

# Exploring Psychological Scars: PTSD Motifs in Kishwar Desai's *Origins of Love*

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Article Detail:	Abstract
<p>Received: 28 Jun 2024; Received in revised form: 31 Jul 2024; Accepted: 05 Aug 2024; Available online: 12 Aug 2024</p> <p>©2024 The Author(s). Published by International Journal of English Language, Education and Literature Studies (IJEEL). This is an open access article under the CC BY license (<a href="https://creativecommons.org/licenses/by/4.0/">https://creativecommons.org/licenses/by/4.0/</a>).</p> <p><b>Keywords</b>– PTSD, Kishwar Desai, Origins of Love.</p>	<p><i>In Origins of Love, characters process their trauma of abortion, infertility, biomedical abuse, and the like and arrive at a resolution. Most of the characters have a back story, which leads to intense emotional and psychological reactions when triggered. The general risk factors associated with the development of PTSD have contributed to the characters in the novel suffering from trauma-related depression. The paper elucidates each character and his/her psychological scar, which is apparent PTSD symptoms.</i></p>

## I. INTRODUCTION

Generally, when PTSD is triggered in characters, they are portrayed as being at war with themselves; the physical manifestations of PTSD are easily portrayed through the changes in their physical self, behavioural issues, and the like. However, the psychological manifestations are focused on through dialogue. The purpose of this study is to review Kishwar Desai's *Origins of Love* through a psychoanalytical lens and to enumerate the protagonists who suffer from a wide range of trauma and PTSD-related issues. Kishwar Desai is a prominent Indian author and columnist who shot to fame with her award-winning novel *Witness the Night*. *Origins of Love*, published in 2012, is the second novel in the detective trilogy. Currently, she is the chairperson of the Arts and Culture Heritage Trust. The protagonist, Simran Singh, uses the first-person narrative to present an introspective view. The

psychological term introspective implies that the narrator pours out both the external and physical realities, as well as the inner trauma. Diagnostic and Structural Manual of Mental Disorders (DSM) implies that many people experience trauma at least once in their lifetime, but not all of those affected develop PTSD. There are people who do not develop lasting effects of their traumatization.

Although Simran Singh, the middle-aged spinster, thoroughly disapproved of surrogacy due to her cousin Anita's persuasion, she was working as a facilitator with the surrogates while guiding the doctors on social and legal matters. Initially, the Madonna and Child clinic on the outskirts of Delhi handled straightforward cases with local patients. However, the booming business needed international clientele with blastocysts or fertilized eggs flying in through the customs department, and complications arose. Basic skills like knitting and sewing were taught

to keep the gestating surrogate mothers distracted. They are aware that they are being irrational because they feel unsafe or insecure in the absence of a legitimate threat.

### Symptoms of PTSD

The definition for trauma in Merriam-Webster's dictionary is "a disordered psychic or behavioural state resulting from severe mental or emotional stress or physical injury" ('Trauma'). It was not until 1980 that the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) added the criteria list for PTSD or Post Traumatic Stress Disorder. Although the categorization of PTSD as a psychological disorder is relatively recent, a good number of scientific papers have been published to date, with the accompaniment of fictional novels centering around the theme. The American Psychiatric Association has described PTSD thus: "Post-traumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances... Examples include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence, and bullying." (APA, pg. 1).

However, depression, depersonalization, obsessive-compulsive disorder, aggression against self or others, dissociation, as well as social and behavioural decline may occur without victims exhibiting full-blown PTSD criteria. Focusing on self-protection and survival mode are the key indicators for humans facing life-threatening situations. While some develop a dissociative attitude, other victims try to get involved. Neither response is proof against the development of PTSD in the near future. Especially dissociate symptoms are the indication of the development of subsequent PTSD. *The associated features of PTSD* listed by DSM include symptoms associated with early interpersonal trauma such as (i) alterations in the regulation of affective impulses, (ii) alterations in attention and consciousness, (iii) alterations in self-perception, (iv) alterations in relationship with others; (v) somatization; (vi) alterations in the systems of meaning.

## II. LITERATURE REVIEW

1) The selected novels are studied under the

theoretical suggestions of Cathy Caruth, an American Trauma theorist who has proceeded from Freud's ideology on trauma. The phenomenon of identity crisis can be observed among the characters in the novels, namely, *The Burgess Boys* (2013) by American novelist Elizabeth Strout and *Life is What You Make It* (2011) by Preeti Shenoy. Owing to the impact of the traumatic events in the lives of Jim, Bob, and Ankita, the characters start exhibiting PTSD symptoms. The external changes trigger significant and irreversible internal changes that lead to identity crises and detachment from others.

- 2) Tomasz Kucmin et al. have traced the historical references of PTSD in their article, 'History of Trauma and Post-traumatic Disorders in Literature,' through a historian's perspective. Their conclusion through the analysis of ancient literature and contemporary writings is that the type of stressors have changed, yet people's reactions to them have not.
- 3) Stephanie Miller, in her paper, has elucidated the clichéd teen novels of the twentieth century that have trauma-related characters and instances, namely Suzanne Collins' *The Hunger Games*, Veronica Roth's *Divergent*, and J. K. Rowling's *Harry Potter* series. Teens who have read such novels are indirectly exposed to the world of PTSD through an empathetic understanding of the sufferings of the characters. Miller has proposed the future of teen literature in terms of the depiction of PTSD characters by analyzing the above-said series.
- 4) Mitikie Liyew et al. have focused on the coping mechanisms adopted by the PTSD characters in an Amharic novel, 'Self Prisoner.' After experiencing a series of complex and never-ending traumas, the characters show manifestations of the various spectrum of PTSD. They used purposive sampling to select the novel that best suits their research purpose. As discussed in the paper, the novel has gone through the psychological approach focusing on Miller's (2000) emotion-focused healing and Judith Herman's (1992) stages of healing.
- 5) Sajed Hosseini and Ehsan Baghaei, in their

research paper, have approached Mohsen Hamid's novel, *The Reluctant Fundamentalist*, against a post-9/11 backdrop. The recollection of those belonging to an Islamic background who experience binary oppositions in the Western world facilitated the mode of fiction writing. The young Pakistani who faces trauma due to discrimination in America is scrutinized for PTSD studies as well as cultural trauma studies.

- 6) Negin Heidarizadeh, in her paper published in ScienceDirect, has enumerated the significant roles of trauma studies in literature and psychoanalysis. The female protagonists in Margaret Atwood's novels embrace the trauma faced in their lives and develop effective coping symptoms: "It is a movement which illustrates an episode of changing which begins from trauma, suffering, and pain to knowledge and understanding; it is this female psychoanalysis development that makes the novels receptive to feminist-psychoanalysis." (pg. 4)
- 7) Wilde wishes to contribute via her paper to the discussion of post-traumatic psychopathologies from a phenomenological perspective, with empathy as the focal point. She has used Edmund Husserl's theory of phenomenology to understand the implications of PTSD in those experiencing social isolation.
- 8) McCann et al. have suggested that given the high rate of prevalence of some harrowing events as described in the earlier section of this article, it is increasingly recognized that some traumatic events are commonly within the range of usual human experience.
- 9) Browne and Finkelhor (1986) have suggested the term "immediate" reactions as opposed to "short-term" reactions in the book. Because short-term implies that these reactions fall within a time frame and cannot be considered PTSD, they also caution against diminishing those effects that are not associated with long-term patterns, as these immediate effects can be extremely painful and disruptive.

### III. CHARACTERS ANALYSIS

**Dr. Subhash Pandey** has a ten-year career in the ART facility and specializes as a gynecologist,

which spans yet another decade. Being a father to a daughter, he cannot completely accept his female child being raised by a gay French couple: "This was one area of medicine where everyone has a view accompanied by a different set of ethics. ART was an ongoing, lifelong struggle. And, despite the high stakes, he was getting quite tired of the battle." (pg. 353) When threatened by morality and traditional Indian values, he begins to dissociate himself from the situation. People like Dr. Subhash often exhibit dissociative symptoms because of a feeling of profound helplessness and are incapable of planning effective action. Thus, they are more likely to focus on altering their emotional state rather than the situation that stirs depression. The contract of surrogacy at his clinic had an additional clause of possible death due to complicated delivery: "Subhash hated to see anyone suffer – which is why Anita always asked him why he had become a doctor in the first place...he got extremely distressed when women in our care were unwell or sick- or, though very, very rarely died. (pg. 285).

Thus, Dr. Subhash Pandey exhibited dissociative symptoms of PTSD where he imagined an ideal situation to end gestational problems: "In his own ideal world, women in white gowns would be placed on a bed of flowers where, almost in their sleep and totally relaxed, they gave birth." (pg. 284-5) He disapproved of open wards where the commissioned parents had no private time with the surrogates: "...but at least he would try to avoid the comparisons that sprang to mind most often: of breeding stables, of bitches in kennels. He wanted to humanize the process, make it pleasant." (pg. 68) Subhash was keen on sharing the responsibilities with Ashok Ganguly because he was physically and mentally drained; "Subhash was equally keen to offload more and more on to him so that he could take an occasional holiday...Right now, though, that seemed an impossible dream." (pg. 32)

**Simran Singh**, just like in *Witness the Night*, adheres to drinking and smoking. According to PubMed Central, an emotion-focused coping style makes the individual alter the emotional state rather than the depressing situation. This sort of emotion-based coping accounts for those who depend on alcohol or other substances for dopamine boosts. In developed countries where mental illnesses are well

recorded in adults, it has been noted that the relationship between PTSD and substance abuse is reciprocal. A good percentage of those who are treated in rehabilitation centres for substance abuse suffer from a comorbid PTSD diagnosis. After being vandalized and hit on the streets of London, in the safety of Edward's house, Simran finds the bar cabinet as the coping tool. She indulges in alcohol-induced stress busters every time her traumatic events are triggered. "...the flight had been a nightmare, and I was barely able to cope. I drank so much red wine...Images of Abhi and the plane crash also floated through my mind once more, and at one stage, I became convinced that our light was going to similarly dive into the sea." (pg. 416). Depressive disorders include disruptive mood dysregulation disorder, major depressive disorder (including major depressive episodes), persistent depressive disorder (dysthymia), and premenstrual dysphoric disorder. (DSM) Flashbacks and intrusive memories from Simran's mood at the NewLife hospital: "The area was practically unchanged: the winding roads, the crowded pavements. I shivered, thinking of that day, thirty years ago, overcome with a sickening sense of déjà vu." (pg. 422)

In Southern London, **Kate** felt the sting of infertility, which resulted in subsequent abortions. She showed symptoms of detachment and depersonalization, as she had recurring thoughts of her previous abortions: "Today even this familiar view could not soothe her. She kept thinking of that unfortunate incident months ago. She pressed her face into the pillow." (pg. 13) Kate had felt regretful about aborting her first two unintentional pregnancies before marrying Ben. Pregnancy was so easy for her in her more fertile years: "If only she could make her body do what it seemed to have forgotten." (pg. 17). She had developed hoarding disorder, which is another symptom of mild PTSD. Shopping at exclusive maternity and baby stores was her coping mechanism, and although she knew she was slowly losing touch with reality, it was Kate's secretive pleasure: "It was crazy to do this...She had hidden it all from Ben because she knew her obsession would worry him. He did not realize how much it soothed her. Fluffy mittens and trousers no bigger than a palm. Pink frocks and ribboned socks. Slowly, her anxiety receded." (pg. 58) In no time,

Kate felt the contractions of abortion and was trying to keep it a secret:

...if she went to the hospital, the baby would be jinxed. Her dream would end...At that moment, Kate hated her – she was quite sure that if she had been left alone, she might have saved her child.

...She refused to speak or eat anything and lay there with her eyes closed, loathing the unfairness of it all. (pg. 67)

Parent-child relational problem (DSM, pg. 715), as experienced by Kate and her mom could have made her more vulnerable to PTSD; "Key relationships, especially intimate adult partner relationships and parent/caregiver-child relationships, have a significant impact on the health of the individuals in these relationships. These relationships can be health promoting and protective, neutral, or detrimental to health outcomes." (DSM, Pg. 715) In the extreme, these close relationships can be associated with maltreatment or neglect, which have significant medical and psychological consequences for the affected individual. An unusual distance was created between Kate and her mom because of her daughter's absence in the scene, especially after her father's death. She was sure that any amount of patching up with family dinners and the like had no effect because her mother had suffered from 'empty-nest' syndrome ever since Kate left the house for a full-time television career.

**Ben**, who had been very distressed by it all [ectopic pregnancy], was much more reluctant about trying for a child again and so soon. He needed more time to mourn the death of their unborn baby." (pg. 64)

"It made him increasingly nervous, but he said nothing, as telling her that their dream was over even more difficult. He couldn't bear her silent tears...He tried not to think about why he had to rush to the hospital. He hated to think of her face and the unhappiness trapped in her eyes..." (65-6). Ben later confessed to Kate's mother at the hospital that; "He walked home all the way in the rain from the hospital that night, he had tried not to think of the blood...he did not want to see her suffer, concerned that he might lose her as well. His mother's death from

cancer still haunted him." He was beginning to experience avoidance syndrome:

Oblivious of the downpour, he continued on home and got drunk. In the middle of the night, he got up and looked in the mirror over the mantelpiece and carefully examined his face.

It had been four years! For four years, they had been tiptoeing around the whole idea of having and not having children. Of trying and succeeding and then losing. Of coping with checks and meditation...He couldn't remember the last time he had slept well without worrying whether it was the day to 'do' it." (pg. 126-7)

Combined with the post-colonial guilt, Ben sought to restore his life by opting to adopt his supposedly distant relative in India. Later, after adopting Amelia, they were given a chance at a new beginning.

**Dr. Anita Pandey:** Simran's cousin, who is usually non-empathetic towards the surrogates, runs the hospital with her spouse, Dr. Subhash. Anita was constantly impatient towards her spouse, "He winced because more and more, these days, her voice carried a tinge of impatience, as though she were speaking to a confirmed idiot. He tried not to get angry because he knew she was tense about their huge debts and the nine-month gestation for each child - which delayed any immediate return." (pg. 81) Usually a firm figure, Anita was showing signs of anxiety and stress when struggling to recover the confiscated embryos from the customs department: "Anita looked close to tears...It was she who had said they should remain a global service...They said lightning never strikes twice, but the Madonna and Child clinic was becoming a magnet to it"(pg. 100)

**Diwan Nath Mehta,** Sub-Inspector of the Customs and Excise Department at the international airport in Mumbai, felt constantly underwhelmed by his wife's expectations of him: "Mehta was hard pressed to satisfy her wild imagination...'No smuggler today?' She would ask, disappointed...She was a stout, formidable woman with a firm view of the world: things should go the way she wanted them to, and she was distraught if they did not...without them [children], Mehta was constantly

under a microscope and, like a dissected frog, feebly flapped his limbs about to show signs of life as he was being prodded and poked." (pg.34) Mehta was depressed and felt the guilt to have accepted his wife's intentions of taking a bride: "Mehta felt sick and anxious. For the first time in his life, he had taken a bribe, and for the first time in his life, he realized the full enormity of that action. Could he ever forgive himself?" (pg. 162) **Malti Mehta** faces fears of becoming an outcast in the traditional family regimen and is at risk of developing PTSD due to her infertility. She didn't mind shaving her hair to prove to society that she was certainly praying for a child. Her high- expectations diminish Mehta's self-importance: "Partner psychological abuse encompasses non-accidental verbal or symbolic acts by one partner that result in significant harm to the other partner. Acts of psychological abuse include berating or humiliating the victim; interrogating the victim..." (DSM, pg. 721)

**Edward,** the sperm donor for baby Amelia, was on a "philanthropic pursuit" (pg. 54) to minimize the load on infertile couples. During his initial conversation with Simran, he expressed his motivation for the ART methodologies: "A year earlier [to his experiment], my own girlfriend had died in an accident. After her death, I don't think I ever wanted to be in a relationship with anyone...I wanted to help others. My own loss was the motivator." (pg. 54) Clearly, Edward had experienced depression in the past due to the loss of a loved one. Yet, instead of completely submerging in grief, he started assisting people through ART as a coping mechanism. Thus, Edward has successfully overcome the trauma of losing his loved one.

**Sharma** was the "archetypical supplier" (pg. 24) who had made a small fortune by supplying whatever was proposed by the client. To the Pandeys, he supplied surrogates, who would pass off as middle-class fertile women willing to help infertile couples get biological heirs. Unavailability or inaccessibility of healthcare facilities during pregnancy has caused the surrogates to feel the stark contrast during their gestational period at the clinic, where they are pampered. However, only the physical needs of the surrogates were catered to: "In this novel under critical analysis, we see that women have consented to be surrogate mothers, and it is

their consent that enables them to hire their wombs. It has to be kept in mind that their consent does not ensure that no violence is inflicted on their emotions." (Singh et al., pg. 91)

Surrogate **Preethi** was Dr Subhash's favourite, who unfortunately delivered an HIV-positive baby girl, Amelia. She suffered from sexual abuse at the hands of Ashok Ganguly and from homesickness. Economic problems and problems related to employment are categorized as a "lack of a regular dwelling or living quarters has an impact on the individual's treatment or prognosis." (DSM, pg.724) The economic disparity makes the surrogates succumb to PTSD easier as they devolve into surrogacy even without a complete understanding of the consequences.

**Sonia's** romantic partner, Rohit, was ready to pimp her out for money. Although possessive, he was willing to let her be the surrogate mother for Madam Renu's political heir because of the prospects of making more than he could in a lifetime. Spouse or partner abuse (DSM, pg. 721) can relate to any intentional physical or emotional harm by the partner. Sonia regretted getting Rohit involved in her plans for surrogacy: "Every moment of that fateful day played out in front of her eyes as she looked around the hospital room. This would be her new home for eight more months. It felt more and more like a prison." (pg. 88)

**Reena**, another surrogate (who lost her own child to malnutrition) who could have escaped with the newborn child, was caught red-handed because of Preethi's intervention. All the surrogates suffer from Postnatal PTSD because they will eventually have to let go of what they have been holding onto for nine months: "The look on the surrogate's face as the commissioning parents took the child from her was usually difficult to view." (pg. 111). Later, Anita describes her condition to the Australian couple as "post-partum depression combined with anxiety about giving the baby away." Dr. Ashok Ganguly exploited (286) Radhika, a young woman of sixteen, into egg harvesting and the unending cycle of surrogacy. She is denied access to see her hospitalized husband, which leads to her developing anxiety-related PTSD symptoms.

**Sharda and Durga** are retentive characters

from *Witness the Night* who play a minor role in the novel. The emotional trauma experienced by them, if any, is of the past. However, Sharda does exhibit extreme PTSD symptoms: "With her prematurely white hair in a neat plait, her face pale and still gaunt from the horrors of her own experience...Perhaps if she begins to trust us, she will be able to start completely afresh. That is something my teenage daughter will never be able to do." (pg. 5)

#### IV. CONCLUSION

The topics of victimization and traumatic stress leading to mental illnesses have become crucial issues within the last two decades. A growing body of scientific evidence favours dimensional concepts in the diagnosis of mental disorders. The limitations of a categorical approach to diagnosis include the failure to find rarity between diagnoses...relative lack of utility in furthering the identification of unique antecedent validators for most mental disorders, and lack of treatment specificity for the various diagnostic categories. The aftermath of a traumatic experience is subject to the person's degree of sensitivity. Internal and external elements, such as despair, fear, guilty conscience, and the meaning of friends and family in a person's life, all have a part in determining whether or not that person may develop post-traumatic stress disorder (PTSD). The aftermath of post-traumatic stress disorder can range from relatively minor emotional upheaval to physical harm, such as suicide.

The author, Kishwar Desai, evokes the readers' sympathies by making the suffering of the characters more realistic and truer to life. Most of the symptoms of the characters can be controlled through current standard PTSD treatment, with the exception of Sharda. ) Towards the end, the real dangers of surrogacy, that it was nothing less than a modern slave trade, were evident to the British couple at NewLife hospital. Origins of Love reinforces the need for psychoanalytical studies in understanding the fictional characters in literature. The characters need to learn to disassociate their trauma in order to really overcome the traumatic response. In spite of Aerophobia and childhood trauma, Simran Singh overcame her fears in order to help the HIV-infected child (Amelia) find a legal

guardian.

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