people don’t vote for a candidate who has a number of policies but very directly on policies themselves, so really having a lot more control to the individual. He became a member of the Portuguese Communist Party in 1969 during the pinnacle of the Salazar regime. The Party was a vocal opponent to Salazar and his authoritarian policies. The torture and imprisonment of the Communist Party members or anybody opposing the regime were highly common. With Saramago’s established reputation as a master storyteller and for the pessimistic portrayal of political organisations in his works, he inspired a trend that anticipated the reformist views later in the Soviet Union by Mikhail Gorbachev (Nash).

The novel has become a powerful political metaphor. There is a fear of loss of democratic freedom and the feeling that this loss may happen rapidly from almost one day to the other. It also presents us with a harsh fact that our political and health systems are incapable

of dealing rapidly with an epidemic. At the very beginning of the novel, blindness is seen as a medical epidemic which would require people to quarantine themselves with other precautions in order to contain it. But this very epidemic soon becomes less sensible in terms of medical nomenclature and gets more connected to social surveillance, philosophical reflection and critical political commentary. The mental asylum is representative of the prisons and detention camps where political prisoners were kept during the autocratic regime of Antonio Salazar in Portugal. The Government in the novel exercises its powers arbitrarily and cruelly over the blinds, which represents Saramago's suspicion of centralised political power. This allegory of blindness reflects the idea of past, present as well as future authoritarianism and Fascism which would come as a threat to the social order by suppressing the opposition to justify violence against them. As Harold Bloom notes, "the open nature of the allegory in *Blindness* allows the reader to wonder if this is not another parable of the perpetual possibility of the return of Fascism, or of its first advent" (Bloom xviii).

The structure of *Blindness* is highly relevant. Sentences in the novel run on, mostly bumping into each other, as if language and its articulation itself has become blind. Saramago's trademark narrative style, embedding dialogue within the main body of the paragraph, superimposing multiple voices amid descriptive and reflective passages, takes some getting used to, but is remarkably well suited to the kind of story he chooses to tell (Gwyn). People are incapable of efficiently saving lives without excessive restriction of freedom and cannot deal in a reasonable way with the dilemma of saving lives and the planet or just saving the economy. *Blindness* is politically so contemporary as it criticises and unmask a dreadful and disengaged society. This awfulness is because the Western societies became increasingly blind (metaphorically, not literally) as instead of tackling big problems, they preferred to see less and even in present times they prefer not to look. The Covid-19 pandemic shines a light onto the vulnerable social and economic systems, thereby clearly pointing out the flaws of a capitalist society. Pandemics and epidemics can cause economic damage through multiple channels, and

in countries with fragile social institutions and legacies of political uncertainty, contagious diseases can increase political pressure and tension. In such grave circumstances, measures to tackle the disease such as quarantines and forced lockdown have sparked violence and created bitterness between the states and its citizens. Global warming, growing dangers of epidemic, forced migrations, social differences and political unrest are seen as a clear consequence of capitalism. In an interview from 2008, Saramago claimed, "I don't see the veneer of civilisation, but society as it is. With hunger, war, exploitation, we're already in hell. With the collective catastrophe of total blindness, everything surfaces - positive and negative. It's a portrait of how we are." The crux is "who has the power and who doesn't; who controls the food supply and exploits the rest" (Saramago). Precisely, *Blindness* confronts our predetermined impression about a certain community as well as the individual who is a part of it. The fundamental message of the novel is one that advocates the obligations of the individual towards the wider society. In its editorial review of Saramago's *Blindness*, *The New Yorker* wrote "Saramago's surreal allegory explores the ability of the human spirit to prevail in even the most absurdly unjust of conditions, yet he reinvents this familiar struggle with the stylistic eccentricity of a master."

Works Cited

- Oliveira de, Semí Cavalcante. "A evolução política." *Nova história de Portugal. Volume XII. Portugal e o Estado Novo (1930-1960)*, edited by A. Oliveira Marques & J. Serrão, Lisboa: Editorial Presença, 1990, pp. 27-36.
- Tapalaga, Andrei. "Salazar: The Forgotten Dictator." *History of Yesterday*, 5 August 2020, <https://historyofyesterday.com/salazar-the-forgotten-dictator-b9f8de963a7b>. Accessed 2 September 2021.

José Saramago – Nobel Lecture. NobelPrize.org. Nobel Prize Outreach AB 2021. Sat. 11 Sep 2021. <https://www.nobelprize.org/prizes/literature/1998/saramago/lecture/>. Accessed 3 September 2021.

Da-Silva, Raquel, and Ferreira, Ana Sofia. “The Post-Dictatorship Memory Politics in Portugal Which Erased Political Violence from the Collective Memory.” *Integrative Psychological and Behavioral Science*, 2019, pp. 24–43.

Nash, Elizabeth. “Saramago the atheist, an outsider in his own land.” *The Independent*, 8 October 1998, <https://www.independent.co.uk/news/saramago-the-atheist-an-outsider-in-his-own-land-1177040.html>. Accessed 25 August 2021.

Bloom, Harold. *Bloom’s Modern Critical Views: José Saramago*. Chelsea House Publishers, 2005.

Santiesteban-Freixas, Rosaralis, et al. “Cuban Epidemic Optic Neuropathy and its Relationship to Toxic and Hereditary Optic Neuropathy.” *Seminars in Ophthalmology: Informa Healthcare USA, Inc*, 2010, pp. 112-122. DOI: 10.3109/08820538.2010.500267. Accessed 14 August 2021.

Gwyn, Richard. “Contagion Realities: Tracing Truths in Saramago’s Blindness.” *Wales Arts Review*, 31 July 2020, <https://www.walesartsreview.org/contagion-realities-tracing-truths-in-saramagos-blindness/>. Accessed 4 September 2021.

Saramago, José. Interview by Maya Jaggi. *New ways of seeing*, 22 November 2008, <https://www.theguardian.com/books/2008/nov/22/jose-saramago-blindness-nobel>. Accessed 6 September 2021.

Ferraz, Rafaela. “Soft Fascism.” *History Today*, 2 February 2019, <https://www.historytoday.com/history-matters/soft-fascism>. Accessed 9 December 2021.

The Mortal Condition: Four Epidemic Tales from Late-Colonial India

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Abstract

This paper is about four Hindi/Urdu short stories that explicitly represent plague, cholera, and influenza outbreaks from the late-nineteenth century to the early decades of the twentieth. These are, “*Plague ki Chudail*” by Master Bhagwan Das 1902, “*Vibhatsa*” by Pandey Bechan Sharma 1925, “*Quarantine*” by Rajinder Singh Bedi 1940, “*Pehalwan ki Dholak*” by Phanishwar Nath “*Renu*” 1945. What links these stories is the terror of an inscrutable affliction, the disruption of community and family, curative means (and their failure), the diseased body and the corpse and, not least, forms of affective relationships. While Indian-language fiction on communicable diseases is disproportionately small, given the frequency and virulence of such events in the history of the subcontinent, these short stories represent contagious disease outbreaks with particular intensity and memorable power. I focus specifically on the interface between colonial medical science and folk imagination, by examining government reports/records, and the myths about disease and cure that appear in these stories. The paper relies on the foundational work on macro and micro parasitism by William McNeill (*Plagues and Peoples*), and also on more literary approaches to disease in the four short stories. The paper is organised around three disease outbreaks: cholera, plague and influenza, and is part of an ongoing research project on the affective aspects of contagious disease.

Keywords: Disease, Epidemic, Plague, Quarantine, Fiction

Introduction

It is a curious fact of modern Indian literature that contagious disease outbreaks have found little attention. Wives and widows, peasants and zamindars, reform and nationalism, gender and caste, myth and history, communalism and partition, rural poverty and urban squalor, repression and rebellion, have all engaged variously the novel, short story, poetry, and drama; not so widespread disease outbreaks, not at least in any noticeable way. This is odd given the high frequency of such diseases, at least from the early nineteenth century, with their staggering morbidity figures, and their long-term effects on demography, economy, politics, settlement patterns, state intervention, medical science, social relations, and so forth. A good enough starting point is the First and Second Cholera pandemics (1817-24; 1826-37) (Stewart and Philips Report), which originated in the Indo-Gangetic plain and reached as far as Japan and Russia, besides nearly all of Asia. If the first killed between one and two million (from a population of 120-150 million), the Sixth Cholera Pandemic (1899-1923), again originating in the Indo-Gangetic plains, killed nearly eight hundred thousand. This overlapped with the Influenza Pandemic (1918-20), which followed World War I and caused over thirteen million deaths in British-ruled India, besides a massive global tally (Chandra 857-65). Add to this the Third Plague Pandemic (1865-1960), with over ten million deaths in India between 1896 and 1918, the persistence of the Seventh Cholera Pandemic (1961-1975), and the Smallpox Epidemic of 1973-74, and we have a significant presence of contagious disease in modern south Asian history, not to mention AIDS, Swine Flu, Nipah, and suchlike outbreaks. Despite the relative paucity of literary material, there is enough that engages directly with epidemic, or makes incidental but significant references. Perhaps the earliest literary references to smallpox and cholera outbreaks are in Rabindranath Tagore's narrative poem "Puratan Bhritta" (1882) and Fakir Mohan Senapati's Odia short story "Rebati" (1898). To study this material alongside state intervention, medical science and a spectrum of cultural attitudes would

complement existing and valuable work by medical historians of colonial India and by cultural historians of contagious disease.

The “little tradition” of epidemic literature begins with *“Plague ki Chudail”* (1902) by Master Bhagwan Das (1869-1958) whose fame is not primarily as fiction writer. Theosophist, Member of the Central Legislative Assembly, author of numerous books on esoteric subjects, Das joined the Indian National Congress in 1920, following Gandhi’s Non-Cooperation call, the same year he helped to start Kashi Vidyapeeth. His books include *Communalism and its Cure by Theosophy* (1934), *Philosophy of Non-Cooperation* (1922), and *Indian Ideals of Women’s Education* (1929). Nonetheless, Das’s close proximity to the turn-of-century Benaras–Allahabad world of Hindi letters is evident. *“Plague ki Chudail”* appeared in 1902 in the pioneering literary periodical *Saraswati* only two years after its inaugural in 1900 under the editorship of Shyam Sundar Das, and a year before Mahavir Prasad Dwivedi became editor. The periodical appeared under the auspices of the Nagari Pracharini Sabha (1900); the body that founded the Hindi Sahitya Sammelan (1910), and of which Das became President in 1921.

A cloyingly sentimental story, *“Plague ki Chudail”* is about love, loss, and reunion in an upper-caste zamindar family. The story begins with a bland statement of fact: “People fled from their homes when the plague reached Prayag last year, daily killing hundreds of the poor and also many traders, landowners, lawyers and court clerks”. This is unexceptionable as recorded history. As David Arnold notes, the “epidemic arrived in eastern U.P. in November 1899 with the return of three Muslim julaha weavers whose employment in the cotton mills of Bombay had ceased with the closure of the factories in that plague-stricken city. From the weaver’s homes in the small town of Mau-Aima in Allahabad district, the plague spread to Banaras and from there to other villages in the area” (Arnold 253-54; Hankin 48-83). But what Das does with recorded history is more interesting. The main interest of the story is not migrant labour but a wealthy family with a town house in Allahabad and a country estate in the hinterland; a family that represents the new urban elite of north India comprising traditional landowners, modern professions and business interests.

Thakur Vibhav Singh's first thought is personal safety when his plague-infected wife appears to have succumbed, despite the ministrations of a hakim and a doctor. Leaving her body to be cremated by his retainers, the zamindar leaves for his country estate. As his friends—"lawyers, traders and officials"—advised sensibly: "Go back to your estate. Don't bother with the cremation. The servants can do that just as well. You will perform your dharma only if you are alive." This accorded well with Vibhav Singh's first thoughts when he learnt she had caught the plague: "If my staying here makes my wife better, I would risk my life and stay. But why take the risk when there's no cure for this disease?" Leaving the cremation of his dead wife to his retainers and a priest, Vaibhav Singh disappears from the story at his point. The retainers, in turn, simply float the bier with the woman's body on the Ganga without bothering with cremation. As one of them reasoned with the others, "I am of the opinion that those who die of plague, cholera or any epidemic should be set afloat without cremation" (Sarkar 4). But such was the terrified haste that no one—not the doctor, nor the husband or the retainers—realised that the woman was unconscious and not at all dead. The next turn in the story occurs when she awakens in the floating bier and clambers ashore to find herself in picturesque garden, unsure whether she is alive or dead. When villagers spot her draped in a shroud and sitting by the bier, they mistake her for a she-ghost (chudail). The news spreads, a faithful servant and her son appear and realise she is indeed alive and, after some brief theatrics, she is re-united with her contrite husband. There is not much to the story, yet it highlights certain contemporary themes and concerns. The first is the trope of the abandoned yet faithful wife (she compares her plight with mythical characters like "Damyanti and Draupadi"), elsewhere configured as the Hindu widow, a symbol of both misfortune and conjugal fidelity, and equally a modern legislative subject from the Sati Abolition Act 1829 to the Hindu Widow's Marriage Act 1856 (Sogani 201-45; Atwal 131-32). But the plight of a zamindar's wife in Allahabad is intertwined with the history of a disease outbreak that had already engaged the 'official mind' of British India. The Bombay plague outbreak of 1896-97 led to the Indian Plague Commission and was the immediate backdrop of the Epidemic diseases Act (1897). Much had

been written on the recurring plague cycles in many parts of India before the five-volume Report of the Indian Plague Commission 1902, which appeared the same year as “*Plague ki Chudail*.” including the four-volume *The Plague in India, 1896-97* (1898) by Robert Nathan; *Bengal Plague Manual 1903*, a compilation of the many regulations that stemmed from the Epidemic Diseases Act and Mahamari, or the *Plague in British Garhwal and Kumaon 1898* by G. Hutcheson. The studies offered various theses but, as with the Commission’s mandate, they were animated by a search for origins and aetiology, with modes of transmission and curative means, including inoculation. Das’s story veers clear from these hard-headed concerns of the colonial state, yet shows how an indigenous imagination re-located an administrative and medical problematic within the space of conjugal domesticity.

While “*Plague ki Chudail*” foregrounds an upper caste, elite Hindu household, Pandey Bechan Sharma’s story “*Vibhatsa*” (Hideous) turns to the rural poor. Something about Sharma’s career is germane here. A novelist, short-story writer, satirist, screenplay writer and journalist who wrote under the pen-name “Ugra”, Sharma was known for frank criticism of colonialism, social injustice, sexual exploitation, communalism, and for his use of a colloquial, often, “obscene” Hindi. His autobiography, *Apni Khabar* (1960) records much of his tumultuous life. Arrested in Bombay for editing an incendiary issue of the Hindi weekly *Swadesh* (Gorakhpur) on 5 October 1924, Sharma was sentenced to nine months in jail for sedition. In 1927, he published the controversial story “*Chocolate*,” one of the earliest accounts of homosexuality in modern Hindi literature. Both “*Chocolate*” and “*Vibhatsa*” appeared in the periodical *Matwala*, the latter in 1925, at a time when *Chayavaada* was the reigning tendency in Hindi literature (Vyas 5-19).

Like Phanishwar Nath and Bedi, Sharma leaves the location of his story unnamed, though it is clearly an impoverished low-caste village on the banks of the Ganga, the home of Sumera Jat, his wife and son. Sumera, the village cart driver, is also a thief (who betrayed his gang to the

police), the village bully, and generally ostracised by his neighbours for his distasteful ways. “Vibhatsa” opens with hideously ominous symbolism. Sumera wants to eat the carcass of their diseased, dead goat even as his wife and son are horrified by the thought of feasting on carrion. He has his way and actually chews raw chunks of meat even as the carcass drips blood and entrails over his cottage floor. This sets the stage for the main narrative impulse of the story: The 1918-19 influenza pandemic, or “Spanish Flu” in India, which followed World War I, affected large-parts of British-ruled India from November 1918 to December 1920 and killed over 13 million. (Public Health Report 2300-02, for mortality figures specific to the United Provinces; and for more contemporary account see Phipson of Indian Medical Services). Interestingly, Sharma describes the disease as “war-fever,” though it had other names such as “Bombay fever” (Ramanna 86-98).

The terror of the fatal war-fever, or influenza, was all over the country. There were cities with thousands dying daily and numerous deaths in every village. There was despair in Anup Nagar and in nearby market towns and much suffering, chiefly in Sumera’s village. Such was the panic that people stopped going out for they had heard that the disease also spread by physical contact. But Sumera was pleased as he didn’t need to spend much now. As the epidemic spread, he made that an excuse to send his wife and Shamshera to his in-laws. Now he had no care in the world. Sumera was more scared of spending money than of influenza or the daily death of hundreds of men like himself. Of course, the disease had cut into his earning from the oxcart; for that he was unhappy (Sharma. “Vibhatsa.” Translated by Chakravarty).

But that soon changed. Sumera was hired to collect unclaimed corpses from a nearby market-town and throw them in the Ganga. The price: two rupees for each corpse. As his employer explained, “People are so terrified fathers won’t cremate their sons. Who doesn’t love his life? The dead are gone. Why should the living lose lives?” Sumera’s his earlier act of feeding on carrion and his later obsession to earn a hundred rupees disposing corpses is suggestive of what Naomi Klein has

described as “disaster capitalism,” or the “intersection between super-profits and mega disasters” (Klein 9). But his ambition founders at the end when Sumera contracts the virus and dies alone, delirious with pain:

The neighbours covered their noses with cloth and found Sumera’s bloated, decomposing body inside the cottage. His swollen stomach had burst with intestines dangling out. Sumera’s right hand was clasped to the waistband which held his fee for disposing corpses—a total of ninety-seven rupees (bk. Sharma, trans. Chakravarty).

Sumera Jatt’s life story is a perfect reminder of William McNeil’s 1977/1997 work on micro- and macro-parasitism in *Plagues and Peoples*. Humans feed on resources derived in nature, i.e. animal husbandry, farming whereas the microbes looks for a host to survive and feeds on humans. The inevitability of natural life cycle and survival of the parasites indicates of the over-arching view of the alterity of disease outbreaks and their reminder of human finitude, and the limits of knowledge and “reasonable” explanation. While Sumera’s world was hit by a microbial outbreak, it is the hunger for greed, the hedonistic approach towards the civilisation (macro-parasitism) that led to the end of the world in “Vibhatsa.”

A more benign view of human agency appears in the following two stories: “Quarantine” by Rajinder Singh Bedi and “Pehalwan ki Dholak” by Phanishwar Nath “Renu.” Bedi’s protagonists are Dr Bakshi of the Indian Medical Service, who worked at a quarantine facility and his co-worker, a municipality sweeper, Bhagu. The story was first published in his short story collection, *Daana o Daam* (1940) when the twenty-two-year Bedi worked as clerk in the Lahore post office. The action of the story takes place in an unnamed city in the Punjab ravaged by a plague outbreak. The city in “Quarantine” is unnamed, though it is likely Sialkot or Lahore, where he spent his early years. The doctor-narrator reveals quite early the psychological results of quarantining patients to break transmission chains, a measure the British had formalised in India with the Epidemic Diseases Act (1897).

The terror of quarantine was understandable. As a doctor I am positive about this, and I speak with certainty that more people died in the city from quarantining than from the plague. [...] I saw many patients lose hope because their families were not around. Some died many times over before actually dying as they watched other patients around them breathe their last. It happened at times that patients of a routine ailment became victims after contracting the bacteria in the poisoned air of the quarantine. And, because of a steady stream of deaths, the last rites followed a method unique to quarantine. Hundreds of human corpses were dragged like dog carcasses, piled in a heap, and set on fire after pouring petrol, without any religious ceremony (bk. Bedi, trans. Chakravarty).

This is not a story about hapless victims or opportunists preying on disease outbreaks but about frightened and introspective care-givers seeking private moral authenticity in amidst a public health crisis. As the doctor confesses:

I too was terrified of the plague. After returning home in the evening, I would wash my hands for a while using carbolic soap, gargle my throat and then drink scalding coffee or brandy to heat my stomach, though that caused sleeplessness and made my eyes burn. At times, I was so terrified of the disease that I took pills to induce vomit to cleanse my system. When very hot coffee or brandy scalded my stomach, and the fever rose and reached my head I would begin imagining things. At the merest sign of sore throat, I thought the symptoms of plague were there ... oh no! ... I too will be victim of this deadly disease ... the plague ... and then, quarantine! (bk. Bedi, trans. Chakravarty)

Bakshi tells us that the unlettered Bhagu, a Christian convert and meek follower of Jesus, was the hero in that plague-ridden city.

...I learnt that Bhagu woke at three in the morning. After gulping half-bottle alcohol, he followed orders and sprinkled lime dust along municipality streets and gutters to stop the bacteria from spreading. Bhagu explained that waking up at three also meant that he had to pick up corpses from the bazaar and run errands for families in the neighborhood too scared to step out. The disease did not scare Bhagu in the least. He believed that if death was approaching there could be no escaping wherever he fled (bk. Bedi, trans. Chakravarty).

While even doctors were terrified of the plague and shunned human contact, “Bhagu wrapped a cloth around his face and head went helping others.” He knew nothing about the epidemic or the “quortin” yet taught people ways to stay safe, urging them to stay clean, to sprinkle lime and avoid going out. “Bhagu alone was everyone’s family. He felt the pain that everyone felt. He wept and suffered for all.”

At the end, Bhagu’s wife dies of the plague, while Bakshi is felicitated and rewarded with money and a promotion for his exemplary service by the mayor and other city worthies at a public event. But that only left him intensely unhappy, with himself and with the world: “I saw Bhagu’s wife and child before me. The burden of garlands felt heavy on my neck; the weight of money tore through my pocket ... Despite all the praise and honours I had just received, I wept unabashedly over a pitiless world.”

We find another child-like, un-self-conscious care-giver in the village wrestler Luttan Singh, the protagonist of Phanishwar Nath’s “Pehalwan ki Dholak,” which appeared in the periodical *Saptahika Vishwamitra* in December 1945. Like his celebrated regional novel, *Maila Anchal* (1954), the location of the story is a remote, impoverished village in eastern Bihar, possibly in the erstwhile princely state of Nazarganj; and, like the novel, the story also turns around questions of disease and the failure of medical intervention, dire poverty, ignorance and caste prejudice. Phanishwar Nath’s first published story “Batt Baba” (*Saptahika Vishwamitra*, 1944) has

a poignant account of villagers worshipping a revered banyan tree. Elsewhere, Renu describes how in his village (Araahi Hingana, in Bihar's Purnea district) people prayed to a banyan tree during malaria outbreaks (Bandopadhyaya 45). Unlike the matter-of-fact first sentence in *“Plague ki Chudail,”* here the beginning is ominous yet poetic:

It was a dark and cold moonless night in wintertime. Stricken by malaria and cholera, the village shook like a terrified child. Darkness and silence ruled within huts made of old, worn bamboo and grass—only darkness and silence 'broken only by 'low groans and retching sounds and moans of 'O Rama, O god. At times children would feebly cry, 'Ma—ma'. But these did not greatly disturb the silent night (bk. Renu, trans. Chakravarty).

And, in this dreadful silence of hopelessness and impending death:

... the wrestler's drum defied the nightly terror with its unceasing beats: 'chatt-dha—gir-dhaa, chatt-dha—gir-dhaa', as if to say, 'let's wrestle for a bout'. In between, 'chataak-chatt-dha, chataak-chatt-dha', as if to say, 'lift and hurl, lift and hurl. 'The drumbeats resonated in the dying village with the life-force of sanjivini (bk. Renu, trans. Chakravarty).

The much-feted, prize wrestler of the raja's kingdom and a village hero, Luttan was mentally a child. "His body and physical strength had grown enormously, but his mind had not and he remained a child." Towards the latter half of the story, the old raja died, his son returned from abroad, became the new reforming king and God rid of court wrestlers. Luttan returned to his village with his two sons and his drums to begin a life of gradual impoverishment. That was when:

The village was suddenly struck by calamity. First there was drought, followed by famine. Then it was malaria and cholera, scorching their way through the village. Soon,

the village began to empty and houses lay vacant. Daily there were two to three corpses. There was panic everywhere (bk. Renu, trans. Chakravarty).

In the midst of the panic, Luttan emerged as care-giver, not as doctor or hakim, but by doing what he loved to do: playing the drum.

It was only the wrestler's drumbeats that defied the dreadful night. However, he played the drum, the beats filled the near-dead villagers with life-force, though they had no medicines and no cure. Before the feeble eyes of the old, the young, and the children arose the spectacle of the wrestling ring. The power of the thumping drum ran like current in their weakened sinews. Of course, drumbeats were no cure for fever, nor could it halt the fatal speed of the epidemic, yet there is no doubt that the dying felt no pain as their eyes closed forever, nor were they afraid of death (bk. Renu, trans. Chakravarty).

But even the fabled wrestler of great strength succumbed to cholera. First his sons died and he disposed their bodies in the river. Undeterred by personal loss, he returned to drumming that night to raise the spirits of the villagers. But one night, the drumming ceased. The next morning "some of the wrestler's students, themselves ill, but kind of heart, went to find him lying face up on the ground. Foxes had torn away his heavily-muscled right thigh at night. His stomach too was ripped apart...."

From illiterate municipality sweepers, village cart drivers and wrestlers, to a feudal land-owning elite and doctors in the Indian Medical Service, the characters in these four stories represent a cross-section of affective life in late-colonial north Indian society viewed through the prism of epidemics and pandemics that successively ripped through south Asia. The four stories remind us of alterity of such disease outbreaks and profoundly "intertwined destinies of the host and the parasite" (McNeill 32-67).

This paper has looked for some common denominators in the historical experience of contagious diseases and how these were articulated in four Hindi/Urdu short stories of early twentieth century. It is an introductory foray into an area of profound historical significance especially when seen through the array of responses—political, administrative, cultural, and medical—that the last two years of Coronavirus has generated in India with very mixed results.

Works Cited

Arnold, David. “The Ecology and Cosmology of Disease in the Banaras Region.” *Culture and Power in Banaras: Community, Performance, and Environment*, edited by Sandria Freitag, University of California Press, 1989, pp. 253-54.

Atwal, Jyoti. *Real and Imagined Widows: Gender Relations in Colonial North India*. Primus, 2016.

Bandopadhyaya, Soma. *Phanishwarnath Renu aur Tarashankar Bandopadhyaya: Vanchiton ke Kalakaar*. Rajkamal Prakashan, 2014, p. 45.

Sharma, Pandey Bechan. *Vibhatsa or Hideous*. Translated by Gautam Chakravarty, 2020.

Renu, Phinashwar Nath. *Pehalwan ki Dholak or The Wrestler's Drum*. Translated by Gautam Chakravarty. 2020.

Bedi, Rajinder Singh. *Quarantine*. Translated by Gautam Chakravarty. 2020.

Chandra, Siddharth Chandra *et. al.* “Mortality from the Influenza Pandemic of 1918-1919: The Case of India.” *Demography*, vol. 49, no. III, August 2012, pp. 857-65.

Hankin, E.H. “On the Epidemiology of the Plague,” *Journal of Hygiene*, vol. 5, no. 1, January 1905, pp. 48-83.

“Influenza in India, 1918.” *Public Health Reports (1896-1970)*. JSTOR, vol. 34, no. 42, 1919, pp. 2300–2302. www.jstor.org/stable/4575350. Accessed 21 July 2020

Klein, Naomi. *The Shock Doctrine: The Rise of Disaster Capitalism*. Metropolitan Books, 2007, p. 9.

McNeill, William. *Plagues and Peoples*. 1977; repr., Anchor Books, 1999.

Phipson, E.S. "The Pandemic of Influenza in India in the year 1918 (with special reference to the city of Bombay)." MD thesis, University of London, 1923. <<https://pdfs.semanticscholar.org/9c75/efb3d311531e0e947706f49353724f36716f.pdf>>

Ramanna, Mridula. "Coping with the Influenza Pandemic: The Bombay Experience," *The Spanish Influenza Pandemic of 1918-19*, edited by H. Phillips, Routledge, 2003, pp. 86-98.

Das, Master Bhagwan. "Plague Ki Chudail': This Bittersweet Short Story from 1902 Explores Grief, Fear and Mortality." Translated by Priyanka Sarkar, *Scroll.in*, Scroll.in, 18 Oct. 2020, scroll.in/article/975441/plague-ki-chudail-this-bittersweet-short-story-from-1902-explores-grief-fear-and-mortality.

Sogani, Rajul, *The Widow in Indian Literature*. Oxford UP, 2002.

Steuart, R. and B. Philipps. *Reports on the Epidemic Cholera which has Raged throughout Hindostan and the Peninsula of India since August 1817*. Government of Bombay, 1819.

Vyas, Rajeshwar. "Introduction." *"Ugra" Sanchayan*. Bharatiya Jnanpith, 2015, pp. 5-19.

Locating Death, Disease and Salvation in the Selected Hindu Scriptures a Critical Examination

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Abstract

The Covid-19 Pandemic has exposed itself to be an overwhelming challenge for everyone around the globe. A pandemic, or a global infectious disease, affects a large population worldwide, while an epidemic has its epicentre only in a single country. The repeated outbreaks of epidemic diseases and their presence have an elongated history which can be unearthed not only in Hindu Religious texts like the Manu Smriti, the Niralambopanishad, the Mahabharata, the Śrīmadbhagavadgītā, the Śrī Rāmacaritamānasa, and the Śrī Durga Saptashati, etc., but also in the Vedic period of the Hindu civilisation, where convulsions have been envisaged as the fierce female persona of Goddess Kālī (Saive kale mahamari, Saiveshristibhavartyja). In the Mahabharata, Bhishma also dissuades by asserting, “Rājyam pranāyām na karyet”; (loosely translated as “do not commercialise persons, society, nation and world”) (Shanti Parva, 24.16) that indicates that the repercussions of the commercialisation of each and everything across the world has led to the destructions of human values and its impact on our collective consciousness.

The present paper, thus, is an attempt to examine the nature of epidemic and pandemic diseases as referred to in the Hindu religious texts. Simultaneously, the paper seeks to underscore their causes and outbreaks as well as their impact and strategies of prevention. Further, this paper aims to explore the root causes of deaths and diseases, maladies and malaises, sufferings and salvations of human beings through Manu's critique of invention and excessive usage of "Mega Machines" (Manu Smriti, Mahayantrah Pravartanam, 11.36).

Keywords: Pandemic, Pestilence, Morbidity, Emancipation and Hindu Religious Texts

Every pandemic has a prolonged and chequered impact on the planet, which consequently transmutes the socio-political and cultural discourse of knowledge production in the areas of medical/health humanities. These changes have also eclipsed the religious and spiritual moorings of an individual during the pandemic/epidemic. The World Health Organization (henceforth WHO) defines an epidemic as “the occurrence in a community or region of class of an illness, specific health-related behaviour, or other health related events clearly in excess of normal expectancy”¹. The statistical records show that India along with several other countries has confronted a series of morbid outbreaks since the dawn of the twentieth century. The historicity of the pandemics/epidemics in the global/cal contexts has been documented from time to time by several international scholars/gazetteers and organisations. The Encephalitis Lethargica was a type of epidemic that spread across the world during 1915-1926 and characterised by increasing languor, apathy and drowsiness. The Indian Medical Gazette (July 1929) reports, “It made its first appearance in 1917 in which year Von Economo of Vienna published a description of it and named it “encephalitis lethargica”. It began to appear all over Europe in epidemic form in 1917. It was so widely spread in epidemic form that this led to its description and recognition as a definite disease entity” (363). The Spanish Flu (1918-20), on the other hand, was a viral infectious disease caused due to a deadly strain of avian influenza. It spread across the overseas due to mass migration during the First World War.

The transmission of Cholera Pandemic (1961-1975) *Vibrio Cholera*—a type of bacterium—was in the whole South-Asian region and the worst affected region of this pandemic was 'Calcutta' (now Kolkata) because of poor practice of hygienic and sanitisation of water. Its prime agency of spread was perverted water. J. N. Hays (2009), in this regard, asserts, “The shock value of the disease came in part from its newness on the Western scene. Cholera had been at home on the Indian subcontinent for centuries. In warm river waters the causative microorganism (*Cholera vibrio*) flourished, reaching humans most often through water, but also carried on infected food or from hand to mouth” (136). The genesis of Smallpox Epidemic disease is mysterious as it

appears to have existed in the third century BCE². This has still a cultural and conventional treatment through worship of (chhotī mātā, badī mātā), identified as Goddess Kālī as Kālī mātā in the Uttar Pradesh, and Śītalā mātā in Bihar. Holwell (1767), a physician of the British East India Company who survived imprisonment in the Black Hole of Calcutta, suggested that,

The smallpox had existed in India from “time immemorial”, and stated that it was mentioned in the most ancient Sanskrit writings, the Atharva Veda. Nicholas (1981), a scholar of Indian history and anthropology offers a contrapuntal view by averring that masurika, the word used for smallpox, is found in many medical compilations produced in India since the beginning of the Christian era, but not in the more ancient Atharva Veda. It first appears in the compilations of Caraka and Suśruta, which were begun before the Christian era and put into their final forms in the fourth century AD (Emphasis added).³

Chinmay Tumbe in his recently published monograph entitled *Age of Pandemics (1817-1920): How they shaped India and the World (2020)* underscores the trauma of pneumonic plague that intruded northern regions of India in the early seventeenth century and Gujarat in the late twentieth century. Tumbe also pinpoints the classical references of the plague due to rats as found in Kautilya’s *Arthashastra* and the *Bhagavata Purānā* (65). The plague caused exodus from the city and compelled the people to live in vulnerable situations followed by obfuscations which claimed many lives at that time. The SARS (2002), first deadly disease of the twenty-first century India, first traced in Foshan of China, was known for its frequent mutations and contagious transmission from person to person through coughing and sneezing. Hays (2009) again claims that “In recent years this tremendous episode has attracted renewed historical attention, in part because contemporary fears of “Asian bird flu” or “SARS” have stimulated interest in their predecessor and in part owing to the exciting 2005 identification of the virus...” (273). Thomas Abraham (2005), on the similar note, opines:

In the autumn of 2002 in southern China, a previously unknown virus jumped the species barrier from animal to man and sparked the first global epidemic of the new century. The disease sped along the air routes of a globalised world, spreading within months to thirty-one countries on every continent.... New infectious diseases like SARS have been emerging at an alarming rate over the past few decades. There is every indication the world will continue to face new viral diseases, some of them much more lethal and contagious than SARS (Blurb).

Thus, we observe that plethora of books and articles have been written on the origin, perils, mitigations as well as the impact of pan/epidemics on human civilisations. But, it is also perceived that the less attention has been paid towards the study of chagrin of the human lives as depicted in the selected classical Hindu scriptures/epics especially written in Sanskrit, Awadhi and Hindi and translated into English from time to time by the scholars from the East and the West. This is the fissure that the present paper modestly intends to accomplish and offers the critical speculations on the selected Hindu scriptures as to how they become relevant in the melancholic time of diseases, debilities and doldrums followed by dilapidations.

In Niralambopanishad, it has been clearly manifested that prakriti, commonly known as air, water, soil, fire and space is the power of Bramh, the purest form of the panchtatva. It is also known as avyakta, or un-manifested "Brahmasktiaevah Prakriti" (mantra no. 6). The prakriti, being divine in nature, creates, sustains and protects this universe and destroys it at the appropriate time for the cyclic metamorphosis. Lord Krishnā preaches Arjunā in the Śrīmadbhagavadgītā that, "visrijamih punah punah" (Chapter 9, Shloka 8). Only through these two feminine powers, known as 'prakriti' and 'shakti', those provide us good health and spirit to save the untimely morbidity from the catastrophic pandemics by avoiding the wrath of the almighty. As Goswami Tulsidas has expressed in the Śrī Rāmacaritamānasa: "kshiti, jal, pavak, gagan, samira, panchtatva sam banasarira" (Kiṣkindhā Kānd) [loosely translated as human body is the formation of five integrals:

air, water, fire, soil, and space]. In this way, the paper also strives to address some questions and explores the abysmal consociation between nature and human being.

According to the Śrīmadbhagavadgītā, the incurable diseases are also caused due to unhealthy food, habitat and conduct as it is well exemplified with the reference of senseless consumption of more than hundred types of flesh sold in Wuhan market of China, the epicentre of the Covid-19 Pandemic. Again, Lord Krishnā evangelises Arjunā about the spiritual devotion and sāttvika (unalloyed) living:

“ye śhāstra-vidhim utsṛijya yajante śhraddhayānvitāḥ
teṣhām niṣṭhā tu kā kṛiṣṇa sattvam āho rajas tamaḥ”

[“What is the mode of devotion of those who perform spiritual practices with faith but without following the scriptural injunctions, O Krishna? Is it in the mode of goodness, passion, or ignorance?”]

“śhrī-bhagavān uvācha
tri-vidhā bhavati śhraddhā dehinām sā svabhāva-jā
sāttvikī rājasī chaiva tāmasī cheti tām śhrīṇu”

[Lord Krishna replied: “The natural faith of embodied beings is of three kinds: Goodness, Passion, and Ignorance. Now hear about these from Me.”]
(Śrīmadbhagavadgītā 17.01/02)

Purushottama Bilimoria, in this context, furthers the argument, “The Bhagavad Gītā ordains obligations, sacrifice, askesis and other ascetic disciplines that are intended to free one from inclinations and impulses that chain us to the relentless wheel of birth and death, and have their intent set on mokṣa, or salvific liberation. These disciplines too are variously called “yoga” by Krishna” (February, 2021). Acharya Vasishtha, the proponent of the Yoga Darshan, on the other hand, states that diseases caused due to vaata, pitta, kapha, commonly known as ‘vyādh ’ī (ailment), present in the physical body, takes its origins from 'Aadhi' (negative emotions) which is due to ‘avīdy ’ā(ignorance).

In spite of such given admonitions, there prevails, nonetheless, a state of irresponsibility about the deadly disease and disaster across the globe and specifically in the Indian subcontinent, where Cholera, Flu, Smallpox, Jaundice, SARS, and finally the newly Covid-19, ensuing death, destruction and economic damage, are recurring. Unfortunately, these catastrophes have not been able to awaken people out of their deep slumber. Had it been the Yoga Nidra (blissful relaxation or the slumbering spirit) – one of the fundamental requirements of being a human being, it would have worked as panacea, a treatment for multiple disorders and diseases. Sergio A. Mota-Rolim and Kelly Bulkeley, et. al. assert that,

...in the Himalayan tradition, which consists of using your breath to concentrate your attention on the Ajna (point between eyebrows), Vishuddha (throat), and Anahata (heart) chakras. It is said to be preceded by two preparatory practices called Shavyatra and Shitalikarana. In the first one, the attention travels through the body in 61 points. The term “shava” means “corpse” and “yatra,” “journey.” In the second, the breath travels from different parts of the body in a specific way. The term “shitalikarana” comes from the Sanskrit verb “shitalikaroti,” which means, “to cool or calm” (2020).

In the absentia of any of these, life is unimaginable because they are life forces. Their nature is binary in the unadulterated form; they bring health, prosperity, and contentment while their degraded and distorted form brings disease and death. Every permeated disease takes place only with the help of all five elements. In the other words, they are the transmitter of diseases. Vayu (air) has the ability to prevent death, but in its slanted form it can cause respiratory diseases. Impure or contaminated water can cause Cholera, along with other waterborne diseases like Dengue and Chikungunya. Fire, which is already common to the human body, can cause feverish disorders, while earth in its various polluted forms can cause cancer. As compared to the current position, which jeopardise the humanity at large, our Vedic science was rich in its approach to the welfare of the whole world, of course through its great inventions. An article published on the encyclopaedia affirms the sanctity of the Vedic sciences/cultures in the following words:

The central ritual of Vedic culture was the yajña (sacrifice of material objects according to fixed rules) It was offered on altars built with specifically produced bricks arranged in a prescribed geometric pattern, performed at astronomically fixed times. The altar was conceived as symbol of the human body... the 360 bricks of an altar to the 360 days of the year and the 360 bones in the human body. They exhibit an algebraic geometry older and more advanced than early Egyptian, Babylonian, or Greek geometry.”⁴

Manu's critique of mega machines: “mahayantra pravartanam” explains how protection of prakriti is significant. It also expounds that if we yearn for protection from any divine things or person, if we hope for a life devoid of anarchy, we must avoid to invent mega machines as it would lead to the subjugation of the earth; the water bodies; and sources of natural lights, etc. In contemporary scenarios the sun, water, air, soil, the moon, all are adulterated which results into embracing epidemics, pandemics, earthquakes and Tsunami, etc. American philosopher and literary critic Lewis Mumford in his book *The Myth of Mega Machines* (1967-1970), in this context, expressed the dystopian vision of modern mega society. He insisted upon the reality of Mega Machines: “the convergence of science, economy, techniques, and political power as a unified community of interpretation rendering useless and eccentric life- enhancing values, subversion of this authoritarian kingdom begins with that area of human contact with the world that cannot be successfully repressed—one's feeling about one's self...” (115). The aforementioned facts construe that such evolutions are more detrimental if the progress is asymmetrical that too without women.

It is believed, according to the Hindu mythology, that wrath of goddess Kāli and Śītālā mātā inflict humanity with pestilence which is also termed as “femi-demic.”⁵ She is both the destroyer as well as the preserver. Cultural anthropologists, (see Peter van der Veer 1994; Kajri Jain 2017) who have studied religion, observe that the small shrines all across India dedicated to these goddesses of contagion often found in rural forest areas, function as "Ethereal

epidemiologists" in remedying ailments. But, if infuriated they can also chastise diseases like poxes, plagues, sores, and fevers, etc. They are both virulent and cured. In South India, the premier infectious goddess is "Mariamman"- the word "mari" stands for both pox and transformation. In north India, she is well known as Śītalā mātā, an incarnation of the supreme goddess Parvati, who cures poxes, ores, ghouls, pustules and diseases, and most directly linked with the disease Smallpox acclaimed by Hindus⁶. In some places of the Uttar Pradesh, this goddess is known as Kāli mātā. The word Kāli has been derived from Sanskrit word "kāl" (time), indicating that whatever comes in a span of time goes towards destruction. Being perceived as furious goddesses they are worshipped primarily by folks of all strata of society. These provincial contagion goddesses co-mingled over time with the divine mother "Shakti", the feminine embodiment of the energy behind creation and destruction. The aforementioned inscriptions can be found in the Śrī Durga Saptashati (in the Markandeya Purana), "saive kāle mahamari, saiveshristibhavartyja" (12.39). Accordingly, we find that in the aforementioned Hindu scriptures there is a solution of every problem and it is also learnt that the divine power is fluid which travels across many cultures.

During the Covid-19 pandemic, travelling across the countries were strictly prohibited and desecration of the guidelines forced the government to impose the complete lock-down across India. Needless to mention that travel/migration are inclusive with the air, water and soil which causes the transmission of various viruses. In Brihadaranyaka Upanishad, the proscription to travelling during pan/epidemic is evidently mentioned, "malechh deshe gamno nishedho" (do not travel on the polluted land; Chapter 1:3, mantra 10). Some nation-states still conform to the quarantine protocol to restrain the transmission of the Covid-19 virus and the threat of Omicron variant is still not over.

To conclude, this paper does not seek to denigrate development, inventions and commercialisation of the modern society, rather it is a quest over the functions of society, where development is executed without compliance of nature, humanity, and spirituality with compassion. India as well as the world has witnessed a series of pan/epidemics over the years that

disrupted economic growth owing to sweeping fatalities and disasters led to the death and destruction because of our unsusceptible approach to the ecological changes. Devdutt Pattanaik, a prominent exponent of Indian mythologies, writes about the process of modernisation at the cost of natural destruction, “Growth of human civilisation involves the domestication of nature, the uprooting of forests and destruction of the ecosystem” (2011: 928). The Covid pandemic, undeniably, has vitiated the path of Kama (desire) and Artha (economy) but it has also provided a better understanding of affections, super power (nature), and spirituality due to immense death visibility. In the race of gaining affluence, influence, and supremacy, the contemporary world has become the hotspot of evil forces. But this Pandemic has opened the eyes of spiritual power, after the purgation of emotion, thanks to the malaise and morbidity across the world. During the pandemic, people realise other’s emotion and anguish irrespective of their caste, creed, race, region, religion and ethnicity which designate the metempsychosis of spirituality. It also directed towards what T.S. Eliot, derives from the Brihadaranyaka Upanishad, mentions in his Waste Land (1922) Datta (to give), Dayadhvam (being compassionate), and Damyata (exercising control).

Notes

1. <https://www.cdc.gov/training/publichealth101/documents/public-health-key-terms.pdf>

2. <https://apps.lib.umich.edu/online-exhibits/exhibits/show/smallpox-eradication-india/indian-engages-pandemic>

3. https://biotech.law.lsu.edu/blaw/bt/smallpox/who/red-book/9241561106_chp5.pdf

4. <https://www.encyclopedia.com/education/encyclopedias-almanacs-transcripts-and-maps/hinduism-history-science-and-religion>

5. The authors retain the copyright of the term as it has been coined by them and used for the very first time in this paper.

6. <https://en.wikipedia.org/wiki/Shitala>

Works Cited

- Abraham, Thomas. *Twenty-First Century Plague – The Story of SARS*. Johns Hopkins University Press, 2005.
- Bilimoria, Purushottama. “Hindu Response to Dying and Death in the Time of COVID-19.”
<<https://www.frontiersin.org/articles/10.3389/fpsyg.2021.636384/full>>
- Fried, Lewis. *The Makers of the City*. University of Massachusetts Press, 1990.
- Hays, J. N. *The Burdens of Disease : Epidemics and Human Response in Western History*. Rutgers University Press, 2009.
- Jain, Kajri. “Gods in the Time of Automobility.” *Current Anthropology*, vol. 58, supplement 15, February 2017, pp S13-S26.
<https://www.journals.uchicago.edu/doi/pdf/10.1086/688696>
- Mota-Rolim, Sergio A. and Kelly Bulkeley, et. al. “The Dream of God: How Do Religion and Science See Lucid Dreaming and Other Conscious States during Sleep?”
<<https://www.frontiersin.org/articles/10.3389/fpsyg.2020.555731/full>>
- Mumford, Lewis. *The Myth of Mega Machines*. Houghton Mifflin Harcourt, 1971.
- Pattanaik, Devdutt. *7 Secrets of Vishnu*. Westland, 2011.
- “History of Smallpox and Its Spread around the World, the.”
<https://biotech.law.lsu.edu/blaw/bt/smallpox/who/red-book/9241561106_chp5.pdf>
- Indian Medical Gazette, the (July 1929).
<<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5164666/pdf/indmedgaz72132-0002.pdf>>
- Mahabharata*, the. Translated into English by Kisari Mohan Ganguli. Munshiram Manoharlal Publishers, 2020.
- Manu Smriti*, the. Chaukhamba Surbharti Prakashan, 1993.

Shree Durga Saptashati, the. Translated by F.E. Pargiter. Bharatiya Kala Prakashan, 2012.

Śrīmadbhagavadgītā, the. Gita Press, 2015.

Tulsidas, Goswami. *Śrī Rāmacaritamānasa*. Gita Press, 2019.

Tumbe, Chinmay. *Age of Pandemics (1817-1920): How they shaped India and the World*.

HarperCollins India, 2020.

Valmiki. *The Upanisat-Samagraha* (Seventh edition). Motilal Banarsidass, 2017.

Veer, Peter van der. "Religion, Secularism, and the Nation." *India Review*, Vol. 7, No. 4,

October–December, 2008: 378–396.

Yoga Vashistha. Translated into English by Ravi Prakash Arya. Pranav Publications, 2005.

Representation of Illness and Death in Bollywood: A Comparative Analysis of *Devdas* and *Dil Bechara*

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Abstract

Since the beginning, Bollywood's depiction of illness and death has been associated with sympathy and sorrow. Adaptations in Bollywood also validates this picturisation of the dying characters, such as Devdas as a pitiful romantic hero in *Devdas* (2002) and Raju as a sacrificing character in *Guide* (1965). However, Bollywood's perspective has now been shifting from pitiful to powerful characters with physical illness. *Dil Bechara* is the first step to emit light on the positivity of life with physical diseases. In the film, the depiction of death and disease does not validate sacrifice or pity; instead, it allows the audience to reflect on the empowerment of the main characters. In this paper, the researcher's attempt is to explore the shift of a new outlook towards physical illness and death in the Bollywood adaptations with special reference to *Devdas* (2002) and *Dil Bechara* (2020). Apart from that, the focus would be to compare these two films based on the depiction of physical illness and death.

Keywords: Diseases, Cancer, Bollywood, Death

According to Ulka Anjaria (2021), "while it is tempting to read Bollywood films as insights into Indian culture, or how Indians think, making a one-to-one association between what we see in these films and what is happening in India would be a mistake" (12). The aim of Bollywood was never to show realism in the films. Characters looking directing into the camera and sometimes talking to the audience was all part of the theatre culture that had been evolving since the centuries,

contributed to the unrealistic conventional style of Bollywood. Also, the addition of unrelated songs in the film shows that the focus of Bollywood was entertainment since the beginning and did not intend to render realism in the films. It would not be wrong to say that Hindi cinema imitates reality because it grasps the attention of its audience with the help of the critical social issues embedded in them. Topics such as dowry, class, poverty, relationships were the crux of the earlier films became a trend. The audience, on the other hand, found themselves attached and felt sympathy towards these characters. Till then, it was acceptable, but when the depiction of the disease seemed impractical and unrelated to real life, it became problematic. The portrayal of the social issues was to create awareness that soon turned diseases such as Cancer and Tuberculosis into the channel to gain sympathy from the audience. Almost every film that filmmaker released started to represent physical illness as weakness. Some of the examples are *Dil Ek Mandir* (1963), *Anand* (1971), *Mili* (1975) and *Akhiyon Ke Jharokhon Se* (1978) that portrayed main characters with untreatable illnesses. These characters gained sympathy from the audience that somehow whitewashed the mind of the audience. The film that depicted Tuberculosis as an enemy, *Dushman* (1939), can be identified as the initiative towards the physical illness. The audience started to see the illnesses of the characters as self-sacrifice and, these diseases created fear in their minds. The scenes where a doctor reveals the information about the disease became common in these films with dramatic elements. Even in the 21st century, people are fearful of these diseases because Bollywood has already implanted the image of diseases in their minds as untreatable. Now, filmmakers' direct films where characters have rare conditions such as Progeria in *Paa* (2009), Asperger's Syndrome in *My Name is Khan* (2010), Autism in *Barfi* (2012), and Cerebral Palsy in *Margarita with a Straw* (2014). Though Bollywood has progressed, the treatment of diseases Cancer and Tuberculosis hasn't changed much. Filmmakers still follow the trend to execute the emotions of the characters. The suffering of the main characters adds flavour to their emotions, and their death becomes an embodiment of sacrifice. Instead of actuality in the details, Hindi cinema focuses on melodrama that is a blend of pathos, moral dilemma of the characters, and

heightened emotions. Consequently, the audience who sees these films assumes Bollywood's representation of these illnesses as real. Meheli Sen puts forth:

...the popular film has long tapped into the expressive possibilities of "illness" in popular cinema; characters suffering from and succumbing to a range of ailments from tuberculosis to inoperable brain tumours to cancer have provided much narrative fuel for a hyperbolic rendition of pathos and sentimentality. Simply put, disease has long been a tried and tested melodramatic engine for a significant body of popular films in India (7).

Even film adaptations of the texts contributed to this phenomenon. The purpose of film versions of a novel is to show the newly created idea and contemporary issue, but sometimes, filmmakers neglect the facts and follow the conventional style. Sarat Chandra Chattopadhyay's novella *Devdas* has always been a keen interest to Bollywood filmmakers. The first film adaptation of *Devdas* (1935) was directed by P.C. Barua during the pre-independence era. The first coloured adaptation of the novella that massively influenced the audience is Sanjay Leela Bhansali's *Devdas* that released in 2002 impacted the Indian audience a lot because of its unique aesthetics. From dramatic settings to camera movements to melodramatic content, the audience learnt about the incomplete love story of Paro and Devdas. The film starts with the childhood friends, Devadas and Paro, who got separated. After a few years, when Devdas returned from London, he meets Paro and they both fall in love. Denial of marriage proposal by Devdas' parents leads him to alcoholism and Chandramukhi, a prostitute. Paro's marriage adds fuel to it. As time passes, Devdas' health worsens, but his insistence to visit Paro in the last moments and dying at the doorstep of Paro's house gives dramatic flavour to the film.

Though Bhansali's *Devdas* was released years after the first adaptation, the audience learns that the disease Tuberculosis is still incurable in the film, even when it has a cure in the

contemporary era. Despite upgrading elements such as Devdas' returning from London in his western clothes, the diagnosis of the disease remained the same after sixty-seven years. Chattopadhyay in her article writes:

Shah Rukh Khan's Devdas goes to study law in London against previous versions of the film where Devdas studied in Kolkata. Yet as the closing strains of the rousing (and striking) dance number Chhalak Chhalak play out, Devdas coughs up blood. The physical diagnosis remains the same—tuberculosis, with a wracking, back-bending cough (Chattopadhyay, Livemint.com).

The death scene of Devdas is filled with exaggerated dramatics. Death of the father of Devdas is a good example when it comes to drama and death. Another death that audience sees in the film is of *Devdas* himself. It includes Paro's intuition when she senses the voice of Devdas from a distance, her running in the white saree in the corridors, breaking glass candle stands, her family members stopping her and closing gates. The audience witness death of Devdas under the tree from where flowers fall over him which is considered as a tribute, the camera zooming into his eyes, and tears falling from them, all adds up to the melodrama. Instead of dying a peaceful death, Devdas maintains the promise to visit Paro. The film ends with the extinguished Diya/lamp that Parvati lit in the name of Devdas when they got separated in childhood. This film suggests that Devdas died in order to free Parvati from his love. These elements in the death scene are melodramatic and heightened emotions in the audience. The overdramatic death becomes the main focus of the film. Thus, the portrayal of death in the film does not seem realistic. The dramatic death of Devdas allows the audience to make them believe him as a tragic hero, instead of an ordinary person. His hopelessness and non-resistance towards death turn into the determination to die. His famous dialogue is suggestive of his self-suicide:

Babuji Ne Kaha Gaon Chhod Do... Sab Ne Kaha Paro Ko Chhod Do... Paro Ne
Kaha Sharab Chhod Do... Aaj Tumne Keh Diya Haweli Chhod Do... Ek Din Aayega
Jab Wo Kahege, Duniya Hi Chhod Do (Devdas 2:53:57-2:54:10)

Another problematic issue is that the depression of Devdas is considered grief. The stereotyping of both mental and physical illness negatively impacts the audience's mind and gives the wrong idea about the illness. The psychological problem of a character is visualised as a sacrifice. *Devdas* is not an exception; it is Bollywood's culture to connect disease with sentimentality and pity. The contemporary films that follow this Devdas syndrome and connect emotions with illness are *Waqt: The Race Against Time* (2005), *Katti Batti* (2015), *Sanam Teri Kasam* (2016), and *Ae Dil Hai Mushkil* (2016). These films portray main characters with physical illnesses that are impossible to treat. According to Bollywood, these characters are destined to die. Because of extreme melodrama in the films, the audience ignores the logical sense in the film and blindly trusts the wrong details about the disease. The emotions in the film do not allow them to subjectively judge the film. Thus, it is necessary to differentiate between the real and the unreal. Anjaria writes: "Melodrama... represents emotional states and universal truths rather than material realities" (12).

In contrast to *Devdas*, the Hindi film adaptation of American author John Green's novel *The Fault in Our Stars* gives a new light to the treatment of disease in Bollywood. The audience does not see it only as a romantic film but also a story of individuals who fight cancer. The film starts with a thyroid cancer patient Kizie who befriends Manny and his friend JP, two other cancer patients, with osteosarcoma and glaucoma, respectively. Manny and Kizie fall for each other. They visit Abhimanyu Veer, the songwriter and singer of the incomplete song "Main Tumhara" that Kizie aspires to listen to the remaining lines. The film includes their struggle as cancer patients and their urge to fulfil their desires. Later, with Manny's death, Kizie gets a new hope to live life fully.

Unlike Devdas whose self-destructive nature resulted into death, Kizie stands as a strong character who encourages everyone, including her friends, parents and people around her. The first scene of the film opens with the funeral of someone Kizie does not even know. In this scene, audience acknowledges that her kindness and way of confronting death is not like typical film characters who react over-dramatically over these situations. Unlike other contemporary films that portray cancer as a deadly disease, this film can be seen as a light to the cancer survivors. The eagerness of the characters to stay alive gives the message to cancer patients in real life. These characters don't lose hope and try to live life to the fullest. Kizie mentions in the film that her name refers to "Chipku" which means someone who never let's go. As her disease stick to her, she sticks to life. Though the film is based on a contemporary novel, it is the first time in Bollywood that cancer patients are seen as optimistic individuals who don't need any sympathy or pity from the audience. In contrast to the film *Devdas*, this film hints at the positivity of life. The main characters know the value of life even when they are on brink of death. The death scene in *Dil Bechara* is remarkably opposite to Devdas 'dramatic death. Before the demise of Manny, he wants to hear his funeral speech. This scene represents the bond of friendship between the characters. The filmmaker does not include a scene of Manny's death, because the motive of the film is not calling attention to melodrama, but is to show the value of an individual's life. The unavailability of melodrama is what makes *Dil Bechara* different from other films. The conflict between emotions is not a question in the films as we see in *Devdas*. The emotional bond between friends and parents is not exaggerated with dramatic elements. Unlike *Devdas*, the film does not end with death, it ends with Kizie's smile while watching Manny in their Bhojpuri film. We hear the narration of deceased Manny in the background about the incomplete song he had completed with the help of Abhimanyu. When Manny's health deteriorates, he still acts in the Bhojpuri film because his urge to complete the film shows his viewpoint towards his ambitions. In the Cancer Counselling Group, he mentions his desire to become like Rajnikanth who can fight well, also hints at his determination to live. Before the loss of his second eye, JP wants to direct his Bhojpuri film. When Kizie's health

gets worsens, she tells her wish to Manny to visit Paris in order to complete the song. In the film, Kizie's yearning to listen to the complete song, Manny and JP's wish to finish their film suggests their aspiration to live. Thus, these youthful characters leave a positive message to the audience.

The difference in the portrayal of doctors in both *Devdas* and *Dil Bechara* can be seen. In the film *Devdas*, when Devdas spits blood after dancing on the song "Chhalak Chhalak", this disappointing dialogue by the doctor can be expected in the traditional Hindi films: "Waqt Kisi Bhi Ghadi Beraham Ho Sakta Hai... Jitna Ho Sake, Unhe Khush Rakhne Ki Koshish Kijiye" (*Devdas* 2:29:04-2:39:10).

However, the portrayal of doctors seems more realistic in *Dil Bechara* as compared to *Devdas*. The character of Dr. Raj Kumar Jha, the medical surgeon and doctor of Kizie is extremely caring and supportive towards Kizie. He knows that Kizie's health can worsen at any point, but still, he encourages her to live. In the film, the audience can see him counselling cancer patients in the Cancer Counselling Group including Kizie, Manny, and JP. Thus, the filmmakers of *Dil Bechara* did justice to even doctors and show them in a positive light.

Devdas is seen as a tragic hero in the film because of his sacrifice, but *Dil Bechara's* characters are not portrayed as extraordinary characters who sacrifice everything for love. Instead, their view on life is more realistic and down-to-earth. Manny, the main character of the film dies as an ordinary person, not as a hero which seems authentic and pragmatic to the audience. Till the end of the film, Manny motivates the audience to live a carefree life. Sharma writes:

In every film, the protagonist has lost their lives to cancer without depicting true cancer on screen but this film is a game changer to the entire scenario here also the main protagonist has lost his life to cancer but through his journey, he and other two cancer patients have fought well. One died because of cancer, another one lost both eyes to cancer and still came out strongly as a cancer survivor and the third one fighting

with cancer and fulfilling her wishes. This film did justice upto some extent to the disease, patients, doctors, and survivors and treatment (p.1514).

Devdas and *Dil Bechara*, both have their influence on the audience. If *Devdas* won Filmfare Award for Best Film, then *Dil Bechara* was the most viewed Indian film on the digital platform. However, *Devdas* depicts physical illness in a very dramatic way and the main character Devdas is seen as a tragic hero with pity and full of emotions. Depression of Devdas is considered as sorrow that resulted into sacrifice for love. On the other hand, *Dil Bechara* depicts characters with strong mental health who encourage people to not fear the disease. The main character dies as an ordinary cancer patient. Thus, the representation of physical illness is more accurate according to contemporary times. Till the end, the characters of *Dil Bechara* teaches its audience about the meaning of life which is opposite in Devdas' case where he wants to give up his life. The main focus of the films that depict mental as well as physical illnesses should be the accurate and realistic representation of physical illness such as Cancer and Tuberculosis. Instead of treating illness as a 'masala' to the story and gain sympathy from the audience, filmmakers should portray the characters as ordinary people. Focusing on the dramatic elements while portraying illness should not be the case. The main idea should create social awareness among the audience. As Bollywood is evolving, it should see diseases with a new perspective, so that it doesn't create fear in the minds of the audience.

Works Cited

Anjaria, Ulka. *Understanding Bollywood: The Grammar of Hindi Cinema*. London: Routledge, 2021.

Chattopadhyay, Sohini. "Breathing Uneasy in Bollywood." *www.livemint.com*, 13 June 2018, <https://www.livemint.com/Leisure/c8G15pdTySRnxFsk1OnSvJ/Breathing-uneasy-in-Bollywood.html>.

Devdas. Dir. Sanjay Leela Bhansali. Perf. Shahrukh Khan, Madhuri Dixit and Aishwariya Rai.
2002.

Dil Bechara. Dir. Mukesh Chhabra. Perf. Sushant Singh Rajput, Sanjana Sanghi and Saif Ali
Khan. 2020.

Sen, Meheli and Anustup Basu, *Figurations in Indian Film*. New York: Palgrave Macmillan,
2013.

Sharma, Neelu and Govind Ji Pandey. "A Case-Based Analytical Study of the Portrayal of
Cancer in Indian Hindi Cinema." *Mukt Shabd Journal* vol.9.no.8, 2020, pp.1509-1515.

The Paroxysm of Pandemics: Human Mutation from Dysphoria to Euphoria

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Abstract

From the earliest times to the present, epidemics or pandemics have affected human history in myriad ways and have forever altered the world order. When Camus says that the plague never dies but waits patiently in bedrooms, trunks, and old papers, he was referring to the paroxysmal nature of pandemics. Every pandemic odyssey seems to follow the same pattern of disarray, bedlam, and mutation. Here, the mutation is not only of the virus but of the humans as well who mutate into more savage, ravenous and disordered beings. Literary imaginations have decoded this human mutation and elucidated that the human mutation however self-centered in the start mutates into an altruistic one in the end because the self cannot exist without the other. In such murky times, literature seems to hold a ray of hope that orients human thoughts from dysphoria to euphoria. The present paper will highlight the illuminating effect of literature that pulls human thoughts back to sanity. The paper will dwell upon *The Plague* by Albert Camus and his theory of Absurdism to prove that pandemics can cripple a human body but not the soul and, in the end, its love and hope that triumph over the pandemic.

Keywords: Pandemic, Mutation, Camus, Absurdity of life.

Introduction

This paper will try to understand the role of pandemics over literary imagination. Many paroxysmal pandemics have invaded the human race, rendering it helpless and shattered to the core. These murky times turn humans into selfish beings further taking us closer to doomsday. In such times, when the winds are damp, summers are sans warmth, and winters

are harsh, literature comes to the rescue of mankind. Writers take a flight of imagination, dive deep into the sea of melancholy, and surface back with the pearls of benevolence, love, and sympathy. The paper aims to look into those works that paint for us the picture of the monster of pestilence, but remain uncrushed under its weight. *The Plague* by Camus will reveal how the survival instinct is the prime force that binds humanity in this struggle turning them into more euphoric beings.

The word pandemic comes from the Greek word "Pandemos" which means an epidemic of an infectious disease that has spread across a large region, multiple continents, affecting a substantial number of people. It must also be contagious. But one thing that we all must remember is that the pandemic may cripple the body but it can't cripple the literary imagination. The present pandemic is not the first of its kind that humans have experienced. We have a history of endemics from epidemics to pandemics which have found a mention not only in historical archives but also in the imagination of literary giants. Many times, pandemics have found a reference in works of literature and sometimes they have ignited the creative fervor through these works. We have examples of many paintings depicting the monstrous effect of a pandemic in various parts of Europe. Giacomo Borlone de Buschis' *Triumph of the Death with the Dance of the Death* in the 15th century, Pieter Bruegel's *The Triumph of Death* in the 16th century, Paul Fürst's *Doctor Schnabel* in the 17th century, Arnold Böcklin's *Plague* in the 19th century, and Edvard Munch's *Self-portrait after Spanish Influenza* in the 20th century are some famous paintings that depict human crisis in almost every century.

Works like *The Masque of The Red Death* by Edgar Alan Poe, *A Journal of the Plague Year* by Daniel Defoe, *Death in Venice* by Thomas Mann, *The Last Man* by Mary Shelley and in Indian context *The Calcutta Chromosome: a novel of fevers, delirium and discovery* by Amitav Ghosh, *Twilight in Delhi* by Ahmed Ali, *The Abandoned Cemetery at Balasore* by Jayanta Mahapatra are some of the examples which have tried to put forward aesthetically the

plight of humanity in times of pestilence. Munshi Premchand's *Eidgah*, *Doodh ka Daam* and *Rebati* throw light on the spread of cholera and its impact on the social life of the commoners. Rabindranath Tagore's poem *Puritan Bhritya* refers to a smallpox outbreak and thus highlights the elements of human emotions in the moment of crisis. U R Ananthmurthy's *Samskara* has a reference of plague as a pandemic where the plague was a symbol of stagnant orthodox values. Such works are proof of the fact that the bleakest times ignite the brightest of imaginative fires. These great writings have used pandemics as a symbol of hope and survival because the pandemics must not mutate our basic DNA of compassion, love, and generosity no matter how tough the times are.

The earliest example of a pandemic can be traced back to *Oedipus Rex* by Sophocles dating back to 430-420 BC. The plague strikes Thebes where it is paradigmatic in the sense that the ruler's crime contaminates the community and societal ill manifests as a literal pestilence. The oracle announces that the plague is religious pollution and the king himself is the cause of the plague. "weltering surge of blood" (line 24), "fiery plague" (line 166), "the land is sore distressed" (line 685), and "wailing on the altar stair, wives and grandmas rend the air, long-drawn moans and piercing cries blent with prayers and litanies" (lines 184-186; 2,3) all illustrate vividly the severity of the situation" (Kousoulis). These words display the creative fervour of the writer who very poignantly paints before the readers the picture of gloomy times. We can realise that during the epidemic the social tranquillity is at its nadir but the literary imagination is at its zenith. The pandemic cannot take a toll on the minds of creative geniuses. So, in a creative field, there is no dearth of imagination as the pandemic cannot dampen the creative souls. Pandemics, however tormenting, cannot stifle the human spirit of ingenuity and creative imagination. Even in despair, there is no dearth of creative enterprise. Hence, dysphoric times generate euphoric writings.

On closer scrutiny of the history of literature, one realises that every pandemic has and will continue to inspire not only literary writers but the readers as well. In literary sagas of

pandemics, the man initially becomes more isolated, more idiotic, more narcissistic, and more opinionated but at the end of the crisis, man learns to become more accessible, more logical, more altruistic, and more open-minded. *The Plague* by Albert Camus is one such example where the initial distress of the disease is depicted through lines, "we tell ourselves that pestilence is a mere bogey of the mind, a bad dream that will pass away. But it doesn't always pass away and, from one bad dream to another, it is men who pass away...." (Camus 37).

Albert Camus says in *The Plague*, "The plague never dies; it waits patiently in bedrooms, cellars, trunks, handkerchiefs and old papers." The plague or any pandemic since eons have remained shelved like an old forgotten book until when suddenly a new page opens up to tell a new story. Every pandemic odyssey seems to follow the same pattern of confusion, chaos, and mutation. A mutation is not only of the virus but also of the human self. With every pandemic, the *Homo sapiens* tend to mutate into more savage and dispirited mutants. But literary flights of imagination have examined the dysphoric mutation and tried to acquaint human thoughts to euphoria.

The Plague is a philosophical novel dealing with Absurdism which holds that the universe is absurd and life meaningless like the futile struggle of Sisyphus repeatedly rolling the boulder up and down the hill. In the novel, the town Oran becomes a microcosm of the universe and the characters illustrate different ways human beings deal with absurdity. Cottard tries to commit suicide; Paneloux loses his faith and succumbs to the disease. Human beings are vulnerable to being randomly exterminated at any time, by a virus or action of fellow beings. *The Plague*, "rules out any future, cancels journeys, and silences the exchange of views. People fancy themselves to be free but, no one will ever be free as long as there is pestilence"(Sara Beth West). Plague or for that matter any pandemic presents slackness, incompetency, and self-centered motives of those in power and the sole reason that instigates the fury of the masses. Camus' writing transports us to that dystopian land where all is not right with the world and people are in a state of dysphoria. The empty streets and paranoia

engulf the city. The gloomy bleak images are enough to immerse the readers in the sea of despondency.

One must remember that such dejected times are just a harbinger of hope and new world order. Henry Kissinger, an American diplomat, had argued, "Our age is insistently, at times almost desperately, in pursuit of a concept of world order. Chaos threatens side by side with unprecedented interdependence...."(Micklethwait). At the micro-level of individual life and macro-level of world order, the importance lies in interdependence or taking on this challenge together to attain a harmonious world order. Similarly, a revival of camaraderie can be anticipated when Camus says, "...once the faintest stirring of hope became possible, the dominion of plague was ended" (Camus 272). We have to realise that such lines towards the end of the novel transport the readers from dysphoric to euphoric state making them realise that at the end it is survival that matters. Being alive is and will always remain an emergency and nothing can crush this human spirit of survival. However bleak the times maybe, hope will always prosper and make a renewed start. This is what constitutes Camus's "Absurdity of life". In absurdist philosophy, the absurd arises out of an individual's search for meaning in this meaningless world leading to disharmony. So, humans have three ways to solve this problem: suicide, religious refuge, and acceptance of absurdity. Camus endorsed the last option believing that only acceptance can give the greatest extent of one's freedom. Accepting the absurd and yearning to strive gives true meaning to life. Absurd means to fade and then flourish, despair and then elate, bleed and then soothe. Camus asserts that we should embrace this absurdity of life and take on the purpose of creating value and meaning in life. Effort and resilience and not suicide and despair are the appropriate responses in such formidable times. In *The Plague*, human happiness is undermined by the deadly epidemic yet the human spirit is the winner. We may enter into a zombie apocalypse, transcend into madness, lose humanity, but still, the human soul will never forget to live and move on.

According to Camus, "... if there is one thing one can always yearn for and sometimes attain, it is human love" (Camus 300). Camus believes that life is absurd and nothing is comprehensible but the only thing that one understands is human love. This love is the force that heals and brings in a world order by interdependence and compassion. In the novel, the characters of Dr. Rieux, Rambert and Tarrou struggle and work ceaselessly in spreading this compassion and finding meaning in healing others. They recognise the absurd but still work ceaselessly against it. Camus says, "...what we learn in times of pestilence: that there are more things to admire in men than to despise" (Camus 308).

The meaning of life is portrayed through the character of Dr. Rieux who knows that people of the town would die of doing nothing at all so he chooses action in face of death. He realised that the only thing he learned from the epidemic was human love. So, however absurd our life may seem, the experience of human love brings meaning in an otherwise absurd life. After several months when the plague begins to wean away, the gates of the town are opened and Dr. Rieux listens to the cries of joy or euphoria rising from the town. This euphoria represents the victory of the human spirit. Camus, in a way, held that human life was absurd because we all live under the sentence of death, so, whether we die due to an epidemic or from some other cause doesn't matter. Sooner or later we all have to die and our attempt to resist death is futile. Camus believes that even if our life has no meaning, it is nobler to fight against death than simply to resign under its spell. Indeed, the epidemics draw out the best in people. The most important thing in life is life itself and the meaning we create out of it. Hence Camus derived a design in this inane life by believing that "One must imagine Sisyphus happy".

Even in times of the present Covid 19 pandemic, we have seen humanity triumph over selfish motives. Thus literature, whether in the past or present, reiterates this faith in humanity and love. Initially, the social fabric seems to have been destroyed but slowly man learns to sew the torn yarns of social togetherness. Every pandemic has and will continue to inspire

literature. Both pandemics and literature make people philosophical and inquisitive to unearth answers to their survival. Camus expounded that in the fight between pandemic and life all a man can learn is knowledge and memories: knowledge to learn from the mistakes and to move on and acknowledge memories of the appalling past to make an immaculate future. Thus, even in the present pandemic, the articulation of emotions through literature made the readers introspective and zealous enough to march ahead with rebooted euphoria to win over the dysphoria generated by the pestilence.

Works Cited

Camus, Albert. *The Plague*. Knopf Doubleday Pub. Group. (1991).

Kousoulis, Antonis A, et al. *The Plague of Thebes, Ahistorical Epidemic in Sophocles' Oedipus Rex*. Jan. 2012, wwwnc.cdc.gov/eid/article/18/1/pdfs/ad-1801.pdf.

Micklethwait, John. "As the World Turns." *The New York Times, The New York Times*, 11 Sept. 2014, www.nytimes.com/2014/09/14/books/review/henry-kissingers-world-order.html.

"Pandemic." Wikipedia, Wikimedia Foundation, 8 Dec. 2021, en.wikipedia.org/wiki/Pandemic.

West, Sara Beth. "On Paradox and Albert Camus's *The Plague*." *Sara Beth West*, 9 Oct. 2021, www.sarabethwest.com/post/on-paradox-and-albert-camus-s-the-plague.

Spiritual and Emotional Illnesses: Recovery and Healing in Indigenous Women's Poetry

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Abstract

The history of invasion, colonisation, loss of land, culture and identity, marginalisation, assimilation and racism has led to the spiritual and emotional illnesses in most of the indigenous peoples around the globe. Our indigenous spirituality, knowledge and wisdom, the cosmo-centric way of life was all subjected to historical and political influences and restrictions and their culture was undermined by the incoming of religious authorities and forced urbanisation. Thus, the effects of intergenerational and historic traumas impact the lives of indigenous peoples across time and generations. The indigenous people with different culture and ethnicity around the world face the same harsh realities- alienation, violence, discrimination, racism etc. as a result of which they face spiritual, emotional and physical health problems and diseases. The fundamental impact of colonialism on indigenous peoples is now well-recognised within public health discourses (King et al.; Sherwood; Czyzewski).

This paper aims to explore research dimensions of Native American and Northeast Indian indigenous women's poetry that has spiritual and emotional healing potential. For this, it intends to closely examine the select poems of Linda Hogan (1947) and Mamang Dai (1957) that exhibit essence of spirit, recovery and collective healing. From the perspective of indigenous comparative literary framework, these two traditions in spite of sharing similar epistemological foundations based on spiritual illnesses, energy and healing have received relatively less scholarly attention. Thus, this paper will take into account established studies on

indigenous spiritual and healing in the context of Native American poetry while recognising the almost negligible research on similar paradigms in the context of Northeast Indian poetry.

Further during this unprecedented time of physical, emotional and mental crisis, reading indigenous women's poetry will not only enable us to share a common bond, experiences and a sense of belonging but also to understand indigenous women's expression and perception of poetics that show tremendous healing potential.

Keywords: indigenous spirituality, spirituality, illness, healing, alienation, memory.

Introduction

The definition of the term 'indigenous peoples' seems to be fundamentally difficult and there is no consensus as to the precise meaning of the term. The United Nations Working Group on the Rights of Indigenous Peoples, for example, could not agree on a formal definition (Coates). However there has been a working definition UN system has developed for understanding of the term based on self-identification; historical continuity with pre-colonial and/ or pre-settler societies; strong link to territories and surrounding resources; distinctive language, cultures and beliefs; formation of non-dominant societal groups; and resolve to maintain and reproduce ancestral environments and systems as distinctive peoples and communities (UN Permanent Forum on Indigenous Issues).

Indigenous health cannot be understood outside of the context of colonial policies and practices both past and present (Allan and Smylie). The health inequalities, disproportionate rates of disease, disability, addiction and violence in Indigenous communities around the world are the result of colonisation (Reading and Wien). To analyse the health gaps between indigenous and non-indigenous populations would be difficult because they vary across cultures and ecologies and thus cannot be generalised. However, three emergent themes connect the ethno-history of most indigenous populations with their current health situation-

the devastating effects of colonisation, the loss of ancestral land and its associated loss of resources, and language and cultural barriers for access to health care (Valeggia and Snodgrass). There are clear dichotomies that exist between Indigenous peoples' perception of illness and healing and the western conventional notion of disease and recovery. "Indigenous peoples' concept of health and survival is both a collective and an individual inter-generational continuum encompassing a holistic perspective incorporating four distinct shared dimensions of life. These dimensions are the spiritual, the intellectual, physical, and emotional. Linking these four fundamental dimensions, health and survival manifests itself on multiple levels where the past, present, and future co-exist simultaneously" (WHO). The dominant Eurocentric way of looking at illness is the appearance of infectious/ chronic diseases that can be treated with drugs or surgery whereas for indigenous illness is the disruption/imbalance of the body-mind-spirit that must be collectively treated. For non-indigenous/urban health perspective, good health is considered equal to the absence of diseases whereas indigenous worldview defines health as the harmonious and holistic wellbeing of the individual and the community (Douglas). For modern/urban understanding, healing is the disappearance of symptoms of disease whereas for indigenous healing means herbal and/or spiritual therapy one adopts lifelong for maintenance of wellbeing. This is because the Indigenous worldviews are shaped by a deep sense that all living things are interconnected (Cajete) and a disruption in connectedness seriously challenges our continuing survival in the world (Groves et. al). Everything has life and everything in the cosmos is a part of the whole. Therefore, for indigenous communities, health is not experienced at an individual level but in terms of the completeness of society as a whole, connectedness and harmonisation between the living human kingdoms/ beings and their ancestors, animal kingdoms and environment (Nemutandani, Mbulaheni S. et al).

The consequences of history of invasion, colonisation, loss of land, culture and identity, marginalisation, assimilation and racism have had a profound impact on the life and health of

indigenous populations worldwide. The devastating effects of colonisation, the loss of ancestral land, and language and cultural barriers for access to health care have led to the poor health situation of indigenous people (Valeggia and Snodgrass). Almost 400 million indigenous peoples worldwide face common thread of low standards of health compared with national averages and compared with non-indigenous counterparts in the same regions (Stephens et al.). Mental health disease, cardiovascular and metabolic diseases, suicide, alcoholism, substance abuse etc are some of the common and prevalent health problems among indigenous peoples worldwide (Gracey and King). Though indigenous peoples of Native America and Northeast India are distinct and different from one another in terms of history, culture and tradition, yet they share similar epistemological foundations and for the fact that they were and are still subjected to historical and political influences and restrictions (Marks). The indigenous/tribal people with different culture and ethnicity of Native America and Northeast India face the same harsh realities- alienation, violence, discrimination, racism etc. as a result of which they face spiritual, emotional and physical health problems and diseases. American Indians have a history of health inequity. 28.3% of American Indians live in poverty; this is the highest rate among any other race (United States Census Bureau). The health scenario in the Northeast India is the poorest and many of the common health indicators are ranked lowest in various North-eastern states (Govt. of India). Also, the national mental health survey, on the prevalence of mental health issues, conducted by NIMHANS in 2016 ranked Manipur first with 14.1 percent (Murthy). High rates of depression, drug abuse, alcoholism, suicide, poverty, violence and mental health issues are common among the tribal population of Northeast India but the data available is sporadic and almost scarce. “As a result of insurgency, military atrocities, frequent violence, human rights violation, ethnic clashes, substance abuse, remoteness and drastic change in the customary and traditional way of life to the new modern era” has led to mental health problems in Northeast India (Tawfeeq, et. al).

Convergence of Indigenous Healing and Medical Science

Recent studies and scholarly articles in medical science and humanities suggest incorporating and integrating indigenous practices of healing and wellness in the health care system. (Struthers, Eschiti et al; Massey and Kirk; Eggertson; Nemitandani et al). Indigenous traditional healing is an ancient, spiritual and holistic worldview practiced by indigenous people around the world. It is "the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" (WHO). Sylvie Lucas, President of United Nation's Economic and Social Council in 2009 stressed on "the potential of traditional medicine... a field in which the knowledge and know-how of developing countries was 'enormous'—and that was a source of hope for improving the world's health-care situation." Up to 80% of the population in Asian and African countries rely on the traditional medicine or alternative medicine (Longkumer). Indigenous medicine systems are uniquely characterised by oral traditions, distinct languages, the importance of community, and the view that human health is interconnected with the earth (Robbins and Dewar). The integration of traditional and modern medicine for healing various physical and psychological disorders led to emerging studies such as Narrative medicine in the medical field. Incorporating indigenous narrative stories in the medical field not only challenges the dominant Eurocentric way of looking at physical health and healing, but also considers the neglected mental and spiritual health and healing modalities among indigenous population. Inclusion of the indigenous epistemologies and worldviews in the healthcare system will provide for physical, spiritual and psychological healing and transformation. In this view Narrative medicine shows the validity and a profound power of narrative in healing (Madrona; Gonzales; Encke). Native American medicine is based upon a spiritual rather than a materialistic or Cartesian world view and its ancient feature conveys it is

possibly the most ancient form of holistic medicine (Struthers, Eschiti et al). Tribal/indigenous peoples of Northeast India also still depend on the indigenous systems of medicine. Some of the medicinal uses of these tribal communities are now incorporated in the organised system of medicine (Deka) which will act as an interface between the traditional and modern healing modalities.

Recovery And Healing in Indigenous Women's Poetry

This indigenous concept of medicine can be translated into poetic form and can bring healing. Especially in the context of Native American literature many scholars stress on the integration of indigenous poetic and healing as act of decolonisation, an act of centring the marginal voices in the Eurocentric world (Smith; Minor; Manathunga; Williams et.al). Poetry often acts as medicine for a very specific injury or disease and can heal the broad effects of colonial violence (Minor). In traditional native poetry, the medicine song captures the powers of the supernatural and a cure could be affected (Grant). There are emerging body of Native American literature that validate the healing potential of poetry written by indigenous as they integrate indigenous cosmo-vision that exhibit spiritual healing and interconnectedness as their major themes (Allen; Hua; Minor; Bailey). I argue that literature from Northeast India can be explored in this light as the tribal poets of Northeast India incorporate all these indigenous worldviews but are usually read from the perspective of violence, terror, and clashes or analysed from historical or political frameworks.

This paper proposes a trans-indigenous paradigm for the study of indigenous poetry a new way of looking at literature in the Northeast. Reading indigenous women's poetry from this paradigm will open up adequately unexplored research discourse in the context of Northeast women's poetry that have been over analysed from material, social and historical frameworks. Further this paradigm calls for trans-indigenous solidarity. A poetry written by an indigenous poet from one part of the world can be understood and experienced and therefore

can have a healing effect on the indigenous peoples globally. Trans-indigenous paradigm also explores and recognises indigenous women's voices and perception of spiritual healing. This will be a new way of looking at the voices of the marginalised. It paves the way for exchange and conversation for trans-indigenous sisterhood that will provide consolation and salvation and healing by sharing and reading poetries of one another. It can be a step towards legitimising women's psycho spiritual health through women's writing itself (Xiang and Yi). Further this paper attempts to read Northeast literature from the perspective of mental health. Tribal people of Northeast India, especially the tribal youths, suffer from a range of mental health problems yet this prominent issue have been almost absent in the literary critical discourse of the Northeast literature. I argue that reading poetry from the tribal perspective and worldviews will act as a therapy to combat mental, physical and spiritual problems of an individual as well as the community. Therefore, this paper highlights poems by indigenous women poets Linda Hogan and Mamang Dai that can be read from a trans-indigenous psycho spiritual paradigm, an integration of spiritual and psychological in the context of healing.

Linda Hogan (b 1947), a Chickasaw poet, novelist, essayist, playwright, and activist, is one of the pioneers of Native American literature. She is a prolific writer who incorporates issues related environment, eco-feminism, historical trauma and narratives, native oral histories in her works. She also integrates a spirit-based vision in her work. She is keenly aware of the presence of spirit in the tribal universe and emphasises on the power of spirit to heal her people and nature from the trans-generational trauma and colonisation evident in her poem 'To Be Held':

... the way a tree always shelters the unborn life
waiting for the healing
after the storm
which has been our life (Dark Sweet)

The impact of genocide in the minds of American Indian poets and writers cannot be exaggerated. It is a pervasive feature of the consciousness of every American Indian in the United States, and the poets are never unaware of it (Allen). Hogan articulates this awareness into her poetry to bring healing for the injuries inflicted by colonialism in her poem 'Tear':

This blood
is a map of the road between us.
I am why they survived.
The world behind them did not close.
The world before them is still open.
All around me are my ancestors,
my unborn children.
I am the tear between them
and both sides live (The Book of Medicines).

Linda Hogan, like many indigenous poets, writes for survival and continuance repairing and re-establishing their lost identity and redefining political, cultural and spiritual spaces. In *The History of Red* she asserts,

Red is the human house
I come back to at night
swimming inside the cave of skin
that remembers bison.
In that round nation
of blood
we are all burning,
red, inseparable fires
the living have crawled
and climbed through

in order to live
so, nothing will be left
for death at the end.
This life in the fire, I love it.
I want it,
this life (The Book of Medicine).

Further, the inclusion of healing chants and ritual are distinct features of indigenous poetry as they-emphasise restoration and harmony of the whole. The poet transports herself into dream vision or altered state of conscious to create a poetry that heal or transform the readers. This process of poetic creation can then be compared to process of trance a shameness goes through in order to heal her community. Paula Gunn Allen (1992) quotes Linda Hogan who has spoken about a phase when she started having visions of spirit people- “It took years before I realised that there wasn’t anything wrong with me... An Indian friend of mine made this clear to me... She was telling me about how she finally realised the same thing was true of her... said I should have known it years ago; that I was different from others around me because I am an Indian, and that was why I didn’t fit into the white-dominated world I was living in. I try to turn that into strength now” (Allen 229).

Mamang Dai (b 1957), an Adi poet, novelist and journalist, is one of the acclaimed poets from Arunachal Pradesh in Northeast India. Her works often incorporates the revival of her tribal Ao heritage and draws on the imagery of environment, myth and folk tradition. Like Linda Hogan, she integrates history, effects of modernisation, loss of faith and tribal identity, and the presence of spiritual and mystical elements in her poems. Dai observes that the tenets of traditional practices that are deep rooted in environmental ethics supported a close and harmonious relationship with Nature. Even through the changing times, the tribes preserve traditional customs and spiritual belief that inspire peaceful coexistence with the natural world (Reshmi R). This has been explored in her poem Small Towns and the River:

... The dead are placed pointing west.

When the soul rises

it will walk into the golden east,

into the house of the sun.

in the cool bamboo,

restored in sunlight,

life matters, like this.

In small towns by the river

We all want to walk with gods (River Poems).

Our present is the outcome of the past. We must remember and keep our ancestor spirits alive and pass on the knowledge to the future generation. This idea of remembering of our indigenous past and ancestors is reiterated by many indigenous writers. In a collection of interviews titled *Winged Words* Harjo spoke of time as nonlinear: "I also see memory as not just associated with past history, past events, past stories, but nonlinear, as in future and ongoing history, events, and stories" (Coltelli). This is reflected by Dai in her poem 'Prayer Flag 2':

We found each other yesterday,

After they told us the past is over.

Now we are floating smudges of colour

Flying high over the mountain barrier (Prayer Flag 2).

Indigenous poets and healers stress on the multiple relationality that exists among different layers of beings. Dai also draws on the holistic worldview concept of all encompassing, eco centric and spiritual indigenous way of life and knowledge. This indigenous worldview based on interconnectedness and harmonious co-existence among nature, humans, non-humans and spirits is manifested in her poetry.

The river has a soul.

It knows, stretching past the town,
From the first drop of rain to dry earth
And mist on the mountain tops,
the immortality of water (Small Towns and the Rivers).

Dai's writings also reflect the trauma and negative experiences of historical and political influences and restrictions in the Northeast parts of India and by voicing her thoughts through her poetry acts as a healing process not only for her but for her community as a whole. She provides an excellent example of this understanding in *The Wind and the Rain*:

And our dreams have been stolen
by the hunger of men travelling long distance,
like bats in the dark.
Soft fruit, flesh, blood.
There is a war and directly now
it must be about guns, metal, dust
and the fear that climbs the trees every night
when our names are written
without will or favour in the present,
watching the frailty of our lives
spilled in the blood of these hills
right before our disbelieving eyes (*The Wind and the Rain*).

Conclusion

Indigenous peoples worldwide have faced lots of challenges due to colonisation, loss of ancestral land, rapid cultural change, alienation, marginalisation, assimilation and racism that have a profound impact on mental health problems such as depression, stress, anxiety, suicide, substance abuse, violence etc especially among the youths. (King et.al.; Sherwood; Vallengia

and Snodgrass). This is evident in various parts of Northeast states of India, particularly the mental health illness in Nagaland, Meghalaya and Mizoram being on the higher side (Longkumer). Poetry therapy in the context of narrative medicine is used as a supplement tool that can be helpful in breaking down resistance, encouraging self-expression, promoting family and group interaction, as well as providing a sense of validation to the troubled adolescent (Nicholas). Poems by indigenous poet Hogan and Dai will act as a healing tool to combat psychological and spiritual health problems among the individual and the community. Creative expressions by indigenous women can serve to develop individual and collective consciousness around healing, political resistance, and social transformation and offer profound relief for the writer, the reader, and the larger community (Hua). “During this unprecedented time of physical, emotional and mental crisis, reading indigenous women’s poetry will enable us to share a common bond, experiences, and a sense of belonging to heal with one another” (Chaturvedi). Thus, Linda Hogan and Mamang Dai can be seen acting as indigenous healers who bridge the creative and the spiritual worlds in order to transform humans to greater consciousness and integration. Trans-indigenous psycho spiritual paradigm is a way forward of reading poems in the time of crisis that bring about new awareness and healing to the readers as well as writers around the globe.

Works Cited

Allen, Paula Gunn. *The Sacred Hoop: Recovering the Feminine in American Indian*

Traditions. Boston, MA: Beacon Press, 1992.

Allan B, Smylie J. First Peoples, second class treatment. The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: Wellesley Institute; 2015.

- Brant, Beth. *Writing as Witness: Essay and Talk*. Toronto: Women's Press, 1994.
- Bailey, Carol. 'Trauma, Memory and Recovery in Myriam Chancy's *The Scorpion's Claw*.' *Journal of West Indian Literature*, Vol. 24, No. 1 (April 2016), pp. 46-61
- Coltelli, Laura, ed. *Winged Words*. Lincoln: University of Nebraska Press, 1990.
- Coates, Ken S., *A GLOBAL HISTORY OF INDIGENOUS PEOPLES STRUGGLE AND SURVIVAL*. Palgrave Macmillan, New York, 2004.
- Cajete, G. *Native science: natural laws of interdependence*. Santa Fe. New México: Clear Light Publishers, 2000.
- Chaturvedi, Namrata. 'Poetess-Mother-Earth Mother: Solidarities and Intersectionalities in select Native American and Indian Adivasi Women's Poetry.' *Journal of Adivasi and Indigenous Studies (JAIS)*, Vol. XI, No.1, February 2021:1-24.
- Durie, Mason H. 'The Health Of Indigenous Peoples: Depends On Genetics, Politics, And Socioeconomic Factors.' *BMJ: British Medical Journal* , Mar. 8, 2003, Vol. 326, No. 7388 (Mar. 8, 2003), pp. 510-511.
- Douglas, Vasiliki. *Introduction to Aboriginal Health and Health Care in Canada Bridging Health and Healing*, New York, Springer Publishing Company 2013.
- Deka, Neelotpal. 'Traditional Knowledge in North-East India: scope for a *sui generis* protection. 'The Clarion, Volume 3 Number 1 (2014) PP 92-97
- Desmarias, Michele M, and Regina E. Robbins. 'From the Ground Up: Indigenising Medical Humanities and Narrative Medicine'. *Medicine, " Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine*: Vol. 4: Iss. 1, Article 6, 2019.
- Episkenew, Jo-Ann. *Taking Back Our Spirits: Indigenous Literature, Public Policy, and Healing*. Winnipeg: University of Manitoba Press, 2009.
- Encke, Jeff. 'Taking Its Pulse: Poetry in the Context of Narrative Medicine'. *EOAGH*, Issue 7.

- Eggertson L. Doctors should collaborate with traditional healers. *Can Med Assoc J.* 2015;187(5):E153–154. pmid:25667253
- Grant, Agnes. ‘Traditional Native Poetry.’ *The Canadian Journal of Native Studies* V, 1(1985):75-91.
- Gracey M, King M. Indigenous health part 1: determinants and disease patterns. *Lancet.* 2009 Jul 4;374(9683):65-75. doi: 10.1016/S0140-6736(09)60914-4. PMID: 19577695.
- Gonzales, Patrisia. *Red Medicine Traditional Indigenous Rites of Birthing and Healing.* United States, University of Arizona Press, 2012.
- Gone, J. P. ‘Reconsidering American Indian historical trauma: Lessons from an early GrosVentre war narrative.’ *Transcultural Psychiatry*, 2014, 51(3), 387-406.
- Government of India, Ministry of Statistics and Program Implementation (2015). *Millennium Goals India Country Report.* http://mospi.nic.in/Mospi_New/upload/mdg_26feb15.pdf
- Groves, Emma Elliott et. al. ‘Indigenous Relationality is the Heartbeat of Indigenous Existence during Covid-19.’ *Journal of Indigenous Social Development.* Volume 9, Issue 3 (2020).
- Hua, Anh. Gathering Our Sages, Mentors, and Healers: Postcolonial Women Writers and Narratives of Healing. *Feminist Formations*, Vol. 26, No. 3 (Winter 2014), pp. 54-70. <https://www.un.org/development/desa/indigenouspeoples/unpfii-sessions-2.html>
- King, M., Smith, A., & Gracey, M. ‘Indigenous health part 2: The underlying causes of the health gap.’ *The Lancet*, 2009, 374,76-85.
- Longkumer, Ningsangrenla. *Traditional healing practices and perspectives of mental health in Nagaland.* Martin Luther Christian University, Shillong. PhD dissertation, 2019, <http://hdl.handle.net/10603/284762>

- Mazza, Nicholas. "The Use of Poetry in Treating the Troubled Adolescent." *Adolescence*. 16.62 (Summer 1981): 403.
- Madrona, Lewis Mehl. 'Narrative Medicine: The Use of History and Story in the Healing Process.' United States, Bear and Company, 2007.
- Marks, Lynne. 'Global Health Crisis: Can indigenous healing practices offer a valuable resource?' , *International Journal of Disability, Development and Education* Vol. 53, No. 4, December 2006, pp. 471–478
- Massey, Amy & Kirk, Ray. ' Bridging Indigenous and Western Sciences: Research Methodologies for Traditional, Complementary, and Alternative Medicine Systems. ' *SAGE Open* July-September 2015: 1–15, DOI: 10.1177/2158244015597726
- Minor, Michael. *Decolonizing Through Poetry in the Indigenous Prairie Context*. 2016. The University of Manitoba, Winnipeg. PhD dissertation. <http://hdl.handle.net/1993/31713>
- Murthy, R. S. 'National mental health survey of India 2015-2016. ' *Indian Journal of Psychiatry*. 2017, 59(1), 21
- Manathunga, Williams, Bunda, Sue. et.al. 'Decolonisation through Poetry: Building First Nations' Voice and Promoting Truth-Telling. ' *Educ. as change* vol.24 n.1 Pretoria 2020. <http://dx.doi.org/10.25159/1947-9417/7765>
- Nemutandani, Mbulaheni S. et al 'Understanding the Science of Indigenous Health System: Key to Sustainable Collaborations, Public Health in Developing Countries - Challenges and Opportunities. ' *EdlyneEzeAnugwom and NiyiAwofeso, IntechOpen*, September 9th 2020, DOI: 10.5772/intechopen.92090. <https://www.intechopen.com/chapters/72878>.

Peat, F. D. *Lighting the seventh fire: The spiritual ways, healing, and science of Native American*. New York, NY: Birch Lane Press, 1994.

Paradies, Yin. 'Colonisation, racism and indigenous health. ' *Journal of Population Research*, Vol. 33, No. 1, Colonialism and Indigenous Health (2016), pp. 83-96.

Roxanne, Eschitib, and Valerie S. 'Traditional indigenous healing: Part I, Complementary Therapies in Nursing and Midwifery. 'PubMed, September 2004. DOI: 10.1016/j.ctnm.2004.05.001 .

Reading CL, Wien F. Health inequalities and social determinants of Aboriginal peoples ' health. Prince George, BC: National Collaborating Centre for Aboriginal Health; 2009.

Reshmi R., Sree. 'Mamang Dai as a Non-Objective Chronicler of Contemporary Northeastern Reality. 'International Journal of English Language, Volume V, Issue VII July 2017.

Smith, L. T. *Decolonizing Methodologies: Research and Indigenous Peoples*. London: Zed Books, 1999.

Sherwood, J. 'Colonisation - It's bad for your health: The context of Aboriginal health. ' Contemporary Nurse, 2013, 46(2), 28-40.

Syiem, Esther. 'Negotiating the Loss: Orality in the Indigenous Communities of North East India.' *India International Centre Quarterly*, SUMMER 2016, Vol. 43, No. 1 (SUMMER 2016), pp. 80-89.

Valeggia, Claudia R. Snodgrass, J. Josh. 'Health of Indigenous Peoples. ' *Annual Review of Anthropology*, Vol. 44 (2015), pp. 117-135

UN Department of Economic and Social Affairs. *The concept of indigenous peoples*. New York: United Nations, 2004.

Woods, Amanda. *Indigenous Identity, Oral Tradition, and the Land in the Poetry of OodgerooNoouccal, Luci Tapahonso, and Haunani-Kay Trask*. East Carolina U. Masters thesis, 2010.

The Healing Power of Poetry: A Study of the Select Works of John Keats

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*It is difficult
To get the news from poems
Yet men die miserably every day
For lack
Of what is found there
-William Carlos Williams*

Abstract

The correlation between Epidemics/Pandemics and literature is an ongoing debate. Humankind has witnessed epidemics and pandemics, since antiquity, which have tremendously transformed the human consciousness in general and literary consciousness in particular, as a result of which a plethora of literary works have been written in response to them. The idea that art and literature have a healing and therapeutic power is not new. Since ages literature has been used as a means to cure patients with mental and psychological disorders. Literary works with the themes of hope, acceptance and redemption have played an important role in overcoming pain and grief.

Much has been written about the healing power of pandemic literature and its role in helping to face and overcome stress, chaos and a sense of loneliness during pandemics. The purpose of this paper, however, is to investigate and explore the healing and therapeutic power of literature in general and literature written in response to personal crisis and pain with a special

focus on the works of John Keats and how his works can play an important role in lifting one's spirits and finding meaning even in adversities both personal and collective

Keywords: Therapeutic, Bibliotherapy, Redemption, Poetry pharmacy, Cathartic, Analeptic.

Since December 2019 we are going through a harsh and a deadly pandemic. People in general and medical scientists, doctors, researchers, artists and writers in particular are working hard to make sense of these difficult times. From such experiences in the past, we infer that alongside medical cure for such pandemics we also need to address other issues and problems that the pandemics bring with them. It is believed that art and literature address the issues of loneliness, anxiety, fear, despair, death, loss and various mental health issues which are more prevalent in the times of pandemics and epidemics. As soon as the COVID-19 pandemic began to spread people started exploring and reviewing literary works written in response to pandemics and epidemics. Writers and researchers talked about the lessons that such works teach us and also emphasised their importance in helping humans to cope with such disasters. The idea that art and literature have a healing and therapeutic power is not new. Since ages literature has been used as a means to cure patients with mental and psychological disorders. Literary works with the themes of hope, acceptance and redemption have played an important role in helping readers to overcome pain and grief. Earnest Harms writes “if we turn our view back into history, we find in the world of primitive men, as in other earlier cultures, knowledge of and time-adapted practices of applying art and aesthetic elements as means of healing.” Geri Giebel Chavis writes “The special place of poetry in the history of healing is well established. The Shamans and medicine men and women of ancient civilisations chanted poems as a part of their healing art. In ancient Greece, Apollo, the patron God of poetry and music, is also recognised as the divinity of medicine and healing not only in his own right but also through his son, Asclepius.” Both reading and writing literature can aid and guide us to come to terms with the difficulties of our lives and to control negative feelings and thoughts.

Literature helps us to make sense of the world and of life. Poetry has recuperative, analeptic, soothing and tranquillising qualities. Treating various mental and emotional problems with the help of art and literature is not very rare. Bibliotherapy is now an established field. Laura J. Cohen defines bibliotherapy as the therapeutic use of literature which “can be invaluable in helping a patient understand and cope with his illness.” It can make People “recognise themselves, their significant others, and their life situations in the books they read” and it “can confirm for patients and families that their experiences and feelings are “normal” and help them to feel a sense of relief or release.” William Sieghart’s book, *The Poetry Pharmacy* reflects Williams’ belief and faith in the efficacy and essentiality of poetry to heal one’s mind and soul; to assuage our pain and to ease our woes. In this book he prescribes appropriate poems for various mental and emotional problems. He offers consolatory poems for anxiety, depression, hopelessness, loneliness, defeatism, emotional repression, heart break, divorce and several other problems. In the very introduction of the book Williams writes “the idea, that there can be a therapeutic power to a poem, is at the heart of the Poetry Pharmacy. But that therapeutic power only exists if you can find the right poem for the right state of mind.” Brian E. Wakeman acknowledges the vitalising and nourishing power of both reading and writing. He writes “Poems expressing pain or doubt ... can be cathartic, relieving and cleansing.” Poetry is a vehicle used by writers for expressing grief and pain thereby helping both the writers as well as readers to come to terms with sorrow and suffering. Literature assists in adjustment and plays a substantial role in shaping the life and existence of a person. Literary works can endow one with mental and spiritual health. Geri Giebel Chavis writes “with their evocative images, striking characters, dramatic situations and powerful phrasing, the literary works we respond to or the creative pieces we write can help us to lead better lives. They can nurture us, enlighten us and enable us to cope more effectively with everyday challenges and major crisis.”

Writing and reading abate our sense of isolation. Both reading and writing can enhance the process of healing and growth. Aagje M.C. Swinnen writes “poetry is not compared to medicine. Yet, this doesn’t imply poetry is deprived of healing value. We just have to look for its value in

the social realm rather than the medical.” Poetry may not heal the pain in the literal sense of the word but it can definitely bring relief and consolation. It can provide palliative care.

Keats 'poems and letters evoke and inspire a degree of hope in the readers and acknowledge the reality of both joy and sorrow. The chief attitude espoused by Keats 'poetry is acceptance of life with all its contradictions. His poems and letters make us realise that pain is universal. Geri Giebel Chavis writes that the English Romantic poets including John Keats “affirmed poetry’s power to guide, to illuminate and heal” through their poems as well as prose writings. He further writes that “when Keats decided to devote himself to poetry instead of medicine, he ended up becoming a poet healer.” Keats 'poetry carries the power to help us face the harsh circumstances of life with a spirit of acceptance and helps us to overcome despair. Keats talks about pain and suffering as important aspects of the process of life. He is not talking about overcoming pain and grief but of learning to accept them and greet them as having a positive and productive role in our lives. John Keats believed that poetry is a sort of panacea for the troubled and sick humanity. He believed that the chief aim of poetry is to heal the suffering humanity. In his poem, “Sleep and poetry” he writes that the great end of poetry is “that it should be a friend/ To soothe the cares and lift the thoughts of man.” What can be more soothing and comforting than Keats 'sonnet, “After Dark Vapours have Oppressed our Plains” which is full of hope and positivity. Here Keats says that neither joy nor pain are permanent states of our existence and affirms that darkness is followed by light and pain and sorrow by happiness and joy. This knowledge helps an individual to face sadness and sufferings with the hope that pain will end someday. Keats’s poem “Think not of it Sweet One” urges the addressee not to mourn a loss but to let go of it. The speaker of the poem says that it is natural to be sad at losing something or someone but we must accept that everything is born to die “Do not look so sad, sweet one/ Sad and fadingly/ Shed one drop then – it is gone-/ Oh! 'twas born to die.” This poem is full of consolation. His poem “On the Grasshopper and Cricket” celebrates the different seasons of a

year in particular and seasons of life in general. The poem suggests that all the stages of life have their own beauty though certain limitations also. This poem teaches us to be happy and content no matter what the situations of our lives are. With this attitude towards life, we can face all the difficulties and problems. Another poem, “The Human Seasons” says that just as there are four seasons in a year there are four seasons in human life and humans need to embrace all the four stages of their lives. The central theme of his poem “Welcome Joy, and Welcome Sorrow” is that we should accept and embrace life with all its negative and positive aspects. His poem, “Ode on Melancholy” says that the only way to cope with pain and suffering is to accept the reality of life, to accept both joy and pain as constructive forces of life. The speaker in the poem says that one should strengthen one’s spirit so that one cannot give up on life when distressed. The soothing and consoling nature of Keats’ ode, “To Autumn” is clear from the lines of the poem “Where are the songs of spring? Ay, where are they? / Think not of them, thou hast thy music too”. In his poem, “The Fall of Hyperion” Keats has talked about the role of poets. For him a poet is “A Sage”, “A Humanist” and a “Physician to All Men”. He believes that a true poet is one who “pours out a balm upon the world”. His poetry acts as succour to the suffering humanity. His poetry gives consolation to the distressed and depressed. In Hyperion, Oceanus tells the fallen Titans that “to bear all naked truths, /And to envisage circumstance, all calm, /That is the top of sovereignty,” Michael E. Holstein says that from the beginning of his career Keats’ mission was to console the suffering humanity but his “healing mission” reaches its zenith in his latter poetry, especially in the Fall of Hyperion. John Keats believed in the healing power of both writing and reading. When sad and feeling lonely he would read his favourite literary works. When he was nursing his dying brother Tom, he would often read Shakespeare, especially his play, King Lear. In a letter (written in April 1817) to George and Thomas Keats, he writes “I felt rather lonely this morning at Breakfast so I went and unboxed a Shakespeare there’s my comfort”. In a letter (written in May 1817) to Benjamin Robert Haydon, he writes “I never quite despair and I read Shakespeare”. Not only Keats’ poetry but his letters also inspire hope. In a letter (written on September 22, 1819) to his

brother, George and his sister-in-law, Georgiana Keats he writes “though there can be no stop put to troubles we are inheritors of, there can be, and must be, an end to immediate difficulties.” To Georgiana Augusta Keats he writes (on 13 January 1820) “Robinson Crusoe, when he saw himself in danger of perishing on the waters, looked back to his island as to the haven of his happiness, and on gaining it once more was more content with his solitude.” To his sister, Fanny Keats John Keats would always write to take care of her health and to be hopeful of good times to come. On May 4, 1820, he writes to her “bear your mind up with the consciousness that your situation cannot last forever ... health is the greatest of blessings – with health and hope we should be content to live, and so you will find as you grow older.” He further writes to her “Do not diet your mind with grief, it destroys the constitution; but let your chief care be your health, and with that you will meet your share of pleasure in the world.” To Fanny Brawne he writes “If my health would bear it, I could write a poem which I have in my head, which would be a consolation for people in such a situation as mine.” In a letter (written on September 28, 1820) to Charles Armitage Brown he writes “I wish for death every day and night to deliver me from these pains, and then I wish death away, for death would destroy even those pains which are better than nothing.” Both Keats’ poems and letters are consolatory in nature and can play a significant role in uplifting its readership and inculcating in them a zest and love for life. Their regenerative and consolatory nature can help us in facing and dealing with both personal and collective pain and suffering. William A. Ulmer’s statement that Keats’ “Ode to a Nightingale” offers the “same consolation that Keats believed tragedy to offer” is applicable to much of Keats’ writings.

Works Cited

Chavis, Geri Giebel. *Poetry and Story Therapy: The Healing Power of Creative Expression*.

Jessica Kingsley Publishers, 2011.

Cohen, Laura J. "Med-Surg Nursing: Discover the Healing Power of Books." *The American Journal of Nursing*, vol. 93, no. 10, 1993, pp. 70-80.

<https://www.jstor.org/stable/3464200>

The Complete Poetical works and Letters of John Keats. Cambridge UP.

The Fall of Hyperion- A Dream. <https://www.john-keats.com>

Harms, Ernest. "The Development of Modern Art Therapy". *Leonardo*, vol. 8, no. 3, 1975, pp. 241-244. <https://www.jstor.org/stable/1573248>

Holstein, Michael E. "Keats: The Poet-Healer and the Problem of Pain." *Keats-Shelley Journal*, vol. 36, 1987, pp. 32-49. <https://poets.org> > poem > asphodel

Sieghart, William. *The Poetry Pharmacy: Tried-and-True Prescriptions for the Heart, Mind and Soul*. 2017.

Swinnen, Aagje M.C. "Healing Words: A Study of Poetry Interventions in Dementia Care." *Dementia*, vol. 15, 2016. DOI: 10.1177/1471301214560378

Ulmer, William A. *John Keats: Reimagining History*. Palgrave Macmillan, 2017

Wakeman, Brian E. "Poetry as Research and as Therapy." *Transformation*, vol.32, no.1, Jan. 2015. pp. 50-68. <https://www.jstor.org/stable/10.2307/90010960>

Identity Crisis, Depression, Death and Political Allegory in Salman Rushdie's *The Golden House*

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Abstract

The paper proposes to examine the motifs such as identity crisis, depression and death in Salman Rushdie's *The Golden House* (2017), which is a political allegory. Dionysius Golden, the youngest son of Nero Golden espoused the new identity of Greek God after his arrival to America. Dionysius chose the nickname D which in the later part of his life becomes synonymous with depression and death. D suffers from identity crisis because owing to his man-womanly characteristics, he is unable to decisively figure out his sexual identity. His migration to America from India is the result of the inopportune conditions and meagreness of the LGBTQ laws in India which allude to India's need for strong anti-discriminatory laws and exigency for same-sex marriage. India's Supreme Court gave historic decision on September 2018 which legalised consensual homosexual intercourse. But D in the novel symbolises India's lack of LGBTQ laws which evince the failures of different governments of India to acknowledge LGBTQ rights and equality in India before the year 2018. Even in America, the country with well-built LGBTQ laws, his struggle with his identity sojourned with him and he remained unable to decide whether he is a man or a woman which resulted in depression and eventually forces him to commit suicide.

Keywords: LGBTQ; Depression; Death; Political Allegory

Introduction

Salman Rushdie is the author of the seminal work *The Satanic Verses*, a novel that sparked a cultural war in Britain and all over the world. Ayatollah Khomeini's fatwa ordering Rushdie's execution for blasphemy against Islam is one of the most notorious literary incidents in history. *The Golden House* (2017) was released by the winner of the Bookers of Booker prize author, which features an LGBTQ subplot that turns out to be a larger political allegory, constructed in the postmodern narrative's modus operandi. In the past, India always had a tolerant stance towards the LGBTQ community. Soon after the advent of British on the Indian soil, the land where *Ardhnarishwara* is worshipped, had witnessed section 377, which stated, anybody who willingly engages in an intercourse outside the set-up of nature with a woman, man, or animal will be “punished with imprisonment or fines” (Wong). Arjuna's disguise as Brihanalla in the Hindu epic Mahabharata, in which Arjuna wore women's clothes during the last year of the exile decreed by Kauravas after Yudhisthira lost a gambling match is one of the fine examples of India's liberal approach towards LGBTQs. British colonial rule in India brought ‘homophobia’ which resulted in the banishment on a flexible identity. However, it took more than a century for section 377's wounds to fade, after an intervention by the Indian Supreme Court in 2018. Even after the Supreme Court's momentous judgment, significant gaps remained in the ruling. The Supreme Court's ruling has given the LGBTQ community in India hope for a better future.

Identity Crisis, Depression and Death as Motifs

All through his career, Rushdie's writings have always reflected issues inside diverse civilisations or the globe at large, and his novel *The Golden House* does not disappoint. The novel revolves around the migration of a patriarch named Nero and his sons to America because of his past involvements in crimes and 26/11 attacks in Mumbai. He wanted to start a fresh in his life but his past kept haunting him. As the novel proceeds, tragedy befalls the family, and dreadful things occur. Rushdie has incorporated the modern world and its issues into his writing. Identity is a major theme in his work, and he probes it extensively. In the work, he goes into great length to

discuss identity and gender issues. In the hopes of uncovering his feminine identity, Dionysus, the twenty-year-old son of Nero, moves to the United States with his father and brothers. After his father's order to draw a veil over their old identities he espoused himself in a new identity of Greek god Dionysus and chose the nickname D. As a youngster, D had a tough childhood. He was conceived as a result of his father's illegal relationship with a lady whose name is unknown to the readers. When he was a teenager, he dared to inquire about his mother, to which his stepmother responded, "Leave it'...That was a woman of no consequence" (Rushdie 64). Both his half-brothers Petya and Apu never had a soft corner for D and treated him awfully.

Throughout the novel, his inner female persona is a fascination for him. Whenever Nero and his wife fought D without any exception took the side of his father unlike his brothers. In the aftermath of a disagreement in the family, D made Nero feel that his stepmother was unfit to run the household. And therefore, "Nero summoned his wife and ordered her to surrender the keys; and after that for a time it was D who gave instructions and ordered groceries and decided what food would be cooked in the kitchens" (65). D always took the position of the lady of the house once his stepmother surrendered the keys. This suggests his inner concealed identity of a woman which remained camouflaged during his childhood years.

It was not uncommon for Rene, the novel's narrator, and Dionysus to attend concerts. Ivy Manuel, a lesbian vocalist, and D were boon friends. Their friendship at best became possible because Ivy did not hit on him as other straight females did often. While talking to Ivy, D made the following statement "Sometimes I feel like I haven't been born yet, sometimes I feel I don't want to be born" (67). The statement insinuates that he hasn't been able to discover his true identity as a woman so far and therefore, he "hasn't been born yet". Also, his words "I don't want to be born" signifies that society may not embrace his transition from male to female and he may have to face penalties for making such a daring decision. Furthermore, the narrator informs us that "The point about metamorphosis is that it's not random" (69). In fact, his comments cause readers to

wonder over the idea of metamorphosis of LGBT people, which is radically different from the constrained rules of 'heterosexuality'.

"Heterosexuality" as an accepted world norm has been challenged by many philosophers and theorists. 'Gender' and 'identity' are really complex issues, on which Monique Wittig opined "A lesbian society pragmatically reveals that the divisions from men of which women have been the object is a political one and shows that we have been ideologically rebuilt into a natural 'group'" (1823). "The distinction between men and women is not a natural one," Wittig said. "It is an artificial construct that is imposed on individuals by politics, society, etc."

Adrienne Rich used the term "compulsory heterosexuality," which Judith Butler adopted and employed to question the fundamental notion of gender and heterosexuality itself, and Butler asserted that "Gender ought not to be constructed as a stable identity or locus agency... rather, gender is an identity tenuously constituted in time, instituted in an exterior space through a *stylized repetition of acts*" (Butler 140). Gender becomes ingrained in our minds as a result of these repetitions, and one becomes unable to escape the "meta-narrative" of "compulsory heterosexuality" because of this. For Butler the idea of gender is "a constituted *social temporality*" (Butler 141).

D always found himself in an impossible situation when it came to his sexual identity. Riya Z who works at Museum of Identity (MoI) shares an intimate bond with D tells him that "God is dead and identity fills the vacuum... but it turns out gods were gender bender from the start" (72). Riya's argument demonstrates that in postmodern times, identities, whether cultural, social, national, or sexual, have taken precedence. Also, "We find the contemporary world riven by identities based on class, sex, colour, race, religion, and most of all, politics" (Batra 505). As a motif that runs throughout the work, 'identity' plays a significant role in the plot-whether it be gender, professional, or cultural identity. On top of that, MoI has been used as a metaphor by the

writer and he delineates "...at the heart of the Identity Museum was the question of identity for self, starting with the biological self and moving far beyond that. Gender identity, splitting as never before in human history, spawning whole new vocabularies that tried to grasp the new mutabilities" (72). Since biological identities are not natural as Wittig and Butler both projected in their theories, this also remains at the core of MoI that one has to forge his identity as it's not a naturally given. "New Mutabilities" were only accomplished when several governments granted certain rights to sexual minorities in their countries and people got the freedom to choose their sexual orientations.

Although, for D, "God was not dead, not in America anyway" (73). For D, America appears to be a promising land for him to complete his metamorphosis. Riya believes that D's migration to America is the result of his previous place and its lawlessness for LGBTQs and tells him that he migrated to America because "...where you came from you weren't free to be who you need to be, to become who you need to become" (97). The country remains unnamed, but it is apparent that the author purposefully attacks India's lawlessness for the LGBTQ populations. Prior to 2018, there were no LGBTQ laws in India. Because of this homosexuality was a criminal offence in India, therefore D considers America to be a safe haven for his metamorphosis. He did not relocate to America just because of his father's illegal activities, but also for his own personal reasons. Hence, D's migration is an allegory of Indian lawlessness for LGBTQs. This also reflects the failure of several Indian governments to reform Section 377.

The author too has established a parallel between Gregor Samsa's and D's transformation. "He was a misfit in his own skin, experiencing, in intense form, this newly important variation of the mind/body problem (107). D felt that he was transforming into a monster because he was transgressing the societal gender standards. D even tries on women's attire from Vasilisa's wardrobe, and when he hears his father approaching, he becomes terrified and exclaims, "He'll kill me" (109). He is afraid because his father will not allow him to undergo a transition, as is

common in many households. Many people are unable to discover identities as a result of such anxieties, as well as society's prejudice towards LGBTQ persons and their extremely intolerant attitudes. Rushdie digs into this subject with remarkable insights, and canvassed "...modern sexual identity, which obsess millennials and baffle older generations" (Forna). In a conversation, Ivy and Riya encourage D to find out who he is and tell him "Right now you could be TG, TS, TV, CD. Whatever feels right to you. 'Transgender, transsexual, transvestite, cross dresser" (111). In addition, they tell D that he is;

'...maybe trans-feminine, because you are born male, identify with many aspects of femaleness but you don't feel you actually are a woman.' 'The word *woman* is being detached from biology. Also, the word *man*.' 'Or if you don't identify with woman-ness or man-ness maybe you are a *non-binary*' (111-112).

Riya believes that identity is not predetermined and anyone can select any identity anyone wants. She tells D that "'You can choose who you want to be.' 'Sexual identity is not given. It's a choice.'" (112).

Rushdie has included mythological elements into the work. The name Dionysus originated from Greek mythology and Dionysus is the deity of fertility, who is also thought to be man-womanish. Additionally, Rushdie has leaned on Hindu mythology to explore the history of sexuality and a sex, and used a reference of the Hindu deity *Ardhnarishwara*. There are a number of historical allusions to the fact that ancient societies were tolerant of each other and even worshipped gods that had both genders in them. In the Hindu epic Mahabharata Arjuna disguised himself as a transgender because of a curse given to him by Urvasi. "Arjuna wore the clothes of a woman and presented himself as an accomplished dance teacher called Brihnalla" (Pattanaik 201). This is one of the best examples of ancient India's unprejudiced approach towards LGBTQs. Another example we find in the Mahabharata is of Shikhandi who was born a woman but later

acquired a body of a man. However, it appears that the concept of tolerance is vanishing in the modern world. Questioned about the issue of LGBTQs in an interview by Frank Pizzoli for *Wendy City Times*, Rushdie said:

I grew up in Bombay, where there has always been a substantial transgender community, the (*Hijra*). I've spent time in that community listening to their stories... In India this terrible thing happened. Under a previous government (in 2009), homosexuality was legalised, decriminalised.... And now this new government came in, and the Indian high court has effectively decriminalised homosexuality (by not recognising the 2009 decriminalisation decision).

This was the primary motivation for Rushdie's writing on the difficult topic of gender identity. In India, there are no employments for LGBTQ people, making it difficult for them to find jobs; therefore, to reveal the problem, writer also has used an example of a *Hijra* dressed as Michael Jackson, dancing on the streets of Bombay to earn some money.

D started transforming and “Hence the (writer had made a deliberate) use of parenthesis with pronoun ‘he’, which changes to ‘she’” (Batra 504). In the novel, D did seek professional assistance, which proved to be ineffective. Soon Riya became crazy after her father’s prison breakout. Finally, D was all alone in his flat. Because of this, he was unable to talk about his transition with her. He began to feel isolated and frightened. “His own fear, his fear of himself, magnified...” (264). When he discovered he was unable to understand his metamorphosis, he began to obsess about it and became depressed as a result of his inability to cope. His memory became hazy and he couldn't even recall where he was. Rene found him and pronounced:

I took [him] back to his apartment. And this is how I remember him now, marooned on a bench amid eight roads of traffic, knowing he couldn't be a hero in his private

war, the cars flowing toward him and away, and he unable to pick a direction, not knowing which was way home (265).

D's identity crisis magnifies. During his depressed condition, the writer purposefully switches his pronoun from *his* to *her*, using his narrator as a façade to show his incomplete transformation. Depression is very common in LGBTQs because of inequality, social injustice and unsupportive families. In the end D could not bear the burden of his transformation/metamorphosis and he remains unable to figure out his sexual identity and commits suicide. His nickname D becomes synonymous with depression and death. In his suicide note, he wrote:

It isn't because of the difficulties of my own life that I do this. It's because there's something wrong with the world which makes it unbearable to me.... The indifferences of people to one another...I, who am both eve and Adam, take my leave from the world in a Garden too (267-68).

D's depression and suicide is not just a result of his failure to establish a gender identity that suited him, but also a reflection of society's attitude towards 'sexual minorities'. After discovering that his transition would be difficult in America as well, he commits suicide because of his inability to break free of the gender norms that society had predetermined. Also, it signified the threat to sexual minorities in America under the rule of President Trump. On Trump's Inauguration Day, a frightening signal of the new administration's intentions was revealed when "every reference to LGBTQ people was wiped from the White House Website" (Winter). Rushdie hasn't missed the chance to represent it in his novel, and he debunks the notion that America has superior LGBTQ legislation. Numerous researchers rendered well built "...evidences of elevated rates of reported suicide attempts among LGBTQ individuals" (Haas et al.).

Summing up, Rushdie has sought to portray a panoramic perspective of the globe by painting corruption, crime, politics, and the issue of identity on his canvas of the world. He has

attempted to address what is going on in both India and the United States. In spite of so many improvements in LGBTQ laws in many countries, individuals still do not treat persons from these communities equally. Because of social injustice and prejudice, many LGBTQ individuals commit suicide. The writer has successfully incorporated and delineated the motifs of identity crisis, depression, death and political allegory in his novel *The Golden House*. He has discussed the issue at great length but has left it to the reader as to how to engage with the issues in the crises of the present. Therefore, the novel has been volitionally kept open-ended so that the reader can infer/decode a whole range of discourses embedded therein.

Works Cited

Batra, Jagdish. "Salman Rushdie's *The Golden House*: Classical Worldview for Postmodern
" *Humanities and Social Sciences Review*, 2018.

Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. Routledge, 1990.
Thinking Gender, edited by Linda J. Nicholson, Routledge, 1990.

Forna, Aminatta. "The Golden House by Salman Rushdie review- a parable of modern
America." *The Guardian*, 16 Sep. 2017, www.theguardian.com/books/2017/sep/16/the-golden-house-salman-rushdie-review. Accessed 08 September 2021.

Haas, Ann P et al. "Suicide and suicide risk in lesbian, gay, bisexual, and transgender
populations: review and recommendations." *Journal of homosexuality* vol. 58,1 (2011):
10-51. doi:10.1080/00918369.2011.534038.

Wittig, Monique. "One Is Not Born a Woman." *The Norton Anthology of Theory and*

Criticism, general editor, Vincent B. Leitch, W.W. Norton & Co., 2018 pp 1823-29.

(Originally published in 1981).

Pattanaik, Devdutt. *Jaya: An Illustrated Retelling of the Mahabharata*. Penguin Random House, 2010.

Rushdie, Salman. *The Golden House*. Penguin Random House, 2017.

Salman Rushdie. "BOOKS Salman Rushdie on 'The Golden House,' LGBT subplot, global issues." Interview by Frank Pizzoli. *Windy City Times*, 13 Feb. 2018, windycitytimes.com/ARTICLE.php?AID=61907. Accessed 08 Sep. 2021.

Winter, Hannah Murphy. "What It's Like to Be Queer in Trump's America". *Rolling Stones*, October 30 2020, www.rollingstone.com/politics/politics-feature/lgbt-rights-rollbacks-trumpadministration-1083911/. Accessed 07 September 2021.

Wong, Tessa. "377: The British Colonial Law That Left anti LGBTQ Legacy in Asia." *BBC*, 29 June 2021, <https://www.bbc.com/news/world-asia-57606847>. Accessed 08 September 2021.

Pandemic Woes, Undead Foes: A Case Study of the CDC's *Zombie Pandemic* Graphic Novel

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Abstract

In 2011 The Centers of Disease Control (CDC), USA, published a graphic novel titled “Preparedness 101: Zombie Pandemic”. The graphic novel outlined a disaster preparedness strategy for citizens. It positioned the rhetoric of sudden transformation from docile citizen to unruly monster as a civic threat that could be diffused through effective supply chain distribution and a militaristically disciplined citizenry. We locate the rhetoric of the graphic novel’s use of the “zombie” figure within a hypothetical global pandemic as part of a wider set of simulations carried out by the World Health Organization that preceded the current ongoing Covid-19 pandemic. In particular, we briefly revisit the cultural history of the “viral outbreak” narrative in popular culture. In this regard, we see the “zombie” as a cultural construct that encapsulates contemporary socio-political anxieties of apocalyptic dissolution within the narrative of global pandemic.

Our panel analysis of the graphic novel examines the thematic framing of the pandemic narrative as a zombie pandemic for a pre-existing audience within a survivalist gun rights US subculture. The paper demonstrates the graphic novel’s affiliation with the mainstream middle-class and a broad new-liberal ideology. The paper approaches the CDC’s graphic novel in connection with the neoconservative American hegemonic discourse of “securitisation.” In doing so, the paper sees the CDC graphic novel’s ambiguous approach to zombies both as a threat to the American way of life and as a weakness within its established citizenry that needs to be handled carefully.

Keywords: Pandemic, WHO, Zombie, securitisation, CDC, Graphic Novel

Between 1999 and 2005, the World Health Organization (WHO) prepared and revised a Pandemic Influenza and Response paper where any global pandemic was divided into 6 phases. Phases 1-3 were related to relatively low-risk transmissions of the influenza virus from other species to humans. Phases 4-6 were related to a significant species jump of the virus with a demonstrated potential for a pandemic in more than one WHO region (World Pandemic Phases 24). Envisaged as a “planning tool” the phase division was based on potential guidance to countries, not “epidemiological prediction.” The planning document envisaged WHO as the central hub of a coordinated multilateral response: WHO was to decide if the “criteria” for any particular transmission “phase” had been reached (26). If Phases 5-6 were characterised by “widespread human infection,” the “Post Peak” and “Post Pandemic” phases were to be characterised by the “possibility of recurrent events” and “disease activity at seasonal levels” (24). In this phase characterisation WHO conceptually divided the world into 6 regions that was represented in a colour-coded map (25). Phase characterisation was rendered visible across the regional division of the world. This representation was a simulation of possibilities. WHO’s world had to be in a constant state of planning: normalcy was to be understood at best as a preparation for the next “phase” of disease. Human health worldwide was not represented as a completed passage from disease to health, not a clearly demarcated historical moment in the history of the world, but a procedural relaxation of a “rapid pandemic containment operation” (23). WHO’s world is a third-order simulacrum, where any multilateral response is best coordinated through a near-militaristic simulation: moments of rest are only an “immediate ‘at-ease’ signal” (24), a liminal phase whose presence always indicates near-militaristic alertness.

By 2018, WHO was offering guidance in developing simulation exercises to prepare for a pandemic. It designed these “scenarios” as large-scale drills for “realistic pandemic situations” that were based on past “pandemic influenza” “exercises” and “preparedness plans” (World “Developing” 14, 13). In its guidance plan, a “scenario” was a “preplanned storyline” that created

a “fictitious influenza pandemic” to help participants practice premeditated response actions; these actions were to be “in line with the pandemic influenza preparedness plan” (13, 14). WHO’s preparatory logic was like an autonomous program that preceded the virus. The world would reset its simulation drills to adjust to new (and unknown) viral mutations.

The global reach of WHO’s simulations had already been accepted when, earlier in 2011, the 64th World Health Assembly had adopted the “Pandemic Influenza Preparedness Framework” (PIP) to share influenza epidemiological data and increase the possibilities of vaccine development in developing countries. One of its key successes, outlined in the 2018 Final Report was the launch of a “simulation portal” called “PIP Deploy” (World Executive Summary ix). The goal of this large-scale simulation was to test the capacity of global and national-level supply chains across the six WHO regions for “product deployment” (ix).

An independent task force in 2020 recommended that the US should treat the Covid pandemic as a “serious national security and global security threat” and that a US-led Global Health Security Coordination Committee be formed to “better mobilise and harmonise” worldwide responses to “pandemic threats” (Burwell et al. 7, 8). Positing the Centers of Disease Control (CDC) as central to a US-led worldwide surveillance and assessment of pandemic security threats, the organisation would be the “logical home” for a “consolidated epidemic threat surveillance and forecasting office” (10). The CDC would offer “guidance” for a rapidly “scaled up” deployment of concerted efforts (10). The policy recommendations also extended to more efficient stockpiling of “critical medical supplies and protective equipment” within the Strategic National Stockpile system (SNS) to ensure standardisation of “global supply chains” (11). In this projection, The Food and Drug Administration (FDA) was to be tasked with updating supply chain vulnerabilities (11). Written during the Covid-19 pandemic, this 2020 independent report is remarkable for its dual insistence on efficient stockpiling through supply-chain management (using the logic of global outsourcing), and a militaristically efficient administration with the CDC as a command-and-control centre of guidance operations. Assuming the logic of constant surveillance and alertness,

that is articulated through the rhetoric of neoconservative American hegemonic discourse, the study envisages the future of public health in terms of the discourse of securitisation.

How did the discourse of “securitization” and the focal positioning of the CDC enter the simulations of viral disease in the American popular imagination? It has been argued that zombies are representative of an “existential threat to the state” where the figure of the zombie becomes a “compelling proxy” for “transmission issues” relating to phenomena as diverse as “terrorism, ethnic conflict, nuclear proliferation, and the global HIV/AIDS epidemic” (Morrissette 2-3). In this context, the field of international relations has seen the popular discourse of a “hypothetical zombie apocalypse” to categorise threats to nation states (3). A prominent approach within US-led IR theory is the “neoconservative” approach which “combines a concern for American primacy” and an effort to uphold American hegemony in the field of international realpolitik (5). However, Critical Security Studies (CSS), an emerging field within IR theory, questions the state-centric focus of such approaches; its concept “securitisation” deals with cultural politics through which “a particular issue is framed as a threat to security” (11). By positioning an issue as “an existential threat to the continued survival of the state” the discourse of administrative action follows the path of the removal of the threat by all available means. A military response to acts as diverse as terrorism, nuclear proliferation, and environmental degradation conditions the state in terms of its resource allocation and public outreach strategies as well (11). This overall process of creating a policy-making environment that sanctions violence has far-reaching consequences for the way cultures treat real and fictional threats to the state and its citizens (14-19).

Roger Luckhurst, in his book *Zombies: A Cultural History*, connects the viral outbreak narrative to popular culture representations of the zombie horde because both emerged in the backdrop of “global health threats” such as the 1960s “Marburg hemorrhagic fever,” the 1970’s Ebola virus, the onset of HIV in the 1980s, and SARS “global panic” in the early 2000s. He sees the preparedness for global health catastrophes as part of a “reflexive modernity” whose “global transport and communication networks” allow greater, speedier circulation of risk and danger

(Luckhurst 179). Luckhurst links the contours of the zombie outbreak narrative in popular film to the notion of a pandemic. During the HIV outbreaks, the *Journal of the American Medical Association* published an article titled “Night of the Living Dead,” referencing the classic 1968 George Romero zombie film of the same name. The link is not accidental. Luckhurst delves into the CDC’s public campaign in 2011, with its “Zombie Apocalypse Preparedness” pack and its school-education posters to see it as a culturally relevant educational tool for inculcating “basic measures” in an “epidemic outbreak” (181). These connections were made largely because of popular culture narratives (novels, films, video games) that have circulated such associations between actual pandemics and a hypothetical zombie outbreak.

Failure of containment is part of the narrative structure of the zombie outbreak: the authorities’ failure to offer sustainable leadership in the face of zombie outbreak forms the staple basis of many films and television series. In an analysis of the AMC series *The Walking Dead* — the first season premiered in 2011 and the series will end in 2022 — Paul Cantor shows how loss of faith in government, loss of control, the presence of a “herd mentality” and the docility of citizens are the themes of this series (Cantor 139-140). Furthermore, he argues that while the characters in the show continue to think of the CDC as their saviour, the series represents the failure of the CDC to live up to the survivors’ expectations (140). In this regard, Cantor states: “The CDC (in *The Walking Dead*) represents science at its most inhuman and frightening, an overwhelming force on automatic pilot, indifferent to ordinary people’s feelings and their fate” (Cantor 140). This focus on a popular television series’ approach to the CDC illuminates by *contrast* the cultural rhetoric of the real CDC’s graphic novel. Cantor sees its graphic novel (Preparedness 101: *Zombie Pandemic*) as a public relations response to the anti-people image of the *fictional* CDC in the zombie series. He sees the *real* CDC publication as offering a pro-government rhetorical approach. Instead of being a frightening simulation that is indifferent to people, the CDC’s graphic novel portrays itself as a highly competent organisation that is a guiding

light for docile and productive citizens, where its capability to manage the zombie crisis is based on an efficient stockpiling system (Cantor 141).

The CDC's graphic novel *Preparedness 101: Zombie Pandemic*, published in October 2011, is designed as an advisory for US citizens. Meant as "both educational and entertaining," the graphic novel employs the figure of the zombie. Part 1 tells the story of a young, middle-class, white couple (Todd and Julie) who find themselves thrust suddenly into a zombie pandemic and must evade the rampaging horde by hunkering down in their home. Part 2 depicts the events at the CDC where scientists and military personnel run a coordinated, round-the-clock campaign to maintain order and protect unaffected citizenry while the vaccine is prepared. Meanwhile, Todd, Julie, and their dog Max run out of food and essential supplies and must make their way to a safe zone nearby which is administered by the government and protected by troops. They reach the location after escaping a zombie horde in their car. Soon, the vaccine is ready and a shipment is delivered to their location. At the gates, however, the zombie hordes use this opportunity to attack. Todd is caught by a zombie and pushed to the ground. He is suddenly woken by his dog Max and realises that the entire episode was a dream. Failure of containment is part of the nightmare. Shaken, but with support from Julie, Todd decides to immediately prepare an emergency kit. The graphic novel ends with a page that contains an itemised list of supplies that go into an "All-Hazards Emergency Kit" (Centers 35).

The zombies in the CDC graphic novel are depicted in a manner familiar from countless American horror films, television shows, and video games. They are recognisably human figures who move in a shuffling, bent manner. They have a cadaverous appearance; their faces are blue indicating dead, rotting flesh and their eyes are a vacant yellow. The majority of them are drawn as slack jawed with bloody mouths and yellow teeth. All are devoid of human speech; they can only grunt. Todd first encounters the zombies as an undifferentiated horde on his television screen as part of a news segment. In one panel, the reader sees a shadowy figure drawn in dark green with

a claw for a hand; from this figure emits a word balloon with jagged edges that says, “UUURRRR!” In the panel parallel to the previous one, Todd is shown peeking out of his partially open door; his speech bubble as he says “Hello?” is a smooth balloon meant to differentiate human articulateness from the zombies’ mindless grunting?

In an encounter with an elderly neighbour, Mrs. Clements now turned into a zombie, Todd is forced to be rough with her only in self-defence. This first encounter between humans and zombies in the CDC graphic novel characterises the zombies’ paradoxical situation as both fellow citizens who are recognisable as neighbours and relatives and a novel threat to the American way of life. Todd and Julie do not pack any makeshift weapons in their gateway bags and Julie explicitly asks Todd to ensure that their car does not hit the zombies. Even the troops deployed to guard the perimeter of the safe zone share in this sensibility. As the zombies storm the safe zone just as the vaccine supply trucks arrive, the panels depict a rapidly deteriorating situation. Two army men are drawn back-to-back, brandishing their rifles as they are swarmed by zombies with outstretched hands and vacant faces. The first man warns his superior that they will be soon overrun. His superior, the sergeant, replies as he keeps a zombie at arm’s length with his rifle, “We can’t just shoot them. These are our fellow citizens!” (30).

The initial enthusiastic response to CDC’s use of the zombie for public education purposes was encouraging. The CDC blog crashed due to heavy net traffic. However, hopes that the zombie theme would appeal to young adults’ interest in emergency preparedness had unexpected results: the blog’s exposure to randomised samples of elementary school children showed the respondents’ eagerness to include firearms in emergency preparedness kits (Houghton et al. 520). Comparative studies with zombie and natural disaster scenarios showed about 75% respondents (in the *young adults*’ category) preferring to list firearms as part of their hypothetical preparedness kits (521). Independent demographic studies of gun ownership show that “white, middle-class, middle-aged, and politically conservative men” are likely to own firearms because the gun is

symbolically linked with notions of masculinity and serves to re-establish men as self-appointed defenders of their home and community (Mencken & Froese 3, 1). Similarly, survivalist subcultures are tied to a crisis of masculinity: studies of disaster preparedness reality television shows demonstrate the participants' need for a "preindustrial model of hegemonic masculinity" that necessitates their performances of masculine "self-sufficiency and paramilitary violence" (Kelly 95, 98). In her ethnographic study of such subcultures in New York, Anna M. Bounds finds that "this trend of self-reliance...reflects a weakened belief in the bond between government and its citizens." (Bounds iii). Daniel Drezner argues that chief among those who have successfully co-opted the zombie metaphor to advance their own policy agenda is the National Rifle Association (NRA) which employs a "millenarian rhetoric that warns that in a world of violent actors, the state will be unable to defend Americans" (Drezner 837).

The CDC's intervention in the discourse of zombie preparedness through their graphic novel, therefore, is both ambiguous and strategic. Todd is the perfect docile citizen, willing to play along with a simulation and ready to take orders in the atmosphere of militaristic preparedness. While Todd falls into the demographic that might be inclined to favour firearm usage, he does not pack one in his kit and abjures violence in any form. While the CDC graphic is clear enough that zombies are not real—Todd wakes up from a nightmare *about* zombies, it is also clear that threats to the state do break down barriers. It is also clear that threats fictive or real, of zombie or viral influenza have the possibility of breaking confinement and contaminating docile citizens and turning them into monsters. As such, the ambiguity of the graphic novel with respect to zombies lies in the way it sees zombies both as a threat to the presence of docile citizenry and also as a kind of weakness within the citizenry that needs to be handled with care. Todd's reluctance to do violence to his elderly neighbour (the newly-turned zombie, Mrs. Clements) demonstrates this care for a demographic which has become wayward due to a viral outbreak. As noted, earlier, Julie also explicitly directs Todd to avoid hitting the zombies with their car. It seems that the notion of a

sudden transformation does not preclude the possibility of recovery. Care, whether exercised by an individual or by the state, shown to the infected becomes part of the conversion of drastic militaristic response to better resource management. If the cultural history of the Hollywood zombie has been punctuated by the possibility of a near-total breakdown of the bonds between the state and its citizenry, the CDC graphic novel attempted (in 2011) to recuperate and recover the damage done to that relationship, not without some irony.

This paper has examined the World Health Organisation's simulations of pandemic outbreaks from 1995 to 2018. In examining its discourse of constant vigilance, the paper has emphasised the nature of WHO's responses and the use of militaristic rhetoric within the neoconservative framework of "securitisation." One argument frames the CDC's role (in the graphic novel) as a public relations damage-control exercise to offset the less-than-flattering portrayal of the organisation in a popular television show (Cantor 141). This paper sees how part of the CDC graphic novel's ambiguous approach to a zombie outbreak results from a re-directing of WHO's militaristic response to a more muted but nonetheless militaristic approach to supply-chain management. Instead of depicting soldiers and protagonists (such as Todd and Julie) shooting /hurting zombies, the graphic novel represents them actively avoiding any drastic show of violence. The violence is re-directed by positioning the CDC's militaristic preparedness as an efficient supply-chain management system.

Works Cited

Bounds, Anna Maria. *Bracing for the Apocalypse: An Ethnographic Study of New York's 'Prepper' Subculture*. Routledge- Taylor & Francis, 2021.

- Burwell, Sylvia Mathews et al. "Executive Summary." *Improving Pandemic Preparedness: Lessons from Covid-19*, 2020, pp. 2-12, JSTOR, <https://www.jstor.org/stable/resrep26260.5>.
- Cantor, Paul A. *Pop Culture and the Dark Side of the American Dream: Con Men, Gangsters, Drug Lords, and Zombies*. University Press of Kentucky, 2019.
- Drezner, Daniel W. "Metaphor of the Living Dead." *Social Research*. vol. 81, no. 4, 2014, pp. 825-849. JSTOR, <http://www.jstor.org/stable/10.2307/26549655>.
- Houghton, Frank et al. "Concerns with Entertainment-Education." *Health Education & Behavior*, vol. 44, no. 4, 2017, pp. 519-523. JSTOR, <https://www.jstor.org/stable/10.2307/48591463>
- Kelly, Casey Ryan. "The man-pocalypse: *Doomsday Preppers* and the rituals of apocalyptic manhood." *Text and Performance Quarterly*. Vol. 36, no. 2-3, 2016, pp. 95-114. Doi: 10.1080/10462937.2016.1158415.
- Luckhurst, Roger. *Zombies: A Cultural History*. Reaktion Books Ltd., 2015.
- Mencken, F. Carson, and Paul Froese. "Gun Culture in Action." *Social Problems*. vol. 66, no. 1, 2019, pp. 3-27. Doi: 10.1.1093/socpro/spx040.
- Morrisette, Jason J. "Zombies, International Relations, and the Production of Danger: Critical Security Studies versus the Living Dead." *Studies in Popular Culture*. vol. no. 36, no. 2, 2014, pp. 1-27. JSTOR. <https://www.jstor.org/stable/24332648>.
- Silver, Maggie, and Archer, James. *Preparedness 101: Zombie Pandemic*. Centers for Disease Control, 2011.
- World Health Organization. "The WHO Pandemic Phases." *Pandemic Influenza Preparedness and Response*. 2009, pp. 24-27, JSTOR, <https://www.jstor.org/stable/resrep27905.9>.
- . "Developing the Scenario." *A Practical Guide for developing and conducting simulation exercises to test and validate pandemic influenza preparedness plans.* 2018, pp. 13-22, JSTOR, <https://www.jstor.org/stable/resrep27886.6>.

---. "Executive Summary." *Pandemic Influenza Preparedness Framework: Partnership Contribution High-Level Implementation Plan I: Final Report.* 2018, pp. viii-xi, *JSTOR*, <https://www.jstor.org/stable/resrep28044.6>.

Facing the Threat of Plague: A Study of Two Indian Short Stories

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Abstract

Literature is probably the best chronicler of the harm caused by epidemics and pandemics to humans and the strategies they have adopted to cope with them. My paper examines how the short stories '*Plague ki Chudail*' (1902) by Master Bhagwan Das and '*Quarantine*' (1940) by Rajinder Singh Bedi deal with plague in their distinctive style. Both of them bring out the miserable conditions of Indians during the plague: how they suffered the loss of individuality, and also their dreams and loved ones; how the dead and the dying were abandoned even by their dear ones, and how the tragedy was exploited as an opportunity by some; how the infected were forced to stay in quarantine centres and despised; how the cremation rituals were discarded and dead bodies piled up in a heap and burnt like garbage. The stories also show how these calamities affect people's thinking because of fear, insecurities, superstitions, and varied kinds of doubts.

Keywords: Pandemic, Plague, Sufferings, Quarantine, Opportunists, Insecurities.

The connection of literature with society is quite well known. All its forms, including even the poetic ones, have a discernible spatial dimension, in which aspects of social reality are represented and commented upon by writers in their unique style. Because of this, epidemics and pandemics too have appeared in literary creations right from the times of the Greeks to our own times. Since they are huge occurrences, they have generally figured in epics or in novels, as for example, of Daniel Defoe and Albert Camus. Such representations not only capture the

destructive aspects of such disastrous occurrences by focusing on the pain and suffering they cause to humans but also dramatise pleasing aspects of human resilience as well, which reinforce our belief in human goodness and nobility.

Considering that longer version of fiction, such as novels, have been the generally used forms for dealing with epidemics and pandemics, because they provide for a large canvas, which can accommodate diversity of incidents and happenings, it is interesting to note that the writers of short fiction too have dealt with them in their compositions. To explore what they do with such dreadful forms of disease, this paper looks closely at two short stories that deal with the outbreak of the plague in India: *'Plague ki Chudail'* by Master Bhagwan Das and *'Quarantine'* by Rajinder Singh Bedi.

'Plague ki Chudail' is in Hindi, and has been translated into English by Priyanka Sarkar as the *'Witch of Plague'*. The title of the story alerts the readers that the story is mainly about plague. With acute ingenuity the writer uses the advent of plague to dramatise not only its destructive potential of disrupting lives but also the varied human responses to the calamity, which range from scary to shocking.

The story is a slow and steady unravelling of a series of incidents through the agency of an omniscient narrator, which begin with the first signs of plague in the wife of Thakur Vibhav Singh. When her fever results in a visible tumour, the hakim and doctor who have been summoned to examine her declare that she has fallen victim to the plague. Singh is caught in a dilemma: should he stay in his home and risk catching the disease or leave for some other place to save himself and his son. The traffic of these conflicting thoughts in his mind has been presented skilfully by the writer to show that though the disease has scared him, he has not become totally inhuman. His child Naval Singh complicates his situation further because every time he looks at his sick mother, he starts crying.

When the doctor sees Singh's wife again, he pronounces her dead, even without touching her, because he is too scared to go near her, and tells him that everybody in his house should leave at once and take care of the dead body later. That is utilised by the writer as an opportunity to dramatise the diversity of responses to the situation created by the death of Singh's wife. Singh and his servants leave the place; only an old servant Satya Singh is left to stay with the dead body.

To bring out the unusualness of this situation created by the plague and to show what the doctor recommends is a total deviation from the accepted norms of handling death, the author brings in a neighbour into the room of Thakur's wife, who says that according to the established custom, all the neighbours should have stayed with Singh and his family till the body was cremated and attended to their normal business only after taking a bath.

In the safe environment of his other house, Singh is worried by the fate of his dead wife. He thinks that the least he can do is to arrange a proper cremation for her. So, he gives money to his purohit to take care of the job. The purohit takes servants with him and buys whatever is needed for performing the final rites. Although Satya Singh tells them that Singh's wife does not look like she is dead, all others dismiss his doubt outright, for they are keen to get over the business of cremation as fast as they can.

They talk among themselves and feel that carrying the body to the cremation ground at such a late hour is not easy. Because fear grips all of them, they decide to dump the body in the Ganges, but tell Singh that they have cremated her. Because Satya Singh does not agree with them, he leaves the place and also warns them that he would tell the truth to Singh. The purohit keeps a good part of the money, gives a small bit of it to everyone else, and assures them that he himself would give the news of cremation to Singh.

The slow awakening of Singh's wife to life on the floating bier has the shades of a romance, because it is woven around a series of chancy moments. Instead of hitting the bed of the river, she floats on the surface; her bier hits a tree in such a manner that the needle like thing from the tree pierces her tumour; and she lands close to the new location of her husband and son. Her lack of clarity about her location, for she is not sure whether she is in heaven or in hell, has been handled deftly by the writer to indicate her confusion, caused by the interesting mix of the suddenness of her awakening, her weakness, and her hunger. Covered in a shroud with a bier nearby, her being taken for a witch is quite understandable. When she says witch or no witch she will be with her son, she asserts her right to motherhood. And even though Singh fires in the air to save his son from her clutches, he declares soon after that he will stay with her even if she might be a witch, which ends the story on a heart-warming note.

People of the village think of Singh's wife as a witch, not because she is wicked, but only because they think that her dead frame has been taken over by an evil being. This thinking is rooted in superstitious beliefs, and is shared by both men and women. The author exploits the situation to bring out the malevolent aspects of the plague.

The happy-ending of the story makes it clear that though it brings out the element of scare caused by plague which makes people run away from the sick and diseased and makes even the doctors to move to safer places, the major purpose of the story is to show the response of human beings to this calamity and expose wickedness, untruth, falsehood, and trickery, and also to provide gleams of hope in an otherwise dismal scenario.

Although a great deal of trickery is dramatised in the story, we also get to see moral goodness in the character of Satya Singh, who remains faithful and truthful to his master and mistress even when everyone around him felt sure that she is dead. He refuses to be a party to the greedy purohit's plan of deceiving the Thakur by a lie. So, he leaves their company and

reappears at the crucial moment when the Thakur experiences uncertainty about his dead wife. He tells him the truth about her, which makes the Thakur accept his wife wholeheartedly and feels remorseful too for his hurried and selfish past actions. Rajinder Singh Bedi's Urdu story '*Quarantine*, 'which figures in his collection *Dana-o-Daam* (1938), has been translated into English by Priyanka Tripathi and Umesh Kumar.

Compared with the story already dealt with, Bedi's story is largely about the disastrous consequences of the plague that has hit the place, for its opening sentence, spoken by its first-person narrator, a professional doctor is: "...the fear of plague had engulfed the region from all quarters. Every soul was scared of it" (31). But the focus of the story, which is clear from its title, is on the quarantine centre, which the doctor thinks prove more fatal than the plague.

One of the painful ironies in the story is that though the quarantine centres are meant to protect people from the danger of dying caused by the plague, the number of deaths in the centre is much more than the deaths caused by the disease. The reasons for that are quite clear. The centre is overcrowded because patients come in huge numbers and have to live in conditions that are far from sanitary. The inmates of the centre experience more panic than they would otherwise. The doctor has a clear understanding of the fear they experience: "Seeing a continuum of deaths around them, some people experienced multiple deaths before their actual deaths" (32). Because of this, loads of dead bodies are carted out from such centres every day.

The irony is further compounded by the fact that people's fear of the quarantine has assumed such proportions that they hide their disease from everybody. They do not see any doctor for fear that he might push them into quarantine. The result is that their disease is not treated in time and they succumb to it in their homes. So, quarantine kills people inside it and also when they choose to remain away from it.

The story also develops a contrast between the doctor and a Neo-Christian sweeper William Bhagav. Interestingly, this is made possible through the agency of the doctor himself. Bhagav is shown as a Good Samaritan, who works tirelessly for the sick and hopeless. He gets up at three in the morning, cleans the roads and lanes, sprinkles lime powder on them, collects dead bodies, and then moves into the centre and helps the patients there. The doctor recounts numerous incidents of his involvement with patients, whom he helps and counsels. He has full faith in his newly-known Jesus and thinks that his own safety is totally in the hands of his God. Quite in contrast to this is the doctor who tells in his own voice how panic-stricken he is and what extreme measures he takes to ensure that he remains safe. But he is always tense and not sure of himself. One day, his fear overpowers him so much that he does not go to the centre.

The doctor, however, is inspired by the self-less work of Bhagav, which is the result of what he calls his “moral goodness and a life full of purpose.” Because of that, his contact with his patients and his behaviour towards them improves considerably. This is reflected in the rise of numbers who recover from the disease. His confidence grows and his image as a doctor improves.

In yet another ironic twist in the story, Bhagav’s wife contracts the disease. When he goes to the doctor for help, he refuses to see her, but soon realises his folly. When she is about to be taken to the quarantine centre, the doctor goes to his home, treats her with care, but fails to save her. He comments on this ironically by saying that Bhagav’s “oozing kindness and sacrifice” kills his wife.

When the plague finally subsides, the work of the doctor is recognised by one and all. He is praised by all kinds of people and also figures in the print media. He is elevated in his position and a grand party in which he is showered with praise and also given a monetary reward is organised in his honour. When Bhagav visits him in the evening to congratulate him,

he suffers a tremendous deflation “My throat went dry. The image of Bhagav’s dying wife and their child flashed before my eyes. It seemed my neck would break under the weight of garlands and my pocket would burn with the weight of my wallet. Despite receiving so much honour, I suddenly felt worthless and lamented this admiring world” (38).

Thus, the story dramatises quite effectively the fear and suffering of people caused by the plague and also the manner in which it is faced by two contrasting figures of the doctor and the sweeper. Full of several kinds of ironies, the story implicitly makes a final comment on the society of the day which sees and appreciates the work only of people in high positions and turns a blind eye to the work of people who belong to the lower rungs of society.

To conclude, the stories discussed in this paper bring out the positive and negative aspects of the human beings when they are faced with any calamity or threat. Many people, such as the purohit in the first story, see the miserable conditions created by the plague as an opportunity for making money. The doctor in the second story has no genuine feelings for the plague victims, but is showered with honours and awards for his work, and the person who works tirelessly and becomes a source of inspiration for him is totally neglected by his fellow beings. In fact, he and the old servant in the first story are meant to suggest that hope and goodness never really die. They stay strong even in the face of utmost despair and uncertainty.

Works Cited

Bedi, Rajinder Singh. “Quarantine.” *Indian Literature*. 319. (September-October 2020):
31-38.

Das, Master Bhagwan. “Plague ki Chudail.” *Saraswati Patrika*, 1902.

Rai, Saurav Kumar. "Pandemics through Indian Literary Lens." *Live History India*, Undefined, 4

July 2020, www.livehistoryindia.com/story/cover-story/pandemics-through-indian-literary-lens/.

Disease, Death, and Desire in Githa Hariharan's "The Remains of the Feast"

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Abstract

This paper attempts to read the intersections between disease, death, age, gender, and caste in Gita Hariharan's short story "The Remains of the Feast." The story revolves around a 90-year-old Brahmin widow, Rukmini, diagnosed with cancer. Interestingly, cancer comes as the reminder of a (un)lived life, and thus, the focus is not on Rukmini's bodily degeneration, but on her desires. Rukmini's craving for oily food (with onion and garlic) from unhygienic marketplaces transgresses the social codes laid for an upper-caste Brahmin woman Rukmini's desire to wear a red saree (for her cremation) despite being a widow is overruled by her daughter-in-law. Her yearning for food and material pleasures stands in stark contrast to her deteriorating condition. Hariharan's story subtly challenges the fixed notions of caste and questions the binary between public/ private, married/ widowed, young/old vis-à-vis disease. This paper attempts to analyse Rukmini's positionality vis-a-vis an intersectional approach. Secondly, it shall illuminate how disease/ death can, on the one hand, refract the repressed self of the individual and society while challenging the oppressive societal codes.

Keywords: Desire, Death, Disease, Life, Transgression, Caste, Gender

Introduction

Gita Hariharan is a celebrated contemporary Indian English woman writer who is known for her novels *The Ghost of Vasu Master* (1994), *In Times of Siege* (2003), *When Dreams Travel* (1999), among others. Apart from that she has published several short stories, scholarly essays, and newspaper articles. She bagged the Commonwealth Writers' Prize for the best first book for her novel *The Thousand Faces of the Night* (1992). The short story in question, "The Remains of the Feast," is

widely anthologised and critically acclaimed.

This short story was originally published in the anthology titled *The Art of Dying* (1992). Hariharan in *The Art of Dying* seeks to destabilise the binary between life and death and instead probes the grey area of "life-in-death" and "death-in-life." The usage of life-in-death here is different from that of the Romantic poet Samuel Taylor Coleridge, whose character life-in-death appears in his famous poem "The Rime of the Ancient Mariner"; Coleridge portrays him as an antagonist, more dangerous than death itself. While life-in-death refers to spiritual life that continues even after one's mortal being passes away, death-in-life refers to an un-lived, repressed life. Such an approach challenges the concept of life and death as definitive forces (the starting and ending point, respectively); instead, it views them as interactive forces that resist fixed meanings. This is why the anthology's title uses the word 'dying' – death as a process– instead of the term death, which denotes the end.

This reiterates the idea that death is not an event that happens in a moment. Instead, it can co-exist with life, especially for patients with terminal illnesses like cancer, death spans over a considerable amount of time. Such an understanding enables the readers to question representations that deem life a boon and death a punishment. Hariharan strives to demystify and naturalise the idea of death, which is either viewed as ominous fate or as a mysterious phenomenon worthy of romanticisation across literary traditions. *The Art of Dying* foregrounds the dialectical relationship between the living and dying.

"The Remains of the Feast" revolves around Rukmini, a ninety-year-old Brahmin widow diagnosed with cancer. At this moment of personal and familial crisis, two significant transformations take place: firstly, the familiar comfort of 'home' is displaced by the alienating experience of nursing home (and thus, the dynamics of the space changes); secondly, cancer, here does not merely signal death rather it kindles the realisation of an (un)lived life (death-in life). This is ironic because she

followed all the injunctions laid by her caste as it promised a secured afterlife. However, the illness does not bring about death; and instead, illness brings about desires. In her seminal text *Illness as Metaphor*, Susan Sontag argues that "illness reveals desires of which the patient probably was unaware. Diseases—and patients—become subjects for decipherment. And these hidden passions are now considered a source of illness" (Sontag 45).

Thus, the focus is not on bodily degeneration but on desires, not on disease but on the literary imagination. Rukmini is not told that her condition is beyond help. Still, her pronouncing her first transgressive wish to her granddaughter, Ratna, shows that she has already entered the final stage of her life, which is not marked by fear but by the desire for things forbidden hitherto: eggs, aerated drinks, fries, garlic, raw onion, chicken, goats, hair-removing creams, tweezers, etc.

Death, Disease, And Desire In "The Remains of the Feast"

It is interesting to note that cancer is not subjected to medical gaze in this short story except for a few instances where the bodily suffering is detailed:

"My great-grandmother looked at her for a minute, her lips working furiously, noiselessly. For the first time in my life, I saw a fine veil of perspiration on her face. The muscles on her face twitched in mad, frenzied jerks. Then she pulled one arm free of the tubes, in a sudden, crazy spurt of strength, and the LV. pole crashed to the floor. 'Bring me a red sari,' she screamed. 'A red one with a big wide border of gold. And,' her voice cracked, 'bring me peanuts with chilli powder from the comer shop. Onion and green chilli bondas deep-fried in oil" (Hariharan 286).

Rukmini dies immediately after expressing her death wish. The urgency in her tone, punctured by her worsening condition, demands attention as it is an instance of rebelling against one's own body. This split between body and mind is not the conventional one, where the soul would transcend bodily limitations. Instead, this split indicates the ways in which women's bodies have been controlled,

manipulated as docile bodies by the hegemonic discourse: firstly, as an (old) woman; secondly, as a Brahmin woman; thirdly, as a Brahmin widow. This is topped by the fact that the burden of maintaining the tradition is thrust upon women.

Rukmini fights this cancerous oppression of patriarchy through her gluttonous acts. The body, thus, isn't in conflict with the mind; instead, it becomes a site where contesting values, ideologies, desires are inscribed; it, at once, is an agent of patriarchy and resistive to it; in other words, the body fights itself, blurring the line between the body as a diseased site and body as an ideological site. While Brahminical patriarchy restricts her to home-cooked food for all her life, she subverts these interdictions by ordering "lemon tarts, garlic, three types of aerated drinks, fruit cake laced with brandy, *bhelpuri* from the "fly-infested bazaar nearby" (Hariharan 285). In this light, it is noteworthy that she transgresses the codes laid for her caste, gender, her age and her medical condition. The cracking voice in the passage quoted above is an instance of a contestation where desire attempts to overpower disease.

Hariharan tactically foregrounds 'disease' as the site where the real and repressed, body and mind, desire and death, self and society are negotiated. To exemplify one such instance, it was the unexamined lump on her neck which grew cancerous in old age. The outgrowth could be read as a metaphor for repression; the lump becomes the tangible site with repressed desires. In this light, the lump growing cancerous can be read as "the return of the repressed." Cancer becomes the enabling trope that pushes her to hurriedly 'live' to outdo the death-in-life that she has experienced and finally achieve life-in-death. The fast spreading of cancer intensifies the pace and force of desire. In this way, the physical/mental/ psychological and internal/external fuse into each other:

Our secret was safe for about a week. Then she became bold. She was bored with the cakes, she said. They gave her heartburn. She became a little more adventurous every day. Her cravings were varied and unpredictable. Laughable and always urgent (Hariharan 284).

Having said that, one should be wary of doing away with the bodily effects of a disease like cancer. Instead, the idea is that both mental repression (and desires) and bodily harm are troubling. However, in Gita Hariharan's "The Remains of the Feast", the narrative focuses more on the former than the latter.

Caste, Sexuality and Disease: An Intersectional Approach

The feminist sensibilities propounded in Hariharan's "The Remains of the Feast" cannot be fully understood if one chooses a specific strand or category of feminist theory to read it. Instead, a wholesome reading can be facilitated through an intersectional analysis of the text. The idea of intersectionality was advanced by Kimberle Crenshaw, who argues that the "multidimensional" experience of being a woman is erased with a "single-axis framework". She argues against a calculative approach to oppression. Instead, she advances an "intersectional experience" which "is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated" (Crenshaw 2). Although the focus is on Black women here, this argument can be extended to other contexts as well, that is, to understand different structures of oppression and resistance.

An intersectional approach towards Rukmini's character is helpful, as it opens up the nexus of relations which frames her positionality. First of all, she is an upper-caste woman who has lived a puritanical life. In her essay "Conceptualising Brahmanical Patriarchy in Early India: Gender, Caste, Class and State," Uma Chakravarti identifies effective "sexual control over women not only to maintain patrilineal succession but also to maintain patrilineal succession caste purity" (Charkravarti 3). Rukmini exemplifies this dual oppression: the very fact that her life is structured around the interdictions of Brahmin society testifies this. The baggage of caste purity compelled her to adhere to the notions of purity, pollution, and hygiene:

So, we began a strange partnership, my great-grandmother and I. I smuggled cakes and ice cream, biscuits, and samosas, made by non-Brahmin hands, into a vegetarian invalid's room. To the deathbed of a Brahmin widow who had never eaten anything but pure, home-cooked food for almost a century (Hariharan 284).

The deliberate attention on junk food, on the one hand, and on "non- Brahmin hands," on the other highlight that this terrain of desire that Rukmini enters is marked by transgression. The fact that she specifically orders the cake with egg in it from the 'Christian' bakery invites the reader to read against the grain, to understand this as an act of subverting Brahmanical patriarchy. The emphasis on 'Christian' invokes the fact that she comes from a Brahmin household which has taught her to look down upon other religions. More than the food itself, these "non-brahmin hands", Christian hands become markers of impurity. Her desire, thus, is not simply related to food- cravings, but her craving to question norms which she passively accepted hitherto.

Secondly, the text drops subtle hints about the ways in which her sexuality is controlled, not just throughout her life but also after her life. First of all, the text indicates that Rukmini was prematurely initiated into womanhood:

"She would sit in her corner, her round, plump face reddening, giggling like a little girl. I knew better than ask her why, I was a teenager by then. But some uninitiated friend would be unable to resist and would go up to my great-grandmother and ask her why she was laughing. This, I knew, would send her into uncontrollable peals. The tears would flow down her cheeks, and finally, catching her breath still weak with laughter, she would confess. She could fart exactly like a train whistling its way out of the station, and this achievement gave her as much joy as a child might get when she saw or heard a train" (Hariharan 282).

The childlike quality of her joy and giggles indicates subtly that her childhood might have been suppressed or cut short with the imposition of womanhood vis-à-vis marriage, motherhood, and widowhood. This, again, shows how society has constantly appropriated her identity and sexuality. Her dying wish of wearing a red saree for her cremation conveys that her sexuality has been regulated by the social codes laid for a brahmin widow; the red saree is a signifier of marriage, sexuality, and fertility. Though all her urgent gluttonous desires are fulfilled, Ratna's (Rukmini's granddaughter) mother vehemently opposes the idea of cremating her like a bride. This shows that while she is allowed to transgress within the private realm (by eating food prohibited by a Brahmin woman), her desire to create a 'public' spectacle is denied. Hariharan's story subtly not only challenges the fixed notions of caste but also questions the binary between public/ private, married/ widowed, young/old vis-à-vis disease.

Disease, in itself, is posited as a natural, inevitable impurity. Cancer, according to Susan Sontag, is also a disease that is usually associated with impurity and puss-filled and oozing bodies. This association might also be one of the reasons for Rukmini to no longer care about the Brahminical notions of purity and impurity. This frames the specific position inhabited by Rukmini further. The impurity caused by disease enables Rukmini not only to challenge the idea of impurity/purity, but also the idea of "eternal feminine" where women are viewed as "unique and changeless" (Beauvoir). After adhering to the principles of "eternal feminine" for ninety years, Rukmini exhibits agency in attacking the casteist patriarchal system and its ageist associations. It is important to note that this agency is not explicitly sketched out, rather it needs to be "read" against the grain. Susan Lanser in her seminal essay "Towards a Feminist Narratology" argues that "the narratives which have provided the foundation for narratology have either been men's text or texts treated as men's text" (Lanser 343). This highlights the dearth of methods, models and materials in assessing a woman's text. A normative reading of "The Remains of the Feast" might lead to the conclusion that Ratna's mother drew that "She was a sick old woman. She didn't know what she was saying" (Hariharan 286). Such a reading

overlooks a crucial point about reading women's text and agency.

In view of the above points, it is clear that an intersectional approach allows us to better understand Rukmini's life-in-death and death-in-life since it is not viewed from a singular (reductive) perspective of her being a diseased old woman. Instead, it is considered to be an old, widowed, diseased, upper-caste woman who lived by the rules of her caste and gender, which controlled and repressed her childhood, sexuality, and identity. This multidimensional framework allows us to read her desires, transgressions, subservience, resistance, agency, oppression, disease in a wholesome manner.

The text, thus, uses the cancerous and ageing body as a trope to understand how Brahmanical Patriarchy works. It shows how a woman who is old and diseased no longer remains suitable for her movement from *strisavabhava* to *stridharma*. While *Strisavabhava* is considered intrinsic to women's behaviour, the women we encounter in this story have already followed her *stridharma* and thus can be "allowed" to have these personal gratifications. After being a producer for all her life, she is finally a consumer who is being consumed by cancer. But like Sontag points out that cancer is a disease of excess since cancer cells multiply incessantly, Rukmini's response to it is also in excess, both ultimately leading to death, literal as well as metaphorical. Rukmini wants to live on and her last wish to be cremated in a red saree is her final desperate attempt to achieve life-in-death. However, that wish is not granted by the larger structure of Brahmanical Patriarchy. Her transgressions remain anonymous; her feast is nothing but the remains of the feast.

Conclusion

Going back to the title of the anthology *The Art of Dying*, Hariharan postulates dying as a complex art constituting the contradictions between reality and imagination, body and mind, interdictions and resistance, oppression and agency, self and society, life and death. In doing so, she poses a question: If dying is an art, then who is the artist? Is this artist in the ivory tower or the one who is a product of society? In Rukmini's case, we see her attempts to own, control, and shape her death by uprooting

established norms, that is, her attempt to be an artist of her life and death. However, her attempts are undercut by the societal norms that her family chooses to follow. Forever, she remained a passive product of society; however, the fear of an un-lived life galvanised her to take complete charge, to become an artist (in the ivory tower), cut off from societal restraints. Hariharan places Rukmini between these two polarities, foregrounding the complexity of dying, which must not be viewed as a medical phenomenon but also as a complex individual/ social phenomenon.

The very fact that Hariharan understands dying as an art shows the multifaceted relationship between 'illness', death and 'literary imagination'. Literature delivers illness, death, disease from the maze of medical vocabulary, and instead uses illness as a means to refract structures of society. Thus, the relationship between 'illness and 'literary imagination' is not a fantastical one, but one which is anchored in society.

Works Cited

- Chakravarti, Uma. "Conceptualising Brahmanical Patriarchy in Early India: Gender, Caste, Class and State." *Economic and Political Weekly*, vol. 28, no. 14, Economic and Political Weekly, 1993, pp. 579–85
- Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics". University of Chicago forum, 1989.
- De Beauvoir, Simone. *The Second Sex*. New York: Vintage Books, 1989.
- Hariharan, Gita. "The Remains of the Feast". *The Art of Dying*, 1993.
- Lanser, Susan S. "Toward a Feminist Narratology." *Style*, vol. 20, no. 3, Penn State University Press, 1986, pp. 341–63
- Sontag, Susan. *Illness As Metaphor*. 1978.

Stigmatisation of Mental Illness: Analysis of Women's Condition Through "The Yellow Wallpaper" and Newspaper Articles on Women

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Abstract

The present article explores the account of mental illness in the form of Nervous depression/postpartum depression in women through the analytical reading of the short story, *The Yellow Wallpaper* (1892) written by Charlotte Perkins Gilman. Illness or disease as a physical condition is clearly visible and easily diagnosed hence could be cured but the mental stigma that comes along with any such ailments, most of the time, is undiagnosed or ignored due to denial. Mental health is neglected especially when it comes to women. In the Victorian era, the treatment suggested for such ailments were mostly the 'rest cure', which made the person, suffering from the illness, to go to a place good in climatic conditions. This means travelling has been an unavoidable part of such cures. Several writers of the nineteenth century chose to write about their sufferings mostly about Tuberculosis or mental illness and searched for cure through travels along with medications. Their travels to distant places gave them some relief but certainly no permanent cure.

The present article, on one hand, suggests the importance of travel as one of the cures for such illness but on the other hand it discusses the difficulties of travel in the current Covid-19 situation and its impact on psyche. The present paper applies the psychoanalytic approach to study the mental condition of the woman protagonist in Gilman's story and also with the current condition of women dealing with the present Covid-19 era by reading some published newspaper articles on women issues.

Keywords: Mental Illness, Women, Psychoanalysis, Travel

Mental Illness and its Treatment in *The Yellow Wallpaper*

Illness in all its forms is unpleasant, mental illness amongst them is the worst in terms of affliction it causes to the mind, affects the normal life and leaves the afflicted in a complete chaos for not being diagnosed or understood properly, most of the times. As per the WHO official website, 'women suffer the most with different kinds of mental illnesses' (WHO 2021). The literature from the ancient times to the contemporary times has also been a disturbing testimonial of it.

The current paper discusses the stigma attached with the mental illness in women and various reasons responsible for their condition. One of the first and foremost reasons is the patriarchal structure of the society where most of the women were/are still controlled by the men, and they are expected to behave in a certain way in certain conditions. For analysing it better, the first part of this paper takes the cue from the short story by Charlotte Perkins Gilman, *The Yellow Wallpaper* (1892) and studies the distress caused to women by the nervous and postpartum depression in particular and other factors causing/aggravating mental illness in general. The study is based on the Indian context, though the short story by Gilman, an American writer, is taken as an example. Her story acts as an archetype of the condition of women in all the societies hence aptly applies in the Indian context as well.

The second part of this study analyses two newspaper articles (online), published during the pandemic- Covid-19, which talks about the aggravated mental illness in women in these testing times. This paper tries to analyse the story *The Yellow Wallpaper* through the lens of Jacques Lacan's psychoanalytic theory and the two newspaper articles to know how did the pandemic affect women's mental condition; it also talks about the role travel plays in subduing mental illness, if not curing it completely. So, the paper discusses the role of travel in improving the condition of women in the past and most importantly in the present times as well.

In the nineteenth century, 'rest cure', by American neurologist Silas Weir Mitchell was suggested for the treatment of hysteria, which included travels for changing air/environment as one of the treatments. But the rest cure had its own drawbacks when it was forced on the afflicted especially on women in such a way that they could not even do any other activity other than resting, like- reading, writing, or having a conversation with friends. Anne Stiles mentions in her paper, that the male patients of Mitchell were free to choose between 'rest cure' and 'west cure'. 'West cure' meant doing activities of their interest especially journeying to places, riding and hunting, to gain sanity- quite a misogynist approach by him. A few other writers like Virginia Woolf and Jane Addams were also forbidden from writing during their rest cure, that shows the inhuman treatment even of renowned women of their times (Stiles 2013). There could be no apt time than the present times to discuss about mental illness/disorder/health, where the whole world is going through a severe pandemic. It is also important to understand that instead of 'rest cure' 'travel cure' must be taken up as a part of the treatment. Travel which is now taken as a leisure activity, this paper proposes, is a crucial determinant to help de-stressing the traveler or the afflicted though with some limitations as well.

It is essential to discuss the term mental illness in women and its spectrum used in this paper before moving further with the discussion. As per the WHO website,

Gender differences occur particularly in the rates of common mental disorders- depression, anxiety and somatic complaints. These disorders in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem...Depression is not only the most common women's mental health problem but may be more persistent in women than men (WHO 2021).

The scope of interpreting the story *The Yellow Wallpaper* in various ways opens up a vast horizon for the discussion on mental illness in women. This story by Gilman has often been

critiqued and contextualised within the framework of feminist analysis that opposed the patriarchal society and the male dominated medical field which neglected the mental condition of the women in the nineteenth century and is still not in an ideal state. But the current paper would like to discuss it through the lens of Psychoanalytic theory of Jacques Lacan. This text allows the readers to run a parallel reading and analysis, firstly of Jane's (the protagonist) complex mental condition and Gilman's (the writer) own psychological condition which prompted her to write the story. Secondly, the condition of women trapped in difficulties due to Covid-19. Barbara A. Suess in her paper, *The Writings on the Wall: Symbolic orders in The Yellow Wallpaper*, critiques the story through the standpoint of Lacanian psychoanalysis- as well as shatters the patriarchal biases done by either Lacan or any other theorists while analysing it (Suess 2003).

When Gilman vent out her personal experience through her counterpart Jane in the story *The Yellow Wallpaper*, she speaks for all the women in the society who are hesitant and afraid of speaking for themselves. Here we shall try to probe into the position and stance of Gilman, her character Jane with the help of Lacan's psychoanalytic theory and also try to study what women had to suffer who bore the brunt in the worldwide pandemic COVID- 19 while suffering from mental illness due to their traditional roles in the society.

When we read the story, we find that it is due to the social stigma attached to mental ailments that makes people deal with it underhand. In the story John forbids Jane to talk or even think about her own mental condition. In spite of being a physician himself by profession, he denies Jane having any mental illness at all. For him it is just a 'temporary nervous depression- a slight hysterical tendency '(Gilman 648). The complete rejection of any kind of mental ailment for women is the result of serious patriarchal constraints and social stigma attached to such conditions. The stigma associated with the term 'mental illness 'is so strong in the society that while witnessing the symptoms of any kind of mental illness, generally the denial comes first, followed

by the efforts to suppress the feelings due to the fear of ‘what people might think’. Jane’s confession in her diary reveals John’s stance on her illness,

If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression... a slight hysterical tendency... what is one to do? ...So, I take phosphates or phosphites whichever it is, and tonics, and journeys, and air, and exercise, and am absolutely forbidden to "work" until I am well again (Gilman 648).

She mostly thinks what her husband would feel and think of whatever she says, irrespective of her husband’s continuous neglect of her feelings. In spite of knowing well about what she exactly wants for herself, what would make her happy she follows John’s instructions, “Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good. But what is one to do” (Gilman 648)?

Jane, in the story informs the readers about the measures she is taking to improve her condition or rather what her husband make her do to mitigate the severity of her mental state, which includes ‘Journeys ’or travelling to change ‘Air’. She mentions, “I sometimes fancy that in my condition if I had less opposition and more society and stimulus...I get unreasonably angry with John sometimes. I'm sure I never used to be so sensitive. I think it is due to this nervous condition” (Gilman 648). The narrator while expressing her dissent with her husband shrinks after admitting the same, the nervous depression helps to shatter her inhibition to express, but she quickly rectifies it by blaming this audacity due to her mental condition. Seems that her mental condition dissuades her to remain in her safe cocoon rather it stirs her to move out of her shell even if for some time, where she stands against the societal norms, “But I *must* say what I feel and think in some way - it is such a relief” (Gilman 651)! The constraint of doing and saying nothing except sleeping and taking rest is burdening which Jane releases while writing in her diary, hiding from

everybody's searching eyes. John does not allow her to even write hence forbidding her from releasing her feelings when he himself also does not pay heed to her thoughts; this deprivation stigmatises her all the more. Her expressions are stopped at every point, for example when she says - " Better in body perhaps - " I began, and stopped short, for he sat up straight and looked at me with such a stern, reproachful look that I could not say another word" (Gilman 652).

It is the pattern on that yellow wallpaper of her room that gradually occupies her mind that soothes her for some time as she confesses it in her diary, "Life is very much more exciting now than it used to be. You see I have something more to expect, to look forward to, to watch. I really do eat better, and am more quiet than I was" (Gilman 653). This strange change, Jane feels when she makes peace with her situation and starts taking interest in reading the pattern, clearly shows that it is the safe place for her which came out of the result of the personal and social stigma she has faced, "He asked me all sorts of questions, too, and pretended to be very loving and kind as if I couldn't see through him" (Gilman 655)!

The last bolt come to the readers when Jane completely gives in to her condition and speaks as if she herself is the women in the wallpaper, now she has escaped from that pattern and free to do what she likes. "I've got out at last," said I, "in spite of you and Jane? And I've pulled off most of the paper, so you can't put me back" (Gilman 656)!

The Stigmatization of Mental Illness during the pandemic Covid-19

The concept of 'stigma', as quoted by Graham Thornicroft et al. in *The British Journal of Psychiatry*, is a combination of three related problems: a lack of knowledge (ignorance and misinformation); negative attitudes (prejudice); and excluding or avoiding behaviours (discrimination). This is seen in general irrespective of any gender, but women suffer the most as they are considered to be the backbone of a family; they run the house by managing various chores, taking care of kids and doing all such things while working professionally as well. Having so many

responsibilities on their shoulders they are the ones standing amidst the toughest situation in this recent pandemic- Covid-19. For having a clear idea what women have undergone during these times, two online articles have taken here for the discussion; one is by Swarnima Bhattacharya, a public health professional and the founder of *Thea Care*, who writes in *The Times of India* (online), *What Covid-19 teaches us about women's mental health* (April 11, 2020). This article raises the question that why is it important to focus on women's health especially during this pandemic? There are many factors like social, cultural and economic, along with that they have child care responsibilities which are compulsory for them to fulfil whether they are working outside or not. All such pressures are on them with less space, freedom of economic security. Such factors are responsible for women's deteriorated mental illness, those who have faced it first time during Covid-19 and also those who had already been suffering from anxiety and depression and could not be treated due to various reasons in such difficult times. The pandemic has made several people leave their jobs for health reasons, many were laid off and the number of women was more than the men. Other factors whether emotional or physical takes a toll on women's mental health, the pandemic has made it manifold. According to the article, "a 2016 study from Columbia University shows that women who have lower income than male counterparts (when matched across age, education, industry, marital status and other factors) are twice more likely to be depressed and six times more likely to suffer from anxiety" (Bhattacharya).

In the second article, "*One year of Lockdown: Self-Care and Mental Health During a Pandemic*", published in *The Indian Express* (online), Dr. Aparna Joshi writes that, pandemic has intensified the existing social rifts by adversely affecting those who belong to the marginalised groups such as migrants, elderly, women survivors of violence, people with mental illness etc (March 2021).

This article discusses the current situation of women also how did they deal or dealing with the pandemic blues, what major difficulties they have to undergo as a result. Covid-19 has increased the need to seek psychological help for mental health all the more (Joshi).

Psychoanalysis of *The Yellow Wallpaper* and the Women's Condition during Covid-19

Lacan mentions in his important work *The Insistence of the Letter* that, "the unconscious is structured like a language". He also mentions that, Language is central because in investigating the unconscious the analyst is always both using and examining language (Barry 106). Jane while writing her feelings in a diary, as if talking to a person, discloses the inner working of her mind. Lacan's distinction between the two realms- Imaginary and Symbolic also plays a crucial role in understanding her position as a woman who is dealing with mental illness, the Mirror stage from the Imaginary realm makes Jane identify herself as the woman trapped in the wallpaper and wants to get herself out of that. The Imaginary realm lies in where the subject behaves as a young child and does not identify herself/himself as a distinguished being which is established by the Symbolic order i.e., the father, it is John in the story. The inner workings of Jane's mind do not match with the symbolic order and dwells in her mirror- stage, where she is treated and addressed as a child by her husband, "What is it, little girl?", "Bless her little heart?", "a blessed little goose." The frustration arising out of this treatment from her husband brings her to the stage where she, in order to revolt against patriarchy, connects with the wallpaper and gradually identifies with the woman trapped in it. In an effort to shatter the Symbolic order she tears away the wallpaper and rejects the domination of, what Peter Barry calls, 'patriarchal order and logic '(Barry 109).

The Covid-19 affected the people in every aspect, the online articles studied for this research reflects that the women whether housewives or those who leaves their house to work outside, has to confine themselves in the four walls of their houses like the others. The otherwise improved condition of working women went back to the primitive state where they could not travel and share their feelings with the other colleagues, rather their work got doubled- working from

home (if the nature of work is of that kind) made them look after their houses and kids also with their office work, or had to leave their jobs if the nature of their jobs does not support work from home. Such conditions put them in stress and this entrapment aggravated the mental illness of those already dealing with this stress. Several lost their loved ones and are facing severe depression and sense of loss. All the emotional blows like increased workload, loss of jobs, separation from family, physical abuses during quarantine escalate the stress especially in women which triggered the symptoms of several mental illnesses like depression, anxiety disorder or post traumatic disorder. More depressing is to face the stigma that they had to face, firstly due to the social distancing and secondly if they are already suffering from any kind of mental illnesses.

Travel as a Medium to Escape

The overall discussion proposes that whether it is Jane from *The Yellow Wallpaper* or the women who had to suffer during the pandemic, they need to be understood on the very first place. The support they need to get from their own family or from the society must be prompt. Stigmatising the illness or the ill women themselves blocks the chance of any improvement and leaves the person more depressed. It also suggests that travelling to a place with better surroundings provides a major relief to the depressed and helps to release their stress up to some level though there is no major research which could prove this. But the detailed analysis of *The Yellow Wallpaper* and of the women trapped in their homes during pandemic gives this indication. As this nineteenth century story gives the background of rest cure, prevalent in that time, it further gives a point for discussion to see travel as a medium of releasing depression and stress.

The pandemic has also taught us the value of going out, moving freely and visiting places for our recreation, so there could be no better times to realise the importance of travel as a part of treatment for mental illness as well. Travel might act as a window to escape from the clutches of the pressures coming from the stigma of mental illness. The effects of lockdown in the country

starting from March 2019 forced all to self- quarantine, so the women both working at home and working from home were locked up with increased domestic responsibilities, this situation gave rise to various social, cultural and financial issues. The compulsion of working at home without any activity outside along with increased burden of taking care of family members and school going children and for working women, the necessity of working from home made their lives more difficult. Though this paper suggests travel as an added treatment yet due to the lack of any established theory about this method of cure, it has its limitations as well. A seriously mentally ill person needs to take less stress which sometimes increases while travelling when some unplanned or unfamiliar things occurs, that could aggravate their illness. So, travel therapy must be taken as a recreational treatment with the advice of the doctor, and making it more normal with the empathic behaviour towards the ill, it might help in reducing the stigma attached with the illness.

Works Cited

Barry, Peter. *Beginning Theory: An introduction to Literary and Cultural Theory*. Manchester University P, 2020.

Bhattacharya, Swarnima. "What Covid Teaches us About Women's Mental Health." *Uterus Diaries, Lifestyle* (Blog).<https://timesofindia.indiatimes.com/blogs/uterus-diaries/what-covid-19-teaches-us-about-womens-mental-health/> Accessed 26 Sep 2021.

Gilman, Charlotte Perkins. "The Yellow Wallpaper." *National Library of Medicine*.
www.nlm.nih.gov/exhibition/theliteratureofprescription/exhibitionAssets/digitalDocs/The-Yellow-Wall-Paper.pdf.

Kluger, Jefferey. "The Coronavirus Pandemic's Outsized Effect on Women's Mental Health Around the World." *Time*, 24 September 2020. <https://time.com/5892297/women-coronavirus-mental-health>. Accessed 16 Sep. 2021.

Morris, Richard E. "The Victorian 'Change of Air' as medical and social construction" *Journal of Tourism History*, Vol. 10, no. 1, 2018, pp. 49-65. , <https://doi.org/10.1080/1755182x.2018.1425485>.

Singh, Chandrika, et al. "Covid-19 Lockdown and Human Development: Deprivation and State Response in Maharashtra." *Economic and Political Weekly*, 23 Sept. 2021, <https://epw.in/journal/2021/38/insight/covid-19-lockdown-and-human-development.html>.

Stiles, Anne. "The Rest Cure, 1873-1925." Ed. Dino Franco Felluga, *BRANCH*, Oct. 2012, www.branchcollective.org/?ps_articles=anne-stiles-the-rest-cure-1873-1925.

Suess, Barbara A. "The Writing s on the Wall: Symbolic Orders in The Yellow Wallpaper." *Women's Studies*, Vol. 32, no.1, 2003, pp. 79-97.

Thornicroft, Graham, et al. "Stigma: Ignorance, Prejudice or Discrimination?" *British Journal of Psychiatry*, Vol. 190, no. 3, 2007, pp. 192-193., doi: 10.1192/bjp.bp.106.025791.

WHO. *Gender and Women's Mental Health*, Mental Health and Substance Use, <https://www.who.int/teams/mental-health-and-substance-use/gender-and-women-s-mental-health> Accessed 20 Sep 2021.

***Contagion*: The Compelling Thriller of a Prophetic Narrative during COVID 19**

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Abstract

The trauma of the pandemic had raged sheer havoc for an entire year. In the light of the present predicament of this deadly pandemic COVID 19, the film *Contagion* (2011) seems both terrifying and prophetic. Although this thriller was released a decade ago, it successfully depicts with keen scientific precision and accuracy the destruction of devastation of human life as triggered by a virus. Much to the semblance of SARS CoV 2 that one has witnessed during COVID 19, the film evinces the sustainability of profound amidst disease, death and despair. Since it focuses more on facts rather than points of views and opinions, on sacrifices rather than avarice, heists and deceit, on selflessness rather than selfish motives, it stands as a monument of many exemplary that human beings can imbibe and embrace amidst a burgeoning crisis that threatens to annihilate the entire human race. This paper aims to seek novel perspectives on this film in the light of the present situation. Through a comparison with COVID 19, it is hoped that new insights to deal with the pandemic can emanate and help to restore the stability of life that we cherish.

Keywords: COVID 19, pandemic, human values, vaccine, disease, death

The global onset of the deadly pandemic COVID 19 since March 2020 has raged enormous loss of lives and taken a toll on the physical and mental health of people all over the world for more than an entire year. On the other hand, a vast gamut of the creative forms has articulated the general concern towards infirmities, healing or its apocalyptic consequences, even before the outbreak of this pestilence. Insights from the portentous but equally spine-chilling film *Contagion* (2011) can help allay our fears amidst this

crisis. The film projects facts with concise precision and abstains from dwelling on mere opinions or others' perspectives. Amidst the raging crisis, it upholds human values like altruism, unflinching support for the vulnerable survivors and the helpless. These are pitted against those who try to draw undue advantage of such a pitiable predicament. It would be rewarding to reflect upon these crucial messages that the film evinces without engaging in idle didacticism. An attempt has been made in this research to reflect upon the new perspectives that the film may bring into the pandemic and the post-pandemic era.

The film opens with the cough and a friendly conversation over the phone but intensifies in terms of action to depict the dissemination of a pandemic within a brief period. Much of the crucial information about the action or the occurrence in the film is revealed through a series of quickly flashing chyrons. It is interesting to note that the first scene of the film begins “Day 2” and not “Day 1”. The incidents of “Day 1” are revealed only at the end of the film which shows the first fateful transmission of the deadly virus, causing the pandemic from an animal to a human and the other humans. It is also devastating to see that the few “initially infected” persons are seen travelling through overcrowded modes of transit like an airport, steamer, taxi or buses. They are also found to be moving through overcrowded localities. The first few chyrons indicate that the country and its population. This shows the intensity of the possible transmission of the virus. The next set of chyrons indicates research laboratories in which specimens of the virus are examined and tested, particularly the Centre of Disease Control and Prevention (CDC) in Atlanta, Georgia. The background score (non-diegetic soundtrack) features serious, fast-paced, low-pitched, electronic music that further shows the mounting of the crisis.

It accentuates the effect of the first few painful deaths that the victims of the virus suffer. The first twelve minutes of the film project six deaths in rapid succession in Kowloon, Hong Kong, Tokyo, Minnesota and London. The Centre of Disease Control and Prevention becomes the hub for scrutiny, debate, research and later even political conflict. It is evident that much of the scenes bear a striking resemblance to the global catastrophic occurrences and the consequent outbreak of Covid-19 has a deadly pandemic that capsized the lives of millions of people around the world. While a freelance journalist,

Alan Krumwiede (played by Jude Law), complains that the print media is dying, he shows how the posts on his blogs become crucial pieces of information for reliable news. It is also indicative of the role of the news media and social media in disseminating information during a crisis. It also shows how some bloggers generate misinformation through their rumour mills to earn millions of dollars at the cost of the gullible people who blindly follow them.

After the consecutive, abrupt and ghastly deaths of Elizabeth (Beth) Emhoff (played by Gwyneth Paltrow), her six-year-old son, Clark with whom she briefly comes in contact in her home, a butler in China (with a population of 96.1 million), a young woman in a hotel in London and a middle-aged Japanese man in a bus, the situation ceases to be just cases of encephalitis causing random deaths. It grabs the attention of doctors, researchers and important health officials from renowned establishments like the World Health Organization (WHO) in Geneva. To further aggravate the situation, the bereaved wife of the dead butler in Guangdong Province with the last remains of her husband and is found dead in a parked bus by a janitor. Kowloon is the most densely populated place in the world as projected in the film and Hong Kong is a harbour. After John Neale and his wife also get infected with the virus, the tone of the film becomes grim and depressing. The recent bout of rapidly spreading infections and consequent deaths prompt the experts at WHO to probe further to detect the possible spread through the recent travel histories of people. The local authorities quarantine the inhabitants in the Chrysanthemum complex in China (the butler's residence) and screen them for symptoms.

The research attempts by the Centre for Disease Control and Prevention as well as the aggressive investigation by Dr. Erin Mears, an Epidemic Intelligence Service officer from CDC (played by Kate Winslet) bring renewed hope. Ever since her arrival after reporting to Dr. Ellis Cheever, a physician at CDC, she demonstrates her unflinching endeavours to bring the situation under control. Her overriding communication objectives was that they were "We're isolating the sick and quarantining those whom we believe were exposed" (*Contagion* 00:15:00, 599 -- 00:15:04, 126).

The appearance of Jory, Mitch Emhoff's teenage step-daughter, revives fresh rigour and energy in the film but also heightens the anxiety of the situation. The revelation that Elizabeth Emhoff was not a loyal wife before her death further upsets Mitch Emhoff (played by Matt Damon). The realism appears even starker when the unpalatable secrets of the Emhoff family, like Elizabeth Emhoff's relationship with her erstwhile lover, John Neale, are discovered by Dr. Mears who stumbles upon this fact while investigating Emhoff's death. Even a heavily populous city like Chicago (9.2 million) faces the hazard of such an infection. The Homeland Security suspects that someone would want to weaponise the bird flu.

The Department of Health in Minnesota is concerned about 47 cases and five deaths. Dr Mears who arrives there from CDC shares information about the nature of the virus which upsets the health authorities. They suspect that stern measures to contain the spread of the virus-like curfews may cause panic among the public. She explains the nature of the virus which is respiratory and transmits through "fomites" (*Contagion* 00:17:57-00:19:52) which refers to the transmission of the virus from surfaces. The reproductive rate of the virus (R_0) depends on the principle, for every person who gets sick how many more are they likely to infect. The reproductive rate depends on the incubation period, how long a person is contagious even without having symptoms and how large is the population of the people susceptible to the virus might be. This is closely similar to the growth of the virus during COVID 19. In the film, the virus rapidly spreads in schools and claims many lives.

By Day 8, the virus affected cities like Minneapolis, Chicago, Los Angeles, Boston and Salt Lake. Within several weeks, WHO sends an epidemiologist, Dr. Leonara Ornates, (played by Marion Cotillard) to Hong Kong. She is commissioned to investigate the origins of the virus as Elizabeth Emhoff from Minnesota had travelled to Hong Kong (population 7.1 million) for her work. Dr. Ornates examines a two-hour security video footage on either side of the time of an ATM transaction that Beth Emhoff and had made at a casino in Macau. Irina, the Ukrainian returns Emhoff's phone which the latter forgets at the counter of the casino, then travels to London and dies there.

Dr. Ornates is abducted in the middle of her investigation by Sun Fing, a resident who faces a dire personal crisis as a result of the dearth of the vaccine. He takes her hostage for a ransom of the vaccine against the virus. (Soderbergh 2011) He knows that his village would be at the end of the line for receiving the vaccines. He takes this drastic measure to bring the last survivors of his village to the front of the queue.

Within the next few weeks, roadblocks are set up; trade and public transportation are shut down. The President is secretly moved underground. Congress in the US is figuring out ways to work online. The authorities are aware that once roads and transport will be blocked, the people in panic will queue up at the banks, gas stations and grocery stores wanting to hoard up their essentials.

Nobody can completely uncover how Beth Emhoff contracted the virus, not even her husband, Mitch, who stares sobbing at the pictures, she has clicked in Hong Kong with her digital camera until the fateful incidents of Day 1 are revealed in the scene. This makes it a high commendable thriller by a master-story-teller. Steven Soderbergh's magnum opus excels greatly in terms of cinematic appeal. The impeccable cinematographic appeal, the combination of long, mid and short bust frames and the judicious mix of diegetic and non-diegetic sounds make the film appear indubitably realistic. There is no narration in the film, but only chyrons and signages which speed up the pace of information, action and incidents in the narrative. The situations are viewed from the perspectives of multiple characters. For instance, Mitch Emhoff represents the heart-wrenching despair of an ordinary human being during the pandemic. The rapid spread of the virus is aptly justified by the choice of the genre and determined by the urgency of the narrative. The mis-en-scene of the film projects human actions and psyche very convincingly to the audience.

Scott Z. Burns, the scriptwriter of the film, claims to "tell a story that was credible within the boundaries of scientific understanding, but also illuminate how our world might respond — that is why the poster of the movie says 'nothing spreads like fear" (Kritz Goats). This makes the film “an unsettlingly effective thriller” (Gleiberman PT) and a "pandemic procedural, one devoted to charting the how, when, where, why — and most importantly, what happens next" (Fear ET). Jeff Skoll, who assisted in financing

the film, perceived it as “an opportunity to raise awareness about pandemics so that medical experts could get more funding” (Farr EDT). Thus, apart from being entertaining, the film advocated a noble cause. Zhao, a researcher who documents his first-hand experience of COVID 19 in China rightly observes, “Health communication, in a consistent and rapid fashion, can efficiently shape the public risk perception” (Zhao 5).

The plausible details in the film had been augmented by the efforts of Burns who consulted the representatives of the World Health Organization in sumptuous detail about a contagious pandemic. Kate Winslet also worked with the US Centers for Disease Control and Prevention to replicate the life and actions of an epidemiologist responsible for guiding the people through the pandemic (Rogers CNN).

There are several instances of wit, humour, repartee and irony in the film that offer light moments of comic relief. Dr. Hextal remarks about the virus: “It's figuring us out faster than we're figuring it out.” Dr. Cheever replies, "It doesn't have anything else to do," (*Contagion* 00:29:18 -- 00:29:20). Ian Sussman curtly tells Alan, “[b]logging is not writing. It's graffiti with punctuation,” (*Contagion* 00:22:09 -- 00:22:13).

Slugan describes *Contagion* as “a film about a global outbreak of an airborne virus relatively similar to Covid-19” (Slugan 1) The film prophesizes many issues that can be seen during and as an aftermath of the pandemic and bear a striking resemblance with the situation during and after COVID 19.

A lot of verified and unverified information and opinions get disseminated worldwide through the internet. Secondly, faced with the uncertainty of the availability of essentials people ransack and scuffle for resources, vaccines and even survival. Thirdly, hospitals are seen running out of capacity as well as medical staff and resources. Medical staff for health workers are underpaid and overworked; nurses go on strike. A large number of geopolitical powers came into play to decide about the distribution of vaccines and the priority of inoculating populations in their respective countries. It is challenging for patients to remain calm in the dire situation of scouring for vacant beds or a place in the ICU or waiting on long queues for medicines. The film also shines a light on the bitter fact that a government can rescue

Congressman on a holiday who has fallen sick by flying him home but cannot give any assistance to an emergency health worker (Dr. Mears) who was on the front-line duty and contracted the fatal infection. Such instances have also been witnessed during COVID 19 pandemic in large numbers.

The reactions of people in the middle of the pandemic and the burgeoning crisis offers a profound study of human nature and is a close representation of the calamitous predicaments during COVID 19.

Many connivers organise heists or use the crisis to their advantage. In the middle of a continually burgeoning crisis of the pandemic, some people lose faith in themselves and abandon the simple virtues of life that make them humane. For instance, freelance journalist Alan Krumwiede represents the community of people who spread misinformation, conceive and disseminate conspiracies theories about the pandemic that generates panic and desperation among the people. He falsely indicts the government of concealing important facts from the public to use the situation to their advantage. He broadcasts over the web that forsythia is the panacea for this pandemic and its demand causes chaos in the medical stores. He fakes the illness, consumes forsythia, proves through his blog that he is alive and thus convinces his 12 million followers on his blog, about the medicine which is not scientifically proven against the virus. Fearing to be exposed, he refuses to help a pregnant journalist with the medicine and the latter eventually dies. When Krumwiede is proven wrong, he is arrested on charges of deception and fraud. It is found that he had never really contracted the virus at all. However, he gets bail despite manufacturing rumours about the epidemic, false allegations about CDC, WHO and Forsythia and makes 4 million dollars.

On the other hand, the film projects a small minority of struggling individuals who altruistically give up their last resource or put themselves at risk to save someone else from the clutches of death or danger. This has also been noticed during and after COVID 19. For instance, in the film, Dr. Cheever, Dr. Erin Mears, Mitch Emhoff, Dr. Ally Hextall and Dr. Leonara Ornates are shining instances of this as they sacrifice their vaccines or resources for the benefit of others.

Dr. Cheever gives away his vaccine to Antony who is the janitor, Roger's young son. Dr. Erin Mears, on her deathbed during the final moments of her life, gives away her overcoat to another ailing

patient who is craving for a dry blanket. Dr. Orantes is shocked when she is told that the ransom given to her abductors and their villagers were just a placebo instead of the real vaccines. She knows that they would probably be the last recipients of the vaccine if at all they receive it. Without a second thought, she instantly heads back to her abductors who were direly in need of vaccines in a rural suburb of Hong Kong.

Dr. Ally Hextall is a key scientist at the Biosafety Level 4 Laboratory in CDC. When she is clueless about the nature of the mutating virus she sends the specimens to Ian Sussman, a well-known scientist of San Fransisco. Fearing media controversy, she requests him to destroy the samples, at Dr. Cheever's behest. However, Sussman observes the enormous potential of the rapid spread of the virus among unsuspecting people and continues his investigation without expecting any reward in return. He also sends some valuable inputs to the CDC without disseminating it among the public or selling his findings to the news media which could have been extremely lucrative for him. This shows his firm sense of integrity and research ethics.

Dr. Hextall also courageously tests the efficacy of the vaccine she invented on herself which is appallingly hazardous before releasing the vaccine for use from her lab. But she does it for the benefit of the others so that the approval of the vaccine may be hastened to meet the desperate demand for it. She does not even go to claim her share of the vaccine nor does she make tireless efforts in her laboratory in the hope of any acclaim. She derives inspiration from her ailing father and doctor who had provided unflinching care to his patients when he was well.

The frame narrative of the film is very matter-of-fact and prudently restrains any quintessential melodrama or loss of momentum. The number of characters is very large but their presence in the film is determined only by their relation to the pandemic. The dialogues are succinct and the description of scenes and facts are very precise. This makes it a very concise and well-edited film. The crumbling down of the social, political and economic order under the weight of a lethal virus can bring apocalyptic consequences. In the history of the apocalyptic genre of films, *Contagion* will remain an exemplary creation of a proven and plausible pandemic. Bearing a close resemblance to SARS CoV 2 that was found during COVID 19,

the film depicts the profundity of humanitarian values and an elaborate sociological study amidst disease, death and despair and hence it has resurfaced as ever more pertinent in the present day.

Works Cited

Contagion. Dir. Steven Soderbergh. Perf. Kate Winslet and Marion Cortillard. Prods. Michael Shamberg, Stacey Sher and Gregory Jacobs. 2011. CD. 4 September 2021.

Farr, Christina. *The Medical Advisors for the Movie 'Contagion' saw a Pandemic Coming, but Got one Big Thing Wrong*. 14 April 2020. 1 October 2021.
<<https://www.cnbc.com/2020/04/14/contagion-movie-advisors-anticipated-pandemic.html>>.

Fear, David. *Steven Soderbergh's 2011 Pandemic Procedural has turned into the go-to Movie for the Coronavirus Age — Here's Why*. 13 March 2020. 29 September 2021.
<<https://www.rollingstone.com/movies/movie-features/contagion-most-urgent-movie-of-2020-964532/>>.

Gleiberman, Owen. *'Contagion,' the Movie that Predicted our Pandemic, Is Really about our World Falling Apart (Column)*. 27 April 2020. 23 September 2021.
<<https://variety.com/2020/film/columns/contagion-the-movie-that-predicted-our-pandemic-1234590420/>>.

Kritz, Fran. *The Coronavirus Crisis: Fact-Checking 'Contagion' — In Wake of Coronavirus, The 2011 Movie Is Trending*. 16 February 2020. 18 September 2021.
<<https://www.npr.org/sections/goatsandsoda/2020/02/16/802704825/fact-checking-contagion-in-wake-of-coronavirus-the-2011-movie-is-trending>>.

Rogers, Kristen. *'Contagion' vs. Coronavirus: The Film's Connections to a Real-Life Pandemic*. 2 April 2020. 30 September 2021. <<https://edition.cnn.com/2020/04/02/movies/contagion-movie-versus-coronavirus-scen-wellness/index.html>>.

Slugan, Mario. "Pandemic (Movies): A Pragmatic Analysis of a Nascent Genre." *Quarterly Review of Film and Video* (2021): 1-30. 1 October 2021.

Zhao, Xiang. "Experiencing the Pandemic: Narrative Reflection about Two Coronavirus Outbreaks." *Health Communication* (2020): 1-5.

Healing as Narrative Strategy in Fiction

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Abstract

Healing is one of the more underemphasized aspects of medical studies. Alternative medical approaches emphasize healing more than cure and medicine. But one of the most enduring aspects of disease-centric fiction is the way it represents healing. Research shows that the techniques employed by both Western allopathic medicine and spiritual or traditional healers make extensive use of narrative techniques. Storytelling is taken as an important, constructed ritual today, recommended by medical practitioners and counsellors. But long before that, traditional, folk and spiritual healers have employed such techniques of storytelling, determined by their culture.

Writers of the twentieth century have also employed these techniques to great effect. Rabindranath Tagore's *The Post Office*, and Roopa Farooki's *The Way Things Look to Me* are two texts written a hundred years apart from each other, dealing with different aspects of healing and of disease itself. They have become seminal texts because of their layered treatment of multiple themes related to disease, illness, healing and wholeness.

New theories of narrative medicine involve terms like narrative logic, healing drama, and empathy. This paper examines the narrative strategies that offer healing as a holistic solution to cope with prolonged illness, and the resultant suffering endured by all concerned.

Healing is one of the more underemphasized aspects of medical studies. The emphasis of western criticism and theory has always been on the medical and psychological aspects of diseases or illnesses. Alternative medical and critical approaches emphasize healing more than cure and medicine. One of the most enduring aspects of disease-centric theories is the way it represents healing,

often related to fiction or story-telling. Research shows that the techniques employed by both Western allopathic medicine and spiritual or traditional healers make extensive use of narrative techniques, though it remains underemphasized as opposed to medicine. Storytelling is taken as an important, constructed ritual today, recommended by medical practitioners and counsellors. But long before that, traditional, folk and spiritual healers have employed such techniques of storytelling, determined by their culture.

Writers of the twentieth century have also employed these techniques to great effect. Rabindranath Tagore's *The Post Office*, and Roopa Farooki's *The Way Things Look to Me* are two texts written a hundred years apart from each other, dealing with different aspects of healing and of disease itself. They have become seminal texts because of their layered treatment of multiple themes related to disease, illness, healing and wholeness.

Ancient Western classical writers like Homer have given trauma and sickness their due place, and later Chaucer, Shakespeare, Boccaccio, Dante and even Eliot, Sartre, Camus, Kafka have spoken about trauma and illness with their due importance. Modernist psychoanalysts like Freud have related illness to feelings and the spirit, and somehow associated a moral core or values with illness. Michele Foucault (1964) has tried to show how historically, western societies have mistreated the mentally ill, and how even modern psychiatry falls short of understanding mental illness. Post-Foucauldian studies have attempted to negotiate the difficult path of combining narratological, aesthetic, deconstructionist and other approaches. However, early trauma theoreticians like Cathy Caruth and Soshana Felman from the 1990s have continued the Freudian narrative. While engaging with her own terminal illness, Susan Sontag has reread the western emphasis of illness: she shifts the focus from a medical or clinical problem to how illness has been used as metaphor in her book, *Illness as Metaphor*, in 1978. She shows how TB was associated with early capitalism, romantic excess and a failing spirit, whereas cancer took on the aggression of later capitalism, more violent, corrosive, more of a decay and a rot of the human body. AIDs took on more of a moral taint by its association with the Christian sanctions against homosexuality. She offers a fully constructed challenge to western medicine and its tendency

to associate it with objects, events or values outside of the body, and blaming the patient as being inherently a tainted body. Hence western medicine cannot provide healing as well through its highly judgmental scope, she seems to suggest.

Stef Craps, Michelle Balaev and others, from the 2000s till date, have written to bring in non-western, non-traditional parameters to study trauma. They talk about other contexts, locations, non-western paradigms and emphasise on very different things to theorise trauma, like violence, loss of identity, loss of land, migration, separation from family etc. They suggest the study of literature from non-western countries to cope with trauma. Stef Craps mentions “cross-cultural ethical engagement” as a challenge to engage in (Craps 51). In the face of major upheavals in the visibility of trauma in recent years, new theorists from the west are now ready to embrace non-western norms to study trauma fiction, and emphasize the limitations madness/illness/revenge stereotypes to shift their gaze outwards.

It is also very surprising to find western rejection of literary models to study trauma: Freud has based his work and named psychological complexes on fictional characters and myths. He has even written his observations almost like dialogues in fiction, but when it comes to seeking solutions he and others, have excluded literature. Literary writers with exceptional mind-reading skills have repeatedly portrayed affirmative, positive, heroic ways in which individuals have faced trauma and illness. Today theorists and medical practitioners are slowly turning towards bibliotherapy or the art of both reading and writing books to face trauma and/or illness.

New theories of narrative medicine or bibliotherapy involve terms like narrative logic, healing drama, and empathy. This paper examines the narrative strategies that offer healing as a holistic solution to cope with prolonged illness, and the resultant suffering endured by all concerned.

A few of these theorists, who have tried to engage with the different aspects of illness and trauma associated with prolonged suffering, talk about trauma fiction and what it offers the reader. According to Gumb, the fiction writer and the theorist must resist and challenge the overemphasised western attitude to see illness within a predictive and formulaic psychoanalytic framework. They

must seek how bibliotherapy locates agency in the individual's way of self-healing, "recovery, self- and social-repatriation, rather than within the limited theoretical frame of madness/illness/vengeance" (304). Within the fictional limits of plot, character, and other narrative aspects, tales of trauma and illness offer reconciliation, resilience and resistance to aid the process of bibliotherapy or narrative healing. The present researcher adds re-enactment as another strategy used by writers of trauma fiction that add to the process.

Reconciliation, Resilience, Resistance and Re-enactment

The play *The Post Office* by Rabindranath was translated into Polish, German and English and performed for Jewish children in 1942, by Janusz Korczak, the Polish doctor, author and director living in the Warsaw ghetto. He staged an adaptation of *The Post Office* when talks of death camps were in the air and it was known that few, if any, of them would survive. In fact the children were executed a month after the play was staged. Sushrita Acharjee relates: "Sometime in late 20th century, a group of disabled children of a Swiss school performed the play with some of them in wheelchairs." (Acharjee 2020). The story of an orphaned boy taken care of by his uncle and aunt, the play traces the final few hours in the boy's life as he was to die of an incurable illness. But the boy was keen that the king would send him a letter through the post office and take charge of his health, and he would finally be cured and happy, and play with his friends and travel like those passing by the single window of his sick room. The play offered a glimpse into the possibilities of accepting death as a release, seeing as if a mystical light, seeking a happiness that was definitely not earthly. Lyrical passages narrated by the highly imaginative boy about what he envisioned the vendors and passers-by would have seen, his endless questions and their answers abound in double entendre about life and death, sickness and health, work and play, the wealthy king and his poor subjects.

The novel *The Way Things Look to Me* depicts the life of the three British Asians of the Murphy family, born to an Irish father and a Pakistani mother. The Murphy siblings live a secluded life away from all relatives and even friends. This may be so as they have to look after Yasmin, the youngest, who has Asperger's syndrome, a traumatic experience for them due to her meltdowns, since

her, and their own, childhood. The narrative is divided into alternate narrative chunks of Asif's and Lila's third person points of view and Yasmin's first-person narration, as if it is a think-aloud session of three lonely individuals with the reader. Layered in its portrayal of loneliness and inter-racial friendship are the tales of Lila's eczema and self-harm, and Yasmin's Asperger's syndrome. Yasmin is nearly on the verge of suicide after losing their mother as her loneliness and increasing non-normative behaviour become more pronounced. It is her siblings who finally realise that from her largely predictive habits and speech, and prevent her suicide as well as draw strength from her non-neurotypical ways to cope with their own trauma.

The narrative elements in *The Post Office* offer a reconciliation of the trauma of illness: the boy accepts his illness and embraces the little freedom embodied by the open window, and when the time comes, the closed room cannot confine his spirit. He sees an ethereal light filling up the room and sees all the visions of freedom and oneness with the universe, implied by the "stars now twinkling from the other side of the dark", and his request to the king to make him his postman to "wander far and wide, delivering his message from door to door" (Tagore 21)

Yasmin is reconciled to her condition, calling herself "non-neurotypical" (Farooki 49), practising repetitive routines only to keep herself occupied, like washing clean dishes over and over, or listening to Mozart, or Simpsons back to back, or walking around in concentric circles in the garden. The only sure thing about her life is the routine set by her mother, and the knowledge that she was not going to "get better" (336). Her sister Lila on the other hand scrubs away at herself peeling off her tender skin after a burst of eczema only to soak in warm water and later paint her skin, not able to reconcile to her condition. Asif, her older brother is also introverted and cannot trust relationships as he feels he cannot be himself with anyone, and having to care for Yasmin alone, he feels it would be wrong. The story is an invaluable record of how Asif and Laila learn reconciliation from Yasmin especially healed by her oft-repeated words and actions, the only certainties of life.

It is this reconciliation that leads to resilience in the characters: Amal is sick but has an unusually robust attitude to life, and Yasmin, after the death of her mother, manages herself very well

at home, at school and outside. Amal's resilience is so infectious that all those present with him at the end, the State Physician, the herald, his uncle Madhav, and Sudha the flower-girl comfort themselves with the knowledge that he is finally only asleep, and happy. The most moving impact of the two narratives come from the fact that those who appear the feeblest are really the most resilient: they are capable of inspiring others to draw strength from them.

Amal and Yasmin both offer resistance in their unique ways. Amal is not afraid of death, nor bound by the limitations of being house bound, and Yasmin not afraid of not getting any more "normal" (Farooki 336) than she is. Amal travels all over the country in his mind's eye, recreating for the others with his own eyes, what they themselves might not have seen or heard at all, in casual indifference to their humdrum routine.

The re-enactment of certain actions and moments also offer moments of healing out of the gravely tragic aspects of suffering. Amal and Yasmin re-enact their daily stories or lived experiences into the unfamiliar, the unthinkable or sub-normal. "I can see it all..... I can feel him coming nearer and nearer and my heart becomes glad" (17) says Amal about the King's imaginary messenger carrying an imaginary letter for him.

These two works are examples of what we may call recovery narratives, which trace the aftermath of trauma, in which individuals are found reclaiming individual agency, and readers are finally successful in finding the ordinary hero in a recovery narrative through a new lens, the eyes of an innocent, somewhat naïve and gullible hero, Amal, and Yasmin Murphy, an unlikely heroine.

The Innocent Hero

"Amal is in adoration with life and the livelihood of the universe and for this reason every minute of his life is momentous to him" (Nayakvadi 7). Amal's innocence and his patient, quiet acceptance of being confined is expressed so lyrically by Tagore, that it creates a hero out of a little boy. Sandip Shah writes "Tagore's unfailing faith in man and divinity, his concern for women and solicitation for children, his sympathy for the poor and the downtrodden, his philosophical speculations and practical wisdom, his perception of belief and the evolution of taste-all find expression..." (308) in the play.

The play uses symbols and language to achieve a heightening effect, to show the almost invincible innocence of the hero. In the face of his innocence all else fails. The headman, the postman, the watchman all are converted to believers or optimists, that one day the letter from the king will come and Amal will live, and be free to travel all over the world. A contrast between the home and the world makes an adventurous hero out of an innocent boy. “In *The Post Office* home is located within the space of a house and a village where the main character is a sick child whose doctor forbids him to go outside the space of his convalescence because the fresh air would aggravate his disease; as he is able to see the Maharaja’s post office out the window, he longs to receive a letter from the Raja which will eventually happen in a surreal dénouement as the child dies” (literaturewise.in par 7).

Similarly, Yasmin Murphy is a hero in her own way. Her repetitive routines give clarity to Asif’s empty and lonely life. His extremely gentle, selfless caring for her little routines of babyhood leads him to a little child and her mother, and they fall in love.

Lila’s obsessive routine with her skin disorder is almost as repetitive as Yasmin’s habits. She remembers that it took her exactly “one hour and fifty-three minutes” (Farooki 16) to scour her face, and instinctively recognizes Yasmin’s accurate counting of time. “It’s not how we are alike, but how we’re different that’s what matters: thinks Lila” (17). Lila, also a painter, tries to capture the colours Yasmin sees as she hears a few seconds of Mozart’s music. Her painting, which she produced with colour and texture to match the excerpt from the transcript of Yasmin’s television interview (326), is the best she has so far produced. Lila reads Yasmin’s like the reader tries to. Thus it is her thoughts and how she sees things that change the lives of others around her.

Yasmin’s participation in a filming project, to tell people about what it is like being “non-neurotypical” (49) is also a message which can enrich others’ lives. Yasmin’s mother had always taught her to be useful to others, and as always, Yasmin took everything she said very seriously. The way Farooki shows Yasmin’s siblings Asif and Lila, learning lessons from her simple and honest ways makes her an exceptional, though innocent hero.

Further Narrative Strategies

Leanne Dodd suggests four ways in which crime fiction, like trauma fiction, employs certain narrative strategies to offer something akin to bibliotherapy or therapeutic benefits to readers. She enumerates fragmentation, repetition, characterisation, and resolution as these strategies which one might find repeated in both the play and the novel under consideration.

The Post Office and *The Way Things Look to me* are both fragmentary to an extent. The play quickly jumps to the last few days of Amal's life, with broken scraps of words by way of introduction and back story. Asif, Lila and Yasmin offer their inputs alternately, by way of the chapters in the novel. Time rushing by through the passing of so many visitors, is also a big factor that operates in *The Post Office*, as something that fragments the peaceful unity of the sick boy's life. Together, the fragmented narratives offer glimpses into the large but condensed canvas of the stories, building a harmony out of the restless energy of the multiple perspectives and the press of time.

Repetition is a leitmotif of both narratives. Amal repeats both questions and answers about both what he wants to see and what he has already envisioned in his mind's eye, to each of the passers-by. His incurable illness and inevitable death are also repeated as the tragic focus of the play. In the novel the faithful and predictable repetition of her actions make Yasmin's life most bearable to her, though it is most peculiar to the reader. Yet it is repetition of the everyday action that saves her from imminent suicide and sets an example of resilience to her "normal" siblings also.

Characterisation is Tagore's great strength: Amal, his father, gaffer, the little flower-girl and all other wayfarers are portrayed with great warmth and are highly empathetic. Farooki's novel also evinces great strength of characterisation. Asif, Lila and Yasmin are drawn very nuanced manner, bringing out their separateness as keenly as their filial similarities. Mei Lin, Wes and the absent mother are also portrayed very keenly as well. Through the portrayal of full-bodied characters and their emotions, healing is offered to the reader's troubled vicarious suffering and close brush with death knocking at the door.

Death is the resolution offered in the first piece, but an elegiac passing is what the spectator sees, Amal sees a light, feels the oneness with the king and hears his message as it were real: the audience responds, elevated into a cathartic visual of a tragic grandeur. Through a poetic, almost spiritual resolution, Tagore offers death a transcendental stature, though otherwise it is but a pitiful end to a young boy's life. Enacted, as we know, for Jewish children facing an imminent massacre, this play and its treatment of inevitable death provided emotional sustenance for little children.

In the novel, the resolution is more literary or literal, as through the family lore, the repeated words and phrases of Mrs Murphy and Yasmin, her older siblings find a way to move ahead, to end their essential unsociability, find love and happiness. The way Farooki has dealt with their social isolation and continuing grief for their mother's death and the responsibility of their autistic sister, the only way out of it is the fictive resolution through words and expressions. These vague and almost unrealised endings can "open up deeper reflection leading to alternative solutions for the reader" (Detrixhe, 'Souls in Jeopardy' 66, 68).

Works Cited

- Acharjee, Sushrita. "What Rabindranath Tagore's 1912 play 'The Post Office' can teach us about living in quarantine." *Scroll.in*. Friday, October 15th 2021. <https://scroll.in/article/965226/what-rabindranath-tagores-1912-play-the-post-office-can-teach-us-about-living-in-quarantine>
- Craps, Stef. 2014. "Beyond Eurocentrism: Trauma Theory in the Global Age." In *The Future of Trauma Theory: Contemporary Literary and Cultural Criticism*, edited by Gert Beulens and Robert Eaglestone, 45–61. New York: Routledge.
- Detrixhe, Jonathan J. "Souls in Jeopardy: Questions and Innovations for Bibliotherapy with Fiction". *Journal of Humanistic Counseling, Education and Development*. Issue 49, 2010. pp. 58–72.

Dodd, Leanne. “Transcending Genre: Narrative Strategies for Creating Literary Crime Fiction as a Subset of Trauma Literature” in *Topography of Trauma: Fissures, Disruptions and Transfigurations*. Brill, 2019. pp. 234–253.

<https://brill.com/view/book/edcoll/9789004407947/BP000015.xml>

Farooki, Roopa. *The Way Things Look to Me*. Pan, 2009.

Gumb, Lynn. *Beyond Trauma Fiction: Constructing the Recovery Narrative and the Ordinary Hero*. PhD thesis, Murdoch University, 2017.

<https://researchrepository.murdoch.edu.au/id/eprint/39900/7/GUMB20171.pdf>

Nayakwadi, Divya. “Amal, A Child Angel Endowed With The Characteristic Tagorean Qualities” Ph D thesis, Osmania University, *Pune Research*, an International Journal in English, vol. 3, issue 3. <http://puneresearch.com/media/data/issues/590a1a938603f.pdf>

Shah, Sandip. “Spirituality in Tagore’s Play *The Post Office*”. *Indian Journal of Applied Research*. Vol.3, issue 6, June 2013. [https://www.worldwidejournals.com/indian-journal-of-applied-research-\(IJAR\)/recent_issues_pdf/2013/June/June_2013_1370077245_6654a_103.pdf](https://www.worldwidejournals.com/indian-journal-of-applied-research-(IJAR)/recent_issues_pdf/2013/June/June_2013_1370077245_6654a_103.pdf)

Sontag, Susan. “Illness as metaphor”. *Scraps from the Loft*. April 8, 2020.

<https://scrapsfromtheloft.com/language/susan-sontag-illness-as-metaphor/>

Tagore, Rabindranath. *The Post Office*. Translated by Devabrata Mukherjee. Macmillan Company, 1914. <https://www.gutenberg.org/files/6523/6523-h/6523-h.htm>

The Post Office - Significance of the title, Literaturewise.in, 17 July 2017

<https://www.literaturewise.in/mdl/mod/page/view.php?id=87>