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Human Predicament in Paulo Coelho's *Veronika Decides to Die*

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By

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Letter of Recommendation

Mr. Pream Singh Thagunna has completed his thesis entitled "Human Predicament in Paulo Coelho's *Veronika Decides to* Die" under my supervision. He carried out his research from 2066/05/01 B.S. to 2067/04/04 B.S. I hereby recommend his thesis be submitted for viva voice.

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Approval Letter

This thesis entitled "Human Predicament in Paulo Coelho's *Veronika Decides to* Die" submitted to the Central Department of English, Tribhuvan University by Mr. Pream Singh Thagunna has been approved by the undersigned members of the Research Committee.

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Abstract

This thesis on Paulo Coelho's novel *Veronika Decides to Die* studies trauma in the protagonist, Veronika who is a twenty-four-year-old living in recently partitioned Slovenia, one of the republics created by the dissolution of Yugoslavia. From the outside, she seems to be a happy woman as she works as a librarian, dating men and returning to a single room she rents at a convent. However, she finds everything boring and monotonous in everyday activities. She cannot focus on the purpose of her life. She suffers from trauma which leads her Veronika to end her life. Her failed attempt, and her inexplicable reasons for wanting to die, lands her in a mental hospital, Vilette. Thus, Veronika's inability to live in conformity with the modern society's rules – that is divided Yugoslavia – places her in a terrible predicament as it traumatizes her throughout her life, eventually leading her on the verge of suicide.

Contents

I. Alienation and Non-conformity in Coelho's Fiction

This research work makes an attempt to explore the predicament of the protagonist Veronika in Paulo Coelho's celebrated work *Veronika Decides to Die* (2001). In *Veronika Decides to Die*, Veronika is a twenty-four-year old girl who becomes traumatized by the thoughts of old age beginning to leave irreversible marks, the onset of illness and the departure of friends. She feels that she would gain nothing by continuing to live, so the likelihood of suffering only increases. Moreover, Veronika reads the newspapers, watches TV and she becomes aware of what is going on in the world. She finds everything wrong and no way of putting things right, which gives her a sense of complete powerlessness. So, Veronika's inability to live in conformity with the modern society's rules places her in a terrible predicament as it traumatizes her throughout her life, eventually leading her on the verge of suicide.

Coelho relates the story of the suicidal Veronika, who creeps along the boundary between life and death, sanity and madness, happiness and despair. Veronika, 24, works in a library in Ljubljana, Slovenia, and rents a room in a convent; she is an attractive woman with friends and family, but feelings of powerlessness and apathy tempt her to find 'freedom' in an overdose of sleeping pills. When Veronika awakens in the country's famous lunatic asylum, she is told about her suicide attempt weakened her heart and she has only days to live. At this point, Coelho takes a role in the novel; he describes the circumstances under which he discovered Veronika's story and then recounts his own youthful imprisonment in a Brazilian sanatorium, consigned there by parents who couldn't understand his "unusual behavior." In a sedative-induced haze, Veronika finds companionship in white-haired Mari,

who suffers from panic attacks, and Eduard, an ambassador's son who has been diagnosed as schizophrenic, and she begins to question the definition of insanity. It is her supposed death sentence from the devious Dr. Igor, who is trying to shock her back into reality that allows Veronika to reacquire the will to live and love. Employing his trademark blend of religious and philosophical overtones, Coelho focuses on his central question: why people go on when life seems unfair and fate indifferent.

Veronika suffers from severe sense of alienation, which places her in predicament. Alienation is a powerful feeling of isolation and loneliness, and stems from a variety of causes, its workings and effects function at a psychological level. Thus, it becomes psychological alienation for Veronika as it shows her feeling of alienation towards society, nature, other people or oneself. Alienation occurs in response to certain events or situations in society or in one's personal life. Alienation is self-alienation or self-estrangement. Examples of events that may lead to an individual's feeling of alienation include the loss of a glorious history, or violence Examples of personal events are a death in the family, a job change, divorce, or leaving home for the first time. Although most people may find that such occurrences trigger temporary feelings of disillusionment or loneliness, a small percentage will be unable to overcome these events, and will feel hopelessly adrift and alone.

Alienation as an estrangement bears the constant notion of having the feeling of being a stranger or an outsider to himself, home, family, society and country. So, alienation is to live in exile from the milieu one lives in or familiar with. Feeling separated from society is not the only way a person experiences alienation: sometimes the individual feels alienation as

disharmony with his or her true self. This condition develops when a person accepts societal expectations that are counter to the person's true goals, feelings, or desires. He may appear to be successful in the role others expect him to assume, but his true wish is hidden, leaving him feeling deeply conflicted and alone. Veronika becomes victim of this and tries to commit suicide.

Alienation is expressed differently by different people. Some become withdrawn and lethargic; others may react with hostility and violence; still others may become disoriented, rejecting traditional values and behavior by adopting an outlandish appearance and erratic behavior patterns. As society undergoes rapid changes, and traditional values and behavioral standards are challenged and destroyed. This puts people in predicament as they find no place for themselves. This is what exactly happens in the case of Veronika.

Paulo Coelho was born in Rio de Janeiro, Brazil in 1947. He attended a Jesuit school. As a teenager, Coelho wanted to become a writer. Right from the childhood, he demonstrated unusual behaviour. He began to break the family rules, and his father, took this behavior as a sign of mental illness. At 17, Coelho’s introversion and opposition to following a traditional path led to his parents committing him to a mental institution from which he escaped three times before being released at the age of 20. Coelho later remarked that “it wasn’t that they wanted to hurt me, but they didn’t know what to do [. . .]. They did not do that to destroy me; they did that to save me” (Ortolano 2). This shows that Coelho was different from other children right from his childhood. As he has explored human emotions and passions in his works,

Coelho has touched millions of readers searching for their own path for understanding the world.

Coelho's journey to Brazil is an interesting one. He came to adolescence in a Brazil seized by a military Junta, unfriendly artists. Coelho's non-conformity and will to write and become an artist saw him dabble with the hippie explosion of the 60's. On three separate occasions in his late teens, Coelho was committed by his parents, convinced his behaviour was neurotic, to a psychiatric hospital where he would endure electroshock therapy. Later, his subversive lyrics for 60s Brazilian pop icon Paul Selxas would gain him fame in his country and political notoriety among the secret police who kidnapped and tortured him. This experience terrified Coelho and provoked him to abandon his dreams and choose a corporate life in the vertiginous hierarchy of Brazilian music corporations. And there he stayed until 1936 when he took the pilgrimage to Santiago de Compostelain northern Spain and decided to return to his dream and write (Morais 10)

At his parents' wishes, Coelho enrolled in law school and abandoned his dream of becoming a writer. One year later, he dropped out and lived life as a 'hippie,' traveling through South America, North Africa, Mexico, and Europe and becoming immersed in the drug culture of the 1960s. A hippie possesses a core belief set revolving around the values of peace and love as being essential in an increasingly globalized society, and he is oftentimes associated with non-violent anti-governmental groups. Upon his return to Brazil, Coelho worked as a songwriter, composing lyrics for Elis Regina, Rita Lee, and Brazilian icon Raul Seixas. Composing with Raul led to Paulo being associated with Satanism and occultism, due to the content of some songs. In

1974, Coelho was arrested and tortured for ‘subversive’ activities by the ruling military government, who had taken power ten years earlier and viewed his lyrics as left-wing and dangerous. Coelho also worked as an actor, journalist, and theatre director before pursuing his writing career. In 1986, Coelho walked the 500-plus mile Road of Santiago de Compostela in northwestern Spain, a turning point in his life. On the path, Coelho had a spiritual awakening, which he described autobiographically in *The Pilgrimage* (1987). In an interview with Glauco Ortolano, Coelho stated “in 1986, I was very happy in the things I was doing. I was doing something that gave me food and water -- to use the metaphor in *The Alchemist* (1988), I was working, I had a person who I loved, I had money, but I was not fulfilling my dream. My dream was, and still is, to be a writer” (58). Coelho would leave his lucrative career as a songwriter and pursue writing full-time.

In 1982 Coelho published his first book, *Hell Archives*, which failed to make any kind of impact. In 1986 he contributed to the *Practical Manual of Vampirism,* although he later tried to take it off the shelves since he considered it “of bad quality”. After making the pilgrimage to Santiago de Compostela in 1986, Coelho wrote *The Pilgrimage*. The following year, Coelho wrote *The Alchemist* and published it through a small Brazilian publishing house which made an initial print run of 900 copies and decided not to reprint. He subsequently found a bigger publishing house, and with the publication of his next book, *The Alchemist* became a Brazilian bestseller. *The Alch*emist has gone on to sell more than 60 million copies, becoming one of the best-selling books in history, and has been translated into more than 67 languages, winning the Guinness World Record for most translated book by a living author.

Since the publication of *The Alchemist*, Coelho has generally written one novel every two years including *By the River Piedra I Sat Down and Wept* (1994), *The Fifth Mountain* (1996), *The Devil and Miss Prym* (2000), *Eleven Minutes* (2003), *Like the Flowing River* (2006), *The Valkyries* (1992) and *The Witch of Portobello* (2006). This dates back to *The Pilgrimage*; while trying to overcome his procrastination of launching his writing career, Coelho said "If I see a white feather today, which is a sign that God is giving me that, I have to write a new book." (Reiss 9). Coelho found a white feather in the window of a shop, and began writing. In total, Coelho has published 26 books. Two of them -- *The Pilgrimage* and *The Valkyries* -- are autobiographical, while the majority of the rest are fictional, although rooted in his life experiences. Others, like *Maktub* (1994) and *The Manual of the Warrior of Light* (1997), are collections of essays, newspaper columns, or selected teachings. In total, Coelho has sold more than 100 million books in over 150 countries worldwide, and his works have been translated into 67 languages. He is the all-time bestselling Portuguese language author.

Coelho's literature is totally committed to a new political attitude: man in search of his own identity. It does not deal with the old and worn-out categories of right and left. There is a revolution that is slowly setting up, which the press doesn't seem to have detected yet. If we sum up the whole idea in only one expression, we can say that the new political attitude for our era is to "die alive" (4). He further says:

> [B]eing aware of and participating in things something that does not occur very often. People end up dying to the world on the day they renounce their dreams. After that, one departs on a

> journey as did Ulysses, accepting the challenges and knowing that sometimes one must fight alone, yet understanding he stands in for the entire human race. (4)

Thus, the author of inspirations, Coelho is one of the uncommon authors of the world as his books richly use dreams, symbols and archetypes in a bizarre manner to deliver simple but universal messages to the readers. To sum up, Coelho's fiction explores the theme of non-conformity.

Literature Review

Paulo Coelho is a Brazilian bestselling writer who has gained immense popularity after his global bestseller *The Alchemist* winning the Guinness World Record for most translated book by a living author. After the overwhelming success of *The Alchemist,* Coelho has drawn the attention of authors and critics. He seldom uses complex allegories, metaphors, or idioms. All his work is simple, and, his style captures not only the imagination but also the hearts of his readers. His message is also very simple and millennial: happiness lies in finding ourselves. Simply put, Paulo Coelho is an author in search of himself, a trait that epitomizes his literary truth. This Brazilian phenomenon, as he has come to be known, has been very consistent not only in his personal quest but also in becoming one of the most important writers of our time -- perhaps to his own mother's amazement, since she always discouraged him from taking up a profession that often offers very meager financial remuneration in countries like Brazil. It seems the more he writes, the more he earns the acclaim of important critics, like Umberto Eco, and of an ever- increasing number of readers around the world. To date, some 43 million copies of his books have been sold in 150 countries and in 56 languages,

according to information found on his Web site. That places Coelho as the second most-read contemporary author, based on a poll taken by the French magazine Lire in 1999. Coelho's recent novel *Veronika Decides to Die* has equally gained critical attention. Rupert Sheldrake views the novel as a "remarkable journey of discovery, bringing together personal experiences and scientific experiments, and uncovering and dissolving taboos" (11).

In *Veronika Decides to Die* Coelho weaves a wonderful story with mental illness at its heart. Telling the story through the experiences of the patients in Villete, this is as much a commentary on the nature of madness as it is a wonderful and uplifting story which has also been made into a film.

In *Veronika Decides to Die*, the title character, Veronika is a female character who decides to commit suicide by taking overdose sleeping pills as she finds it difficult to live in society in which the rules are made and imposed by males. In this regard, Rosemary P. Tong reads the novel from the perspective of feminism as he writes: "[. . .] taking an overdose pills is far more romantic way to kill oneself than shooting, jumping, or hanging, as if woman is less daring than man to attempt suicide by doing an adrenalin rush act. This 'romantic act' is associated with woman" (21). Therefore, we can conclude that there are different characteristics of femininity and masculinity in the novel, and these differences in natural characteristics lead to the patriarchy's social assumption that masculinity is more superior to femininity. Veronika expresses her hatred towards her mother which explains her disappointments of her life, that she feels her life is 'shaped' like her mother wants her to be; a woman that is able to play piano, have good education, getting married someday and having children. In this regard, Veronika

experiences an “Oedipus complex, an attraction of love for the parent of opposite sex, with the corresponding jealousy of the parent of the same sex” (Ellis 73).

Veronika shows the sign of insanity in which the patient becomes, according to Freud, passive, narcissist, masochist, and vain which are feminine characteristics. These feminine characteristics can be found in both in female and male characters. Susan Watkins finds Veronika’s act of committing suicide as “the act of masochism, passiveness, and narcissism” (86).

From the above-mentioned criticism, it becomes clear that though the text has been analyzed from various perspectives, trauma theory has not been applied yet. Hence, this researcher seeks to examine trauma in this novel.

The thesis has been divided into four chapters. The first chapter presents an introductory outline of the work – a short introduction to Paulo Coelho and a short critical response. Moreover, it gives general outline of this entire work. The second chapter tries to explain the theoretical modality briefly that is applied in this research work. It discusses Historical and Cultural Trauma Theory, especially by LaCapra and Cathy Caruth. On the basis of the theoretical framework established in the second chapter, the third chapter analyzes the text at a considerable length. It analyzes how the protagonist Veronika finds it difficult to live in conformity with the modern society’s rules which traumatize her throughout her life, eventually leading her on the verge of suicide. Finally, the fourth or the last chapter sums up the main points of the present research work and the findings of the research work.

II. A Study of Trauma Theory

Trauma has now become an interdisciplinary approach as it is not only studied in the natural sciences, the social sciences, and the humanities, but also in medicine and law as well. Trauma research is currently being pursued in numerous fields across the university including psychology, psychiatry, sociology, public health, history, and literature. Yet, none of these disciplines alone can explain or contain the phenomenon of trauma. The very notion of trauma defies simple definition and escapes the confines of known categories. The word “trauma” comes from the ancient Greek meaning “wound.” It was at first used in surgery to denote a violent injury from an external cause that breached the body's integrity. Traumatism is used occasionally as a synonym, and occasionally to refer to any condition resulting from trauma. The term eventually came into common usage, its psychological sense coming to the fore as its employment spread from medicine to psychoanalysis.

Trauma has been defined by psychoanalysis and by the interdisciplinary field of trauma studies, as an experience of violence, whether corporeal, psychic, or both, that overwhelms our capacity to remember, to articulate narratives, to make stories. Trauma theory is therefore a “literary theory” in a much-altered sense of the term. Not “about” literature, nor confined to the academic sphere, it rather uses literary tools to give responsible witness to that which is, literally, unspeakable. Theorists, from Freud through contemporary scholars in English, history, comparative literature, and other humanistic disciplines, often cite literary texts as clear and well-known examples of traumatic experience. But more importantly, trauma theory answers the

unspeakability of trauma with the necessity of reading. Since trauma cannot be fully or finally told, it must instead be read and reread.

Although the exact definition of the modern concept of trauma varies according to context and discipline, there is a general consensus that if trauma is a wound, it is a very unusual kind of wound. There is no specific set of physical manifestations identifying trauma, and it almost always produces repeated, uncontrollable, and incalculable effects that endure long after its supposed “precipitating cause” (Marder 61). Trauma, therefore, presents a unique set of challenges to understanding. Further, because traumatic events often happen due to social forces as well as in the social world, trauma has an inherently political, historical, and ethical dimension.

The word “trauma” refers to the action shown by the abnormal mind to the body. Trauma becomes problematic when it is reflected in the repetitive action. Trauma shows the direct reaction in abnormal phenomena. The abnormality is mostly psychic but is manifested in the physicality which becomes more uncommon and stressful. The stress to the mind occurs due to various causes. It leaves catastrophic effects in the victim and the recovery from this requires a holistic and meaningful – emotional and physical development of a person. Thus, trauma brings the aftereffects of the emotional upheavals. The types of trauma are different. Mental trauma is described as the neurosis as a disorder. Freud describes it as a disorder which has its roots in some experience long since consciously forgotten and repressed, and which later on manifests itself in night mares, overwhelming anxieties and motor disturbances. Therefore, physical and psychological disturbances arising from the unconscious remaining aftereffects of trauma upsets the patient.

A central claim of contemporary literary trauma theory asserts that trauma creates a speechless fear that divides or destroys identity. This serves as the basis for a larger argument that suggests identity is formed by the intergenerational transmission of trauma. However, a discursive dependence upon a single psychological theory of trauma produces a homogenous interpretation of the diverse representations in the trauma novel and the interplay that occurs between language, experience, memory, and place. Considering the multiple models of trauma and memory presented in the trauma novel draws attention to the role of place, which functions to portray trauma's effects through metaphoric and material means. Descriptions of the geographic place of traumatic experience and remembrance situate the individual in relation to a larger cultural context that contains social values that influence the recollection of the event and the reconfiguration of the self.

The trauma novel demonstrates how a traumatic event disrupts attachments between self and others by challenging fundamental assumptions about moral laws and social relationships that are themselves connected to specific environments. Novels represent this disruption between the self and others by carefully describing the place of trauma because the physical environment offers the opportunity to examine both the personal and cultural histories imbedded in landscapes that define the character's identity and the meaning of the traumatic experience. The primacy of place in the representations of trauma anchors the individual experience within a larger cultural context, and, in fact, organizes the memory and meaning of trauma.

The term “trauma novel” refers to a work of fiction that conveys profound loss or intense fear on individual or collective levels. A defining

feature of the trauma novel is the transformation of the self ignited by an external, often terrifying experience, which illuminates the process of coming to terms with the dynamics of memory that inform the new perceptions of the self and world. Trauma refers to a person's emotional response to an overwhelming event that disrupts previous ideas of an individual's sense of self and the standards by which one evaluates society. The external event that elicits an extreme response from the protagonist is not necessarily bound to a collective human or natural disaster such as war or tsunamis. The event may include, for example, the intimately personal experience of other horrible events.

In its psychoanalytical sense, trauma denotes an event of such violence and suddenness that it occasions an inflow of excitation sufficiently strong to defeat normally successful defense mechanisms; as a general rule trauma stuns the subject and, sooner or later, brings about a disorganization of the psychic economy. In the nineteenth-century, the notion of trauma was inseparably linked to the ideas of shock and physical breach, and it was regularly invoked to explain a variety of syndromes, among them traumatic neurosis. Freud was part of this current of thought, and assigned trauma a determining role in the etiology of hysteria; then he moved from the idea of real, physical trauma to that of a “psychical trauma” (5-6), with the stress laid no longer on the reality of the event but rather on its mental representation, experienced as an internal “foreign body,” which is the source of the excitation. This was a radical shift relative to the theories of the time, and an epistemological leap of great import, for it was the foundation stone of psychoanalysis.

What made an experience traumatic for Freud was indeed the incapacity of the psychical apparatus to discharge the excessive excitation in accordance with the principle of constancy, whether that excitation arose from the pathogenic action of a single brutal event or of a series of incidents having a cumulative effect. This economic view of things was part of psychoanalysis from the beginning, and it is crucial to the understanding of the psychoanalytical notion of trauma. Even at this early period, Freud distinguished two models: the first, evidenced by hysteria, involved the absence of discharge, whereas in the second, operative in the actual neuroses, discharge took place but did so at the wrong time and place, and independently of the object. The economic perspective provided the connection and continuity between the successive theories proposed by Freud as he considered trauma in terms of a causal relationship.

But this traumatic theory was soon replaced by the theory of seduction. Founded on clinical observation, this theory led Freud to assert that the trauma was always of a sexual nature which had two moments: the first, the moment of fright, confronted the child prematurely with the sexual conduct of an adult seducer; this the child experienced uncomprehendingly, and its meaning and traumatic effect came into play only after puberty, on the occasion of a second scene that served to reactualize the repressed memory of the earlier one. When the frequency with which patients produced accounts of such early events obliged Freud to question their reality and treat them instead as products of fantasy, the theory of seduction lost a much of its interest; at the same time, its temporal aspect—the process of “deferred action” (après coup) of which the case of Emma provided the archetypal instance—remained essential to Freud's

explanation of the trauma, whose importance in the triggering of neuroses, however, he now qualified by taking into account such factors as individual predisposition, the trauma's place in the subject's history and mental organization, and the circumstances of the event.

The thinking sparked by the war neuroses gave the notion of trauma a new lease on life, while so reinforcing the energetic point of view that in 1916 Freud did not hesitate to say that “the term ’traumatic’ has no other sense than an economic one” (qtd. in Thomas 142). Thus a trauma, by its simple intensity, could produce an instinctual hypercathexis capable of breaching the protective shield against stimuli. In order to stem this influx, which the ego, not having been prepared by anxiety to confront the danger, was all the more incapable of neutralizing, the psychical apparatus would mobilize all available energy and establish countervailing charges. Should these defensive strategies be insufficient, the apparatus would have to bind the excitation compulsively, “beyond the pleasure principle,” so as to lower it gradually to a tolerable threshold (31).

In *Beyond the Pleasure Principle*, where the importance assigned to the compulsion to repeat led Freud into speculation about the death instinct, the question arose of what principle governed repetition. In fact, where the work of analysis made it possible for the subject to recover and work through repressed material, the binding function could triumph over death-oriented repetition. In that case, deferred effects, by making reorganizations possible, would have been the motor of change. Finally, in the context of Freud’s revised theory of anxiety), the stress fell on the state of helplessness: what the baby experiences, subjected without recourse to a state of tension in the

absence of its mother, were taken as the prototype of all traumatic situations. In this instance with the signal function of anxiety as yet not developed, the ego is overwhelmed by an eruption of instinctual forces it is powerless to contain. Freud's reflections of 1926 have given rise to the present-day notion of narcissistic trauma, which refers to the ego's inability to bind excitation resulting from a loss, whether the loss of an object or a loss of a narcissistic kind. This classification is justified in terms of the symptomatology often presented by patients (rumination, repetitive dreams), who may thus be thought to be expressing a pathological mourning under the influence of deferred effects (après coup).

This category has led to a questionable broadening of the concept, for it tends to water down the specificity assigned to trauma in Freud's early works: Systematically treating all and every physical or psychic injury as a trauma runs counter to the psychoanalytic view, for which a trauma cannot be reduced to the level of events alone; at the same time, this level should always be taken into account, precisely because not to do so is to court the danger of further pathological development in a traumatic mode.

The popular trauma theory employed today depends upon the abreactive model of trauma, which is used to assert the position that traumatic experience produces a "temporal gap" and dissolution of the self. For example, in *Worlds of Hurt* Kali Tal writes: "Accurate representation of trauma can never be achieved without recreating the event since, by its very definition, trauma lies beyond the bounds of' normal' conception" (15). This Freudian concept of trauma and memory emphasizes the necessity to recreate or abreact through narrative recall of the experience. Yet, at the same time, this model claims, as

Tal makes clear, that the remembrance of trauma is always an approximate account of the past, since traumatic experience precludes knowledge, and, hence, representation. The literary trauma theory articulated by Kali Tal, and critics such as Cathy Caruth, considers the responses to traumatic experience, including cognitive chaos and the possible division of consciousness, as an inherent characteristic of traumatic experience and memory. The idea that traumatic experience pathologically divides identity is employed by the literary scholar as a metaphor to describe the degree of damage done to the individual's coherent sense of self and the change of consciousness caused by the experience. Hence, the employment of the abreactive model in literary criticism can be viewed as the shattering trope.

In her introductory essay to *Trauma: Explorations in Memory*, Cathy Caruth provides a clear and coherent description of trauma as well as a compelling explanation of why its impact presents specific conceptual challenges. By showing that the onset of traumatic pathology (post-traumatic stress disorder or PTSD) cannot be fully determined by, or located in, a given traumatic event, Caruth proposes that trauma compels us to imagine that traumatic events do not simply occur in time. Rather, they fracture the very experience of time for the person to whom they happen. Caruth writes:

> The pathology cannot be defined either by the event itself—which may or may not be catastrophic, and may not traumatize everyone equally—nor can it be defined in terms of a distortion of the event, achieving its haunting power as a result of distorting personal significances attached to it. The pathology consists, rather, solely in the structure of experience or

> reception: the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it. To be traumatized is precisely to be possessed by an image or event. (4-5)

The true power of trauma, as Caruth herself powerfully explains here, is due to the fact that the person who becomes victim to traumatic pathology does so precisely to the extent that he or she fails to be present to the event in the moment of its occurrence. Caruth points out that because the event was not assimilated as it occurred, it only comes into being "belatedly." She writes: "[T]he impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located, in its insistent appearance outside the boundaries of any single place or time" (9). A traumatic event is, therefore, a strange sort of an event because once it is understood as a belated consequence of a "missed encounter," trauma itself must be understood in terms of "absence"—the absence of something that failed to become located in time or place—rather than as a "positive" presence. This absence at the heart of the traumatic event lends it its constitutive ghostly quality. And because of this absence, people who have suffered traumatic experiences can become so "possessed" by them that they frequently describe themselves as living "ghosts."

But as paradoxical as it may appear, this "absence" does not necessarily produce purely negative consequences. Indeed, one of Caruth's most brilliant (and occasionally misunderstood) insights about trauma is that to the extent that trauma opens up a breach in experience and understanding, it also opens up new possibilities for experience and new modes of understanding. For Caruth, the very structure of repetition inherent to "traumatic belatedness"

compels the traumatized person to survive the trauma by finding ways of bearing witness to it—both belatedly and in relation to others. Toward the end of her introduction to *Trauma: Explorations of Memory*, Caruth explains why and how trauma is not only a form of absence or "departure" but also a call to survival through new forms of contact with others:

> The final import of the psychoanalytic and historical analysis of trauma is to suggest that the inherent departure, within trauma, from the moment of its first occurrence, is also a means of passing out of the isolation imposed by the event: that the history of a trauma, in its inherent belatedness, can only take place through the listening of another. (10–11)

The prevalent view of literary studies is that "trauma stands outside representation altogether" imagines an intrinsic epistemological fissure between traumatic experience and representation (Caruth 17). This notion of trauma leads to the basic framework of the dominant literary trauma theory best articulated by Cathy Caruth in *Unclaimed Experience* when she says that "trauma is not locatable in the simple violent or original event in an individual's past, but rather in the way its very unassimilated nature – the way it was precisely not known in the first instance--returns to haunt the survivor later on" (Caruth 4). Traumatic experience becomes unrepresentable due to the inability of the brain, understood as the carrier of coherent cognitive schemata, to properly encode and process the event. The origin of traumatic response is forever unknown and unintegrated; yet, the ambiguous, literal event is ever-present and intrusive. This theory argues that trauma is only known through repetitive flashbacks that literally re-enact the event because the mind cannot

represent it otherwise: “The historical power of trauma is not just that the experience is repeated after its forgetting, but that it is only in and through its inherent forgetting that it is first experienced at all” (17). Traumatic experience is understood as a fixed and timeless photographic negative stored in an unlocatable place of the brain, but it maintains the ability to interrupt consciousness and maintains the ability to be transferred to non-traumatized individuals and groups. Moreover, this concept of trauma perceives responses as fundamentally pathologic and privileges the act of speaking or narration as the primary avenue to recovery.

Caruth’s formulations of trauma and memory, based on the abreactive model and informed primarily by Freud, have become an important source for the theorization of literary trauma studies, especially as a source to support the notion of transhistorical trauma. This form of literary trauma theory makes several important claims about trauma, stating that traumatic experience is repetitious, timeless, and unspeakable, yet, it is also a literal, contagious, and mummified event. Caruth argues that “the experience of a trauma repeats itself, exactly and unremittingly, through the unknowing acts of the survivor and against his very will” (2). Caruth understands external events happening to a pure subject, upon which infectious pathogens wiggle into the mind, take a seat, and cause harm. While the experience is isolated in the brain, it still carries the potential to infect another pure and integrated subject through the act of narration, or based upon a shared ancestry or ethnic origins. Caruth suggests that traumatic experience is contagious by stating that trauma “is never simply one's own [. . .], but precisely the way we are implicated in each other’s traumas” (24). This contagion theory of an unidentifiable, yet

infectious pathogen leads literary critics such as Caruth to claim that traumatic experience is transhistorically passed across generational gaps, primarily through verbal or written acts of remembering. This standpoint leads to the conclusion by critics such as Kirby Farrell that since traumatic experience is intergenerationally transmitted based on shared social characteristics, then everyone can experience trauma through vicarious means based on one's ethnic, racial, gender, sexual, or economic background, thereby producing a "post-traumatic culture" (3).

The concept of trauma as timeless, repetitious, and infectious supports a literary theory of transhistorical trauma by making a parallel causal relationship between the individual and group, as well as between traumatic experience and pathologic responses. The theory indicates that a massive trauma experienced by a group in the historical past can be experienced by individual living centuries later who share a similar attribute of the historical group, such as sharing the same race, religion, nationality, or gender due to the timeless, repetitious, and infectious characteristics of traumatic experience and memory. On the other hand, individual trauma can be passed to others of the same ethnic, racial, or gender group who did not experience the actual event, but because they share social or biologic similarities, the traumatic experience of the individual and group become one. This leads to the claim that trauma narratives can recreate and abreact the experience for those who were not there – the reader, listener, or witness can experience the historical experience first hand. Therefore, historical traumatic experience is the source that marks and defines contemporary individual identity, as well as racial or cultural identity.

However, the theory of intergenerational trauma limits the meaning of trauma in literature because it conflates the distinctions between personal loss actually experienced by an individual and a historical absence found in one's ancestral lineage. Personal loss can be understood as the lived experience of a traumatic event by an individual. Historical absence can be understood as a historically documented loss that was experienced by a person's ancestors. Historian

Dominick LaCapra clarifies the distinction between loss and absence when he says that people face “particular losses in distinct ways,” as opposed to a historical absence of experience that was never there to begin with and therefore cannot be experienced as a lack or loss (70). The theory of intergenerational trauma combines loss and absence and collapses boundaries between the individual and group. This suggests that a person's contemporary identity can be ‘vicariously traumatized’ by reading about a historical narrative or due to a shared genealogy that affords the ability to righteously claim the social label of ‘victim’ as part of personal or public identity. In addition, blurring the distinction between absence and loss would lead to the view that both victim and perpetrator maintain the same relationship to a traumatic experience and exhibit the same responses.

The conceptualization of the connection between trauma experienced by an individual in opposition to that experienced by a group works within a larger debate regarding identity formation, especially racial identity formation. The theory establishes an essentialist concept of identity organized around a notion of the intergenerational sharing of loss and suffering because the actual event is transmitted to descendants of the same racial, ethnic, religious, or gender group. This type of historical absence of citizenship is employed by

some to claim that descendants of the group who were oppressed or experienced traumatic events have also experienced the same oppression based on shared ethnicity or genealogy.

The following chapter attempts to apply trauma theory discussed above so as to analyze the text *Veronika Decides to Die* in which the protagonist undergoes a severe sense of trauma as a result of familial and social predicament.

III. Human Predicament in **Paulo Coelho's** *Veronika Decides to Die*

Paulo Coelho's novel *Veronika Decides to Die* deals with the aftermath of a young woman's suicide attempt as it explores three perennial themes: conformity, madness, and death. Twenty-four-year-old Veronika lives in Slovenia, one of the republics created by the dissolution of Yugoslavia. She works as a librarian by day and by night carries on like many single women -- dating men, occasionally sleeping with them, and returning to a single room she rents at a convent. It is a life, but not a very compelling one. So one day, Veronika decides to end it. Her failed attempt, and her inexplicable reasons for wanting to die, lands her in a mental hospital, Vilette. This thesis argues that Veronika's inability to live in conformity with the modern society's rules – that is divided Yugoslavia – places her in a terrible predicament as it traumatizes her throughout her life, eventually leading her on the verge of suicide.

The central character of Paulo Coelho's novel *Veronika Decides to Die* stands on the verge of the extreme extinction as she suffers from a severe sense of trauma. Coelho's Veronika "has everything she could wish for" in her life a girl can ever dream of (Costa ii). Her life consists of loving parents, attractive boyfriends, steady job and reputed status. In actuality, everything is needed to make a life complete and whole. But still she is discontented, still her heart is unfulfilled, still her heart craves for something which is missing from her life, still she wants to end up everything, still she wants to die. She is in search of that missing wonder which would complete her life. So she decides to embrace death in the hope that she may find the treasure after her existence comes to an end. But she utterly fails in her attempt and reaches a

mental hospital where she undergoes a period of mental trauma and realization of the fact that there is a difference between living a life and being alive.

The protagonist of the novel Veronika is a traumatized character. She exhibits cognitive and emotional symptoms which include behavioral or mood changes, confusion, and trouble with memory, concentration, attention, or thinking. She is young, pretty, has plenty of attractive boyfriends, goes dancing, has a steady job and a loving family is not happy, something is lacking in her life and so in order to save herself and her life from this trauma, she decides to die on the morning of Nov.11th 1997 and takes an overdose of sleeping pills. However she does not die and wakes up in Vilette, the local hospital. Here she is told that although she is alive now, her heart is damaged and she has only a few days – 7 to 8 to live.

Veronika has the problem of focusing on the purpose of life as she is suffering from trauma of the past. When unresolved traumas are continually triggered, they pull our attention to the past, making it difficult to be present-centered. Likewise, painful trauma makes it challenging to fully accept life just as it is. Emotional trauma naturally increases fear, leading to a more outwardly focused orientation, leaving less energy for inner connection with our true nature. Trauma symptoms may keep us identified with our personal pain, making it more difficult to relate to the interconnectedness of all things and to stay focused on your greater life purpose. This is the major reason why Veronika finds meaninglessness in life. This is the predicament into which Veronika is thrown. In other words, she is living a traumatic life.

After arriving at the decision to die, Veronika's choice not to swallow all the sleeping pills by mixing them with water reflects the fact that she is not

suicidal. Rather, she is so traumatized by the external situation that her decision to die is deconstructed as she has already considered other options. Her traumatized mind puts her in dilemma. So there is a "gap between intention and action and she want[s] to feel free to turn back half way" (1). Her trauma is so acute that she is hesitant to immediately take her life. Moreover, it is not on account of lack of physical comfort that leads her to commit suicide as she is a twenty-four year old, young, attractive girl with a job of a librarian. One day she decides to die. Paulo mentions about the first reason for this decision:

> The first reason is that everything in her life was the same and once her youth would be gone, it would be downhill all the way, with old age beginning to leave irreversible marks, the onset of illness, the departure of friends. She would gain nothing by continuing to live; indeed the likelihood of suffering only increased! (6)

Veronika hates everything in the school: the library with its pile of books full of explanations about life, the school that had forced her to spend whole evenings learning algebra, even though she does not know a single person, apart from teachers and mathematicians, who needed algebra in order to be happy. She questions, "Why did they make them learn so much algebra or geometry or any of that mountain of other useless things?" (62). As her mind is obsessed with unpleasant childhood memories and tormented, Veronika reacts to the learning process in a manner which shows hatred and irritation. She questions whether the knowledge gained in the school helps people to lessen their pain and makes them happy.

As a traumatic person, Veronika hates her own parents. She remains angry and alienated from her parents. This is her reaction to her present state. As Paulo comments, “Then she started to feel hatred for the person she loved most in the world: her mother. A wonderful wife who worked all day and washed the dishes at night, sacrificing her own life so that her daughter would have a good education” (62). Similarly, she hates her father as well. Although her father has tried his level best to be a good father to her giving her time, taking her to bars and to the theatre, having fun together.

The second reason seems to be more philosophical. Veronika reads the newspapers, watches TV, and she is aware of what is going on in the world. “She finds everything wrong as she sees them and she has no way of putting things right – this gives her a sense of complete powerlessness” (6). Veronika finds herself in a hopeless situation as she feels depressed and dejected. She seems to have lost all hopes of seeing positive things in her life.

As one of the major characteristics of trauma is repetition, traumas tend to get repeated in similar ways later in life of people. This is especially true of more subtle, forgotten, or repetitive traumas that are less obvious. For example, in this novel, Veronika repeatedly finds the same mundane world as she is suffering from traumatic experience. In her case, there typically is a childhood trauma that is activating and fueling her current reaction. Her traumas are unresolved so they follow her into adulthood, creating potentially significant emotional, behavioral, and other relationship problems for her. In many cases, she tries to repeatedly but unsuccessfully give reasons for her suicide because Veronika is suffering from trauma. Veronika is frustrated by the fact that people are so self-centered and hypocritical. They never care

about other people's emotional problems. It traumatizes her to learn that in fact people take pleasure in the suffering of others. Paulo explains this:

> During her life, Veronika had noticed that a lot of people she knew would talk about the horrors in other people's lives as if they were genuinely concerned to help them, but the truth was that they took pleasure in the suffering of others, because that made them believe they were happy and that life had been generous with them. She hated that kind of person and she wasn't going to give the young man an opportunity to take advantage of her state, in order to mask his own frustrations. (25)

Veronika's trauma turns her into a cynic as she sees ill-intention in all the people. She finds them hypocrites and self-centered. When she undergoes treatment in the hospital as she has taken an overdose of sleeping pills, Veronika thinks of herself being haunted by the same trauma when she gets to live again. She imagines the same activities being repeated everyday. She says:

> I'll go back to my rented room in the convent. I'll try and read a book, turn on the TV to see the same old programmes, set the alarm clock to wake up at exactly the same time I woke up the day before and mechanically repeat my tasks at the library. I'll eat a sandwich in the park opposite the theatre, sitting on the same bench, along with other people. Everything's going to start all over again. I'll have to stay in here for a while, until they realize that I'm perfectly normal. Then they'll let me out, and I'll see the streets of Ljubljana again, [. . .] One day, I'll get tired of

> hearing her constantly repeating the same things. [. . .] And the whole thing will start again. (18, 19)

This "whole thing" is the trauma that she has been suffering and to get rid of this trauma she has decided to end her life by taking an over dose of sleeping pills. She has the fear that her situation will go back to what it was before. And the streets of Ljubljana will remind her of violent and unpleasant times associated with the secession of Yugoslavia. Ljubljana is described as a city where people keep doing the same routines in life. The repetition of 'Ljubljana and same things' in the novel reflects Veronika's ordeal.

Paulo has hinted that the partitioning of the former Yugoslavia was far from being peaceful, which caused people a lot of suffering. This becomes clear from the following passage:

> At that time, believing that the partitioning of the former Yugoslavia would be achieved through peaceful means (after all, Slovenia had only experienced eleven days of war), a group of European businessmen had obtained permission to set up a hospital for mental patients in an old barracks, abandoned because of high maintenance costs. (11)

The need to establish a mental hospital in Yugoslavia shows how people were traumatized and needed psychological treatment. In fact, the actual reason for her trauma is the violence meted out to the common people during the time of secession of Yugoslavia. The following passage implicitly indicates this very reality:

> The final act of her life would be to write a letter to the magazine, explaining that Slovenia was one of the five republics

> into which the former Yugoslavia had been divided. [. . .] The letter would be her suicide note. She would give no explanation of the real reasons for her death. (5)

The last sentence reveals the fact that the real reason for choosing her death is the trauma brought about by the violence during the time of war between Yugoslavia and Slovenia. The trauma is so severe that Veronika finds it very difficult to offer the reason for her suicide. This is the real miserable situation in the life of Veronika. The past events that she witnessed haunt her as those events become more personal throughout her life.

Perhaps Veronika is suffering from a sort of transhistorical trauma as her identity as a member of certain socio-cultural group has been lost as a result of secession. This trauma leads her to commit suicide, which is reflected in the following passage:

> When they found her body, they would conclude that she had killed herself because a magazine did not know where her country was. She laughed to think of the controversy in the newspapers, with some for and some against her suicide committed in honour of her country's cause. And she was shocked by how quickly she could change her mind, since only moments before she had thought exactly the opposite, that the world and other geographical problems were no longer her concern. (5)

Veronika is a "sad, embittered, constantly depressed" woman (6). She has spent many afternoons walking gaily along the streets of Ljubljana or gazing – from the window in her convent room – at the snow falling on the small square

with its statue of the poet. She feels so isolated in new environment that she felt as if "she were walking on air, all because a complete stranger, in the middle of that very square, had given her a flower" (6). As the country is divided, she feels everything strange and alien. In the newly established country, Veronika finds that she has lost her freedom. Paulo writes: "At twenty-four, having experienced everything she could experience – and that was no small achievement – Veronika was almost certain that everything ended with death. That is why she had chosen suicide: freedom at last. Eternal oblivion" (7). The word "everything" refers to freedom, identity and respect as a human being and citizen.

Veronika decides to die on that lovely Ljubjlana afternoon, with Bolivian musicians playing in the square, with a young man passing by her window, and she is happy with what her eyes could see and her ears hear. She is even happier that she would not have to go on seeing "those same things for another thirty, forty or fifty years, because they would lose all their originality and be transformed into the tragedy of a life in which everything repeats itself and where one day is exactly like another" (9). As she has been suffering from trauma, she does not want other people to suffer from the same thing. She shows her concern about other people who might be traumatized by the sight of her death scene, so she thinks of many alternative of her suicide:

> [. . .] and the nuns would be left feeling confused and troubled, for suicide demands that people think of themselves first and of others later. She was prepared to do all she could so that her death would cause as little upset as possible, but if slashing her wrists was the only way, then she had no option – and the nuns

> could clean up the room and quickly forget the whole story, otherwise they would find it hard to rent out the room again. We may live at the end of the twentieth century, but people still believe in ghosts. (3)

Obviously, she could have thrown herself off one of the few tall buildings in Ljubljana, but she is concerned about "further suffering caused to her parents by a fall from such a height" as it is certainly cause trauma to her relatives (3). Apart from the shock of learning about their daughter's death, the thought that they would also have to identify a "disfigured corpse" – a worse solution than bleeding to death, because it certainly leaves indelible marks on two people who only want the best for her.

Veronika thinks or takes life as always "a matter of waiting for the right moment to act" that is to commit suicide (3). In response to her complaints that she can no longer sleep at night, two friends of hers manage to get hold of two packs each of a powerful drug, used by musicians at a local nightclub. Veronika leaves the four packs on her bedside table for a week "courting approaching death and saying goodbye – entirely unsentimentally – to what people called 'Life'" (3). This shows that she is so frustrated and disappointed that she does not prefer to hear the word 'life'.

Veronika relates her trauma from the Villete, an asylum in the purest sense of the word: a place of protection, where one is supposed to be shielded from danger. In this case, the danger is society. Those who refuse to accept society's rules have two choices: succumb to the majority perception that they are mad or struggle against that majority and try to find their own way in the world. However, the reality is that people who have money can have easy

access to hospitals, which is a matter of disappointment and trauma for those who cannot afford to pay for the services. Paulo critiques capitalism, as he writes: “[. . .] and for the young nation that had just emerged from a benign communism, Villette came to symbolize all the worst aspects of capitalism: to be admitted to the hospital, all you needed was money” (11). Although Veronika is admitted at the Villete, she becomes furthermore traumatized.

In the asylum, Veronika listens to the traumatic experience of Zedka who is a Serb. Serbs were considered to be “the enemy” at the time (50). During the time of partition of Yugoslavia, her lover was a Slovenian; he was called up into the Army. This had caused a lot of trauma to Zedka. This incident activates Veronika’s past thus activating her own trauma. Paulo narrates: “[Her] Zedka’s life seemed on the point of collapse. In the ten tense days that followed, with the troops prepared for confrontation, and no one knowing quite what the result of the declaration of independence would be and how much blood would have to be split because of it, Zedka realized how much she loved him” (50). The war caused a great tragedy to her, which adds fuel to the traumatic experience of Veronika.

The very knowledge of the fact that she is destined to die in a week’s time changes Veronika’s perception of death and life. During her internment in Villete, she realizes that she has nothing to lose and can therefore do what she wants and be who she wants without having to worry about what others think of her, because as a madwoman she is unlikely to be criticized. Her presence in Villete affects all the mental hospital patients, especially a woman named Zedka, who has clinical depression, Mari, who suffers from panic attacks and Eduard, who has schizophrenia and with whom Veronika falls in love. All

these three people have their own stories of landing up in Villete and one gets the perception that these three are just normal, while the outside world perceives them simply as mad people. This traumatizes them. In the asylum, Veronika is treated as a mad person, which causes her a lot of trauma. She reacts very unusually. In order to get rid of her trauma, she tries to play the piano, but she becomes erratic and violent while playing the piano. She vents her anger on the piano. She grumbles:

> ‘I’m mad. I’m allowed to do this. I can hate, I can pound away at the piano. Since when have mental patients known how to play notes in the right order?’
>
> She pounded the piano again, once, twice, ten, twenty times, and each time she did it, [. . .] it was an accurate portrait of her soul at that moment. (63)

In the asylum, Veronika meets several people who have been treated as mad. Special among the three is Eduard, the schizophrenic who has visions of paradise and who narrates his story to only one person, Veronika, that too just about the time when Veronika has just about completed her days after suicide attempt. Moreover Eduard is the person who spurs the understanding of life in Veronika. Though he does not do anything, Veronika gets her sexual awakening before him, totally surrendering herself before him as she has concealed her hidden desires even from herself till now and now with this newfound freedom she begins to experience all the things she never allowed herself to experience. It can be gathered that veronica has not had good romantic time due to her trauma. It is here, when she is just about twenty four

hours left for death as per the doctors that she realizes life. She says to the doctor:

> I want to ask two favours. First that you give me some medication, an injection or whatever, so that I can stay awake and enjoy every moment that remains of my life. I'm very tired but I don't want to sleep. I've got a lot to do, things that I always postponed for some future date, in the days when I thought life would last for ever. Things I'd lost interest in, when I started to believe that life wasn't worth living. (71)

And her second favour for Veronika would be liberation from the asylum so that she would be able to die without experiencing the same things that have been traumatizing her for a long time. She at times shows abnormal behaviour. On the one hand, she says that how she can hate someone who gives her love. But on the other hand, she is confused as her hatred has been "unleashed" and she has "opened the door to her personal hell" (62). Veronika's trauma is acted out at the personal. Though the cause of her trauma is historical event, it becomes more of a personal in course of time.

The enlightenment Veronika and her friends get is from Veronika's sexual awakening. Sexuality is a natural phenomenon but male exploit and traumatize women in matters of sexuality. After they got enlightened and realize how they should live their lives, the "marks of womanhood" character in them has transformed into people who appreciate life more than ever that one example can be seen in Mari's letter for her friends in the Villete about how she changes with the symbolism of an aquarium and fountains as her life:

> When I was still a young lawyer, I read some poems by an English poet, and something he said impressed me greatly: 'Be like the fountain that overflows, not like cistern that merely contains'. I always thought he was wrong. It was dangerous to overflow, because we might end up flooding areas occupied by our loved ones and drowning them with our love and enthusiasm. All my life I did my best to be a cistern, never going beyond the limits of my inner walls. We lived together like fish in an aquarium, contented because someone threw us food when we needed it, and we could, whenever we wanted to, see the world outside through the glass. I learned something important: Life inside is exactly the same outside. (198)

Before Mari and Zedka knows Veronika, they had a dark past with insanity, Zedka with her depression and Mari with her paranoia. They are trapped in a society that 'accused' them as a lunatic people inside the Villete, just like women that are oppressed in the patriarchal society. The oppressive rules of patriarchy become a source of suffering and trauma which places her in a predicament. As Veronika is already suffering from trauma, the patriarchal discrimination becomes more of a trauma for her. Both Mari and Zedka finally decide to get out of the Villete too, and they move on with their own plan as an independent, cured, human being. Their 'walk-away' from the wall of the Villete for their freedom is a fulfillment of all kind of women's utopian dreams; being liberated from the wall of negative patriarchal social assumption about woman. This shows that the patriarchal society is responsible for women's trauma.

Veronika hates the love she is given, because it asks for nothing in return, which she finds “absurd, unreal, against the laws of nature” (62). In fact, what traumatizes is the fact that human beings try to conceal their nature, that is, greed, violence, war and so on. That is the reason why Veronika begs:

> I want to leave here so that I can die outside. I need to visit Ljubljana Castle. It’s always been there and I’ve never had the curiosity to go and see it close to. I need to talk to the woman who sells chestnuts in winter and flowers in spring. We passed each other so often and I never once asked her how she was. And I want to go out without a jacket and walk in the snow; I want to find out what extreme cold feels like, I, who was always so wrapped up, so afraid of catching a cold. I want to feel the rain in my face, to smile at any man I feel attracted to, to accept all the coffee’s men might buy for me. I want to kiss my mother, tell her I love her, weep in her lap, unashamed of showing my feelings, because they were always there even though I hated them. (104)

Veronika undergoes treatment at the asylum, which makes her a little bit recovered though is unable to erase traumatic experience from her memory. She further relates her intention about her future. As she is tormented and traumatized person, she cannot think anything but death:

> I might go into a Church and look at those images that never meant anything to me and see if they say something to me now. If an interesting man invites me to a club, I’ll accept and I’ll dance all night until I drop. Then I’ll go to bed with him, but not

> the way I used to go to bed with other men, trying to stay in control, pretending things I didn't feel. I want to give myself to one man, to the city, to life and finally, to death. (104)

This is what life is for Veronika. She is in such an obvious traumatic condition taking up life, each day, every moment that she is kind of fed up with the 'same old life'. She is somewhat obsessed with her idea, her self conceived expression of 'life's monotony'. And by the time she realizes what life is, chances are that it would have already been late. And it has been put, "Her life shouldn't be long, it should be large instead" (105). This means no matter how long she lives, Veronika's life is a hell if she finds no meaning in it; it only causes her trauma.

Villete mental hospital is described as a prison, where the insane lives in isolation from the outside world and have to face the inhuman electricity shot treatment called electroconvulsive therapy (ECT) and all the doctors and nurses are the ruler in the society. Villete was the place from which no one has ever escaped, where genuine lunatics sent there by the courts or by other hospitals mingled with those merely accused of insanity or those pretending to be insane.

The sufferings patients in the Villete are women. The similarity of a prison and Villete is that the patient that has to be medicated in Villete was 'accused' of insanity. The word 'accused' is used as if the insane are criminals, which traumatizes Veronika. The surroundings, the tall strong walls, the routines of the Villete is the similar like a jail, with all the terrifying and tormenting characteristic in the language (capitalism, walls, prison, etc) and the mean electroconvulsive therapy. Yet, the patients that are 'accused' of

insanity are described as passive, narcissistic, masochist, and vain. These attributes add to the traumatic situation of the patients in the asylum. Veronika's act of committing suicide is the act of masochism, and then she become very passive in waiting for her death to come. Zedka and Mari, both are narcissistic (self-loving) characters; we can see this from their justification, arguments, and excuses for themselves about their insanity so that they seem right about everything. In the asylum, Veronika comes across more such persons who have undergone traumatic experiences. Eduard, the schizophrenic character is the most passive and vain character. Ever since he became schizophrenic, Eduard lives without interacting and communicating to the others, he lives in his own world where he is very passive and vain. Zedka and Eduard have to do the electroconvulsive therapy, where the divine rights of their own body is taken and forced to do the inhuman electricity shock therapy because there are 'accused' as lunatics. These passiveness, vanity, masochism, and narcissisism according to Freud are the 'marks of womanhood'. Even though Eduard is a man, he still represents the characteristic of 'marks of womanhood', it shows that the insane (no matter they are male or female) are the symbol of women that is oppressed. It also shows how man (in this case, represented by Eduard) is still possible to be trapped in the border. Based on all this characteristic of the setting and character, then we can conclude that the insane are the symbol of women that are trapped inside the patriarchal society everyone inside has to obey all the assumptions and norms of the society. The walls of Villete are the symbol of the border, a masculine superego that oppresses feminine desires that is seen as insanity. Along with

other female characters, Veronika becomes victim of the male discrimination and violence.

Veronika is well aware of such discrimination which leads her on the verge of alienation. But the reader is immensely saddened by the predicament of Veronika. Paulo tells us that the psychiatrist operating on Veronika faked upon her the news of her near death i.e. when he told him that she was about to die in a week. He has been using some drug called Fenotal, with which he manages to stimulate the effects of heart attacks to treat Veronika's trauma, the diminishing days of her remaining life. There had been absolutely no damage to her heart and no problem with her health, but the psychiatrist stages this story lest Veronika realizes the meaning and lost importance of her life. By convincing that her death is eminent, he has managed to shock Veronika making her want to live, respect it and most importantly enjoy it, something which life is meant for. He considers telling this truth to Veronika in the end (as Veronika has left the asylum by now) but ultimately discards his idea arguing to himself, that unknown of the fact that Veronika has her life at her expense, she would consider each day a miracle, which indeed it is, when we consider the number of unexpected things that can happen in each second of our fragile existences. In this way, the doctor is able to cure Veronika's trauma.

So trauma that Veronika experienced is narrated through this novel *Veronika decides to die*. Besides this, Paulo Coelho makes us realize that it is not life that stops offering changes, but it's actually what we do to our lives ending up in misery. Veronika has some intense days before the realization bestows upon her that every second of existence is a choice that we all make

between living and dying. The book is a moving and uplifting song to life, one that reminds us that every moment in our life is special and precious, and something which we have been told so often in the vitriol world of today but which we never realize. If only each one of us could realize the value of life and living before our death bed or before death seems imminent, our world could be so much better and happier place.

Veronika's disappointment at having survived suicide is clear. She imagines the rest of her life filled with disillusionment and monotony, and vows not to leave Vilette alive. Much to her surprise, however, she learns that a fate she desires awaits her anyway: She is destined to die within a week's time, of a heart damage caused by her suicide attempt. Gradually, this knowledge changes Veronika's perception of death and life. In the meantime, Vilette's head psychiatrist attempts a fascinating but provocative experiment. "Can you 'shock' someone into wanting to live by convincing her that death is imminent?" (67). Like a doctor applying defibrillator paddles to a heart attack victim, Dr. Igor's "prognosis" jump-starts Veronika's new appreciation of the world around her. From within Vilette's controlled environment, she finally allows herself to express the emotions she has never allowed herself to feel: hate and love, anger and joy, disgust and pleasure. Veronika also finds herself being drawn into the lies of other patients who lead constrained but oddly satisfying lies. Eduard, Zedka, and Mari have been sent to Vilette because there does not seem to be any other place for them. Their families do not understand them, and they cannot adjust to the social structure that doesn't tolerate their individuality. Each of these patients reflects on Veronika's situation in his or her own flash of epiphany, exposing new desire and fresh

vision for life that lies outside the asylum's walls. So, as Veronika feels a severe sense of alienation and trauma, she decides commit suicide. This is the predicament in which Veronika is placed in *Veronika Decides to Die*.

IV. Conclusion

The research work on Paulo Coelho's *Veronika Decides to Die* examines how the protagonist of the novel Veronika is a traumatized character. She demonstrates cognitive and emotional symptoms that include behavioral or mood changes, confusion, and trouble with memory, concentration, attention, or thinking. Although she is young, beautiful, has plenty of attractive boyfriends, goes dancing, has a fixed job and a loving family, she is not happy because she feels something is lacking in her life and so in order to save herself and her life from this trauma, she decides to die on by taking an overdose of sleeping pills. However, she does not die and wakes up in Vilette, the local hospital. Here she is told that although she is alive now, her heart is damaged and she has only a few days to live.

Veronika has the problem of focusing on the purpose of life as she is suffering from trauma that is caused by past events of Yugoslavia. This trauma is largely the violence she witnessed during the partition of Yugoslavia. The partition led to a short period of war. This event has caused further problems in her life as she feels that her freedom has been limited to a greater extent. This unresolved trauma continually makes her hard to focus on the present and her life. The trauma makes it challenging to fully accept life just as it is. Veronika finds it more difficult to relate to the interconnectedness of all things and to stay focused on her greater life purpose. This is the major reason why Veronika finds meaninglessness in life.

Though she takes the decision to die, Veronika's act not to swallow all the sleeping pills by mixing them with water reflects that she is not suicidal by nature. Rather, she is so traumatized by the external situation so she feels

compelled to die. Her traumatized mind puts her in dilemma. So she hesitates to die. Moreover, it is not on account of lack of physical comfort that leads her to commit suicide as she is a twenty-four year old, young, attractive girl. Veronika hates everything. She hates the daily dull and monotonous activities. She finds everything wrong as she sees that she has no way of putting things right. This gives her a sense of complete powerlessness.

In this novel, Veronika repeatedly finds the same mundane world as she is suffering from traumatic experience. In her case, there typically is a childhood trauma that is activating and fueling her current reaction. Her traumas are unresolved so they chase her into adulthood, creating potentially significant emotional, behavioral, and other relationship problems for her. In many cases, she tries to repeatedly but unsuccessfully give reasons for her suicide as result of trauma. Veronika is also disturbed by the fact that people are so egotistical and hypocritical.

In this way, the thesis examines a traumatized girl Veronika who lives in Ljubljana, Slovenia. After taking an over dose of sleeping pills, she wakes up in an asylum called Villete, where she further suffers from trauma as she listens to more traumatic experiences. People may consider her crazy since she tries to commit suicide by swallowing some sleeping pills and then sends a letter to a newspaper that she decides to die in order to make people in the world know where Slovenia is. But it is trauma which makes her behave in such bizarre manner. She also becomes disturbed to learn that it is females who are more victimized in the asylum than males. Ending up in an asylum makes Veronika knows more about life and insanity, instead of being totally insane as she is treated by psychiatrist. She meets Zedka, Mari, and Eduard

(who later on becomes her lover there), and realize that life is not a narrow path which only has one way to walk on, but it has so many choices based on self. However, picking up the other way riskily exposes trauma in which people who do it will be called insane.

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