



# ***Mrs C Remembers: A Psychoanalytic Exploration into the Memory of a Demented Woman***

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## **Abstract:**

Dementia is an urgent global concern often termed as ‘widespread problem’ and a subject, best addressed by health and social policy and practices. Dementia is not a single disease in itself but a general term to describe symptoms such as impairment to memory, communication and thinking. This paper investigates the representation of mental disorder (dementia) within Indian society through the analysis of Mrs C Remembers by Himanjali Sankar’s novel. The novel captures the grappling onset of dementia in Mrs Anita Chatterjee and the experience of the caregivers. The novel also portrays the societal denial of mental illness. It explores the interplay between memory and identity, underscores the idea that understanding oneself is an ongoing process influenced by time and context. The theory of psychoanalysis is applied to understand the resilience of human psyche in the face of cognitive decline. Mrs C’s remaining memory distortions reflect deeper unconscious conflicts. The verbal expressions, emotional reactions and narrative inconsistencies are analyzed to uncover how her mind constructs and reconstructs her past and its effect on present. The research emphasizes that dementia is more than a medical condition; it serves as a profound exploration of memory and loss and human connection. It not only raises awareness, but also offers a deeply moving reflection on what it means to remember and be remembered.

**Keywords:** Mental illness, Dementia, Fiction, Culture, Psychoanalysis, Memory, Identity

Dementia is an urgent global concern often termed as widespread problem and a subject best addressed by health and social policy and practices. Dementia is not a single disease in itself but a general term to describe symptoms, such as impairment to memory, communication and thinking. Dementia can affect the whole personality, which encompasses the enduring, unique ways an individual thinks, feels and acts. It is an illness, which means that it is uniquely human experience that produces not only physical and mental distress but also moral and spiritual distress. In the chapter “Dementia Fear and Anxiety” Susan H Mc Fadden and John T Mc Fadden quoted Langdon, Eagle and Warner’s research article “Masking sense of dementia in the social world: a qualitative study”, to describe how dementia is portrayed in peoples mind. “In early stage of dementia described their negative reactions to the word dementia because it called up images of being “*demented*”. They stated no more positive feelings about the term Alzheimer’s disease, as they did not feel “diseased” ( J. T. Susan H. McFadden pg.no 94).

Earlier no one could speak the word tuberculosis; the patients were kept in isolation. Person who had tuberculosis suffers more with cultural stigma than the disease. In 21<sup>st</sup> century, it is important to see how dementia is far more than a disease processes in the brain; it is an illness with profound meanings for persons who receive the diagnosis, their families and friends, and the wider society. Social reinforcement of dementia dread is not a recent development. Jesse F Ballenger in his text *Self Senility and Alzheimer’s Disease in Modern America: A History* states that; back in 19<sup>th</sup> century when a change occurred in how people constructed a sense of self. Rather than relying on social

institutions like families and religions to create a structure for identity, each individual person was expected to do this alone. As compared to the earlier times, when senility was viewed as part of people's aging- people who would continue to be held within the bonds of community and communal memory – the end of nineteenth century brought a different view: when memory failed, the individual's scaffold of selfhood collapsed. The woman quoted as saying "Our memories are who we are" articulated this new vision of selfhood well. Without memories, who are we? And if we no longer are a "self", then why should the community invest scarce resources to maintain the empty shell? (Ballenger).

Dementia is an umbrella term that refers to a number of symptoms caused by degenerative conditions affecting the brain. These conditions include; Alzheimer's (the most common form of dementia), vascular dementia (caused by stroke), and Korsakoff's syndrome (associated with heavy alcohol use over a long period of time), dementia affects each person differently but generally symptoms include a loss of memory, disorientation and confusion, communication difficulties and changes in temperament (Alzheimer's Association). A person with dementia may be able to maintain a good quality of life for a number of years after diagnosis, but generally symptoms will become more severe over time. Typically, symptoms include problem with short term memory, difficulty in carrying out daily tasks, loss of words and changeable emotions. At intermediate stage, these symptoms will increase in severity and a person may also develop difficulties in recognizing people and objects, lose track of time, and experience changes in behaviour. Finally, at later stage, both short term and long term memory will suffer; a person will find it hard to follow a conversation and to recognize a family member. Most of the research work has either been done by physiological, psychological or scientific point of view. Human lives cannot be correlated to the workings of machines. The medical profession and Science, look at the human body from a faraway position: in a bid to cure the body, this usually doesn't take into account the emotions that a human goes through in dealing with the diseases. There is very less research done in Indian context, thus many peculiarities of society that are unique to India have not been taken into account by the researcher so far. The importance of the research is further highlighted by the fact that the literature surrounding dementia is written world-wide. By linking abstract theories about dementia with relatable fiction, it will be easier for understanding the disease through verbal expression and emotional reactions.

It must be acknowledged that in past few years, there have been number of films focusing on dementia as a theme. While the salient point that many people both in eastern and western cultures across their understandings of dementia, not through books but through modalities of film, video and social media have addressed the issue. The representation of dementia in literature may be defined across time and culture, it endures us to think about dementia in terms of profound ontological issues, it raises our very being as individual 'selves' about how this self operates rationally, how does this individual engage and separate society and at the most profound level what it means or ought to mean, to be human. Literature can contribute to a deeper and more compassionate and liberating attitude to phenomenon that is both natural and unnatural. Novels play and stories reveal rich panoply of responses ranging from the tragic to comic allowing us to understand that people with dementia often offer us models of humour, courage and resilience and care can also embody a range of responses from rigidity to compassion. While discussing the importance of Fiction and its role in emotional and cognitive stimulation in mind he states;

Literature can be conceptualized as a cognitive and emotional simulation, in which travails of characters are literally run on our minds, as a computer simulation runs on computer. (Oatley)

Several authors have penned their experiences of dementia through fiction. *Out of Mind*, the book is written in first person and it is a story of Maarten Klein, an elderly Dutch man living in the U.S. with his wife Veera. The story started with memory lapses and ended in being admitted to the care facility (Bernleff). *Scar Tissue* is a story from the perspective of a son who watches the decline of her mother helplessly. The mother's illness triggers a crisis in the personal life of the son at its centre (Ignatieff). Evading cultural biases and taboos regarding mental health only a handful of literature is there in Indian cultural context. *Silver Haze* equates dementia with Alzheimer's disease at one point in the novel. This novel not only portrays the sufferings but the coping mechanism very aptly as Kamala document her memories, so that she never loses her identity (Verma). Fiction's focuses less on individual's illness or condition and more on emplacement of the individual in specific settings. The family is the narrative prism through which the construction of dementia can be analysed. The fiction depicts the erosion of the family as a result of the onset of dementia in one of its older system. *Mrs C Remembers* is the story of an average Bengali women Mrs Anita Chatterjee, piercing exploration of the limits of submission, of illness and upheaval, and the "indecipherable powers of the human mind". Her husband is wealthy influential advocate in Kolkata, busy with his work and is affectionate in a careless, mostly patronising way to his family. She is a dutiful wife, managing her husband's large household and mingling regularly with the rich and powerful. After forty years of life without any complaints, her suppressed emotions started playing tricks with her. She started forgetting regular household responsibilities which are not at all

type of Mrs C. Story mainly focuses on what happens to an Indian family when a traditional woman suddenly has memory lapses. Sankar investigates the familial relationships which steadfastly produce: the obedient housewife, the jealous mother in law, the emotion less husband, apathetic son and the rebellious daughter. While Mrs C has spent her life playing and adjusting to these roles as best she can, as she grows older her forgetfulness becomes the perfect tool for disavowal, enabling her to reject all that has been expected of her all these years. Mrs C is bound by many social relations that hold here in their grip. It's not only a story about a disease but a serious exploration of the women in an Indian household. Married into large, orthodox household that she comes to manage well, she is not allowed to work despite a degree in mathematics and with wonderful management skills. She has lived to please her selfish husband, found a way around the patriarchal mindset in her house to get the best education for her first born child, has stoically borne the humiliations inflicted by her mother in law, and dealt with the inevitable generation gap to best of her abilities.

Anne Basting in her text *Forget Memory* considers that 'our fear of memory loss is greater than it needs to be, because memory is the collective possession of the communities in which we participate' (Basting). This paper analyses the representation of dementia in the narrative, focusing on the linguistic choices in the text by unveiling the revelations hidden in language. In the book *Aging Together* by J.T Sussan and MacFadden a chapter "Beyond Fear and Anxiety" talks about dementia in different cultures 'Fear of dementia in Western, individualistic cultures focuses on the loss of autonomy while in east, collectivist cultures, the fear focuses on the loss of an honoured place within the community' (J. T. Susan H. McFadden pg.no.109-121). Dementia affects the personhood of the people involved in with the perils of this illness. Human memory involves the ability to both preserve and recover information. However, this is not a flawless process. Sometimes people forget or misremember things. Memory problems are often relatively minor annoyances, like forgetting important dates or events. Within the course of day people perform innumerable feats of memory. They are involved in remembering when they search for their keys, find their ways through a city, reminisce on episodes from their past, or join in commemorations such as Republic Day, Independence Day and religious rituals. Culture plays a crucial role in all these activities. Memories come into being and take form through both a set of internalized cultural conventions, specific to the society in question, as well as particular setting like therapy.

Furthermore, culture has shaped how memory is understood and the uses it has been put to, as can be seen in how the concept has differed across history and societies. By operating on social institutions like families, the actions, thoughts, values of individuals, culture regulates both intrapersonal and interpersonal psychological functions. Through socialization individual acquire knowledge and competencies that serve culturally prescribed goals. Freud's theories of psychoanalysis are important to decipher the language to reflect the spontaneous revelations of the speech. In *Screen Memories* Freud has describe how the memories of childhood and adolescence could be forgotten and returned in adulthood (Freud). From the very beginning she was full of surprises. It's tough task to know what's in her mind. When her father died she almost went to depression, which was very much unexpected as it seems that she doesn't care much. Sanchita being her sister was unable to understand her about Mrs C, she has opinion that; 'Mrs C has too many conflicting thoughts and yet manages to present this very calm outward self'.

Dementia affects the identity of the people involved in with the vulnerability of this illness. Understanding of the disease, not as an independent concept but as a mental illness and the loss of individuality that mental illness gives rise to. Dementia necessarily is accompanied by a loss of individuality that comes with a failing memory.

*Mrs Chatterjee* is meticulous and punctual about her household chores but her individuality her importance as a family member starts diminishing with the episodes of memory lapses.

How could you forget? ... Maybe I should talk to the cook directly (Sankar 96).

The cultural importance of memory constitutes the reactions of the people around the patient to the loss of memory that the patients suffers, these reactions often being defined by the importance the culture around people has put on the memory of a person. This is what makes dementia so unsettling. A person afflicted with this illness is metaphorically vanishing like sand in front of the family and the society that the victim inhabits, this makes people question if this person who they have probably known for their whole life is the same person or a different person. A lifelong of memories is at stake in the equation. According to J.Bleger, as he states in *Psychoanalyse du cadre psychoanalytique*, 'a human relationship that last for years, within a set of norms and attitudes are maintained, is nothing less than a true definition of institution. The framework is therefore an institution within the limits of which certain phenomena occur which we called behaviour' (Bleger). But when a behavioural change occurs it not only creates havoc for the person but the caregivers too. As being in an institution called family each and every member especially in Indian household depends on the lady of the house. Mrs C was quite organised and meticulous in her managing everything. But suddenly she became suspicious, weird thoughts grappled her mind. She doubts Malini is

stealing her atlas book, her money. She forget name of Malini. Her thoughts have become jumbled. The news of Godhra attack in Ahmedabad, the Hindu Muslim riot has imprinted in her subconscious mind in such a way that often she finds conspiracy theories all around.

In the chapter 'Memory in Freud' in *Memory: Histories, Theories, Debates*, Trediman explicate that; Freud's preoccupation with memory proliferated and pervaded his psychological theory, to the point where individual almost seemed to have been reconceived as a cluster of memory operations and transformations. Freud represented desire, instinct dream association, neurosis, repression, repetition, the unconscious all the central notions of psychoanalysis-as memory functions or dysfunctions. In this theory, the exercise memory seeks to heal the same traumas whose capacity for disrupting our existence memory itself perversely sustains (Terdiman,pg.no.94-108).This would be massive change for anyone to overcome from someone who uses to dictate terms in every sphere of their life, to being someone who has to be dictated to even for the execution of mundane daily activities. Memory failure can occur at any stage, leading to forgetting things and having confusions. Her mind use to be in tug and war of what she is and what she ought to be for her husband, children and rest of the members. She most of the time balance her ego, dignity and compromise her self-worth.

The walls of my life are opaque the windows narrow and shut, the air mundane, stale. I don't stride around in open spaces, learning and understanding the world in new ways. Anyways let that be, each to his own and I am happy in my life (Sankar.pg.no.8).

In the chapter 'Receiving the Diagnosis' in the book *Aging Together* J.T.Susan H McFadden focuses on the procrastination and acceptance of the disease. As seeking diagnosis of mental illness is a challenging process in our society because of existing stigma and taboos about mental illness. Instead of accepting the behavioural and cognitive changes people goes on denial state of mind. They state that "Denial takes the form of a loving conspiracy: we all pretend not to see the issue for as long as possibly we can. For family members and friends, there is a desire to protect our loved one from being given a diagnostic label that we know will bring distress, anxiety, and embarrassment. For himself or herself, there is a fear that a medical diagnosis will make the condition real and that he or she will cross over the line from being a little forgetful to having a dreaded disease that marks the beginning of the end"(J. T. Susan H. McFadden pg.no.32-33).

The more you think of these things the worse you will feel. Why go to a hospital where all kinds of germs are floating in the air unless there is a serious problem...digging around for illness just like that is totally unnecessary and I can't support it (Sankar 91).

She was also somehow feeling that something was wrong with her but was unable to accept due to cultural, societal and familial conditioning against the taboo, stigma and lack of awareness about mental health. "I have always been forgetful but recently it has got worse and I know it makes Sohini anxious, though she doesn't make a song and dance about it like Malini" (Sankar, 90).Embracing the situation and enduring the cognitive and behavioural changes make on the road to recovery.

## Conclusion

Investigation of the verbal expressions and emotional reactions the repression of thoughts, denials in the novel hints at the operation of coercive forces of society that includes family and culture and their relation to mental illness. There are many factors which plays major role in onset of dementia but in case of Mrs Chatterjee repression of thoughts, depression on the death of her father, overburdened patriarchal set up, sacrifices, pressure of maintaining to be the competent homemaker are the different causes that could be related to Mrs C's confusion in daily activities and memory lapses. They have wrong mindset about medication. They believe one should not take medicine as far as possible. Though Mrs C was bold and decisive but she becomes blind and unquestioning. Extremely flexible in thoughts, she tries to maintain cool and calm even in the matter of arguments and humiliations, she never fights or spoke back.

As caregivers her daughter in law Malini and son in law Omar played a significant role. They made the family members understood that forgetting is a severe mental health issue which needs to be diagnosed and treated likewise. The novel is flashback of her journey and representation of different types of mind and the cultural setup as it portrays different types of stereotypes. It emphasized the ontology of a demented woman apart from the suffering and cure process of medical sciences through the story.

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