

Shattered Minds, Silent Nights: Unveiling PTSD Narratives in Kishwar Desai's novel "Witness the Night"

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Abstract: Kishwar Desai's COSTA first novel award winner, *Witness the Night*, is thought-provoking and realistic. The story unfolds into a secluded world where the major characters exhibit various aspects of PTSD. Due to gender bias, their family members ignored Sharda, and Durgaey started living in their secretive world. Understanding the magnitude and effects of childhood mistreatment, sexual abuse, and negligence is needed to curtail childhood trauma. As a result of trauma, survivors of childhood sexual abuse will also exhibit psychological, physical, and behavioural symptoms. The coping mechanisms of the characters help in the changing setup of this murder mystery, where the key suspect is a fourteen-year-old heiress.

Keywords: PTSD, Gender Disparity, Character Portrayal, Kishwar Desai.

1. INTRODUCTION

Kishwar Desai is an Indian Author and columnist who started her career as a print journalist and later ventured into media. Her trilogy of detective fiction, namely *Witness the Night* (2010), *Origins of Love* (2012), and *Sea of Innocence* (2014), are her famous Simran Singh series. *Witness the Night*, her maiden work, was translated into 25 languages. In 2020, Desai won the national award for 'The Best Book on Cinema' for her *The Longest Kiss*. Holly J. Morgan has found a natural connection between Simran Singh and Kishwar Desai because of their keen interest in social crimes. Holly has noted that Kishwar Desai often uses real cases to make her narrative more realistic while switching between detective fiction and post-colonial novels.[8] Desai has also portrayed how sexual exploitation is another form of child sexual abuse and how adults can easily manipulate innocent children. Such is the case with *Witness the Night*, where social stigma at a very young age can cause trauma, which is very well represented through the characters.

2. LITERATURE REVIEW

Limcy and Raj (2019) have established that Desai is ranked one of the finest novelists of the post-colonial world. They have highlighted female infanticide and the burden of a female child, from "womb to tomb" [7], in a traditional Indian family. According to the article, the poor sex ratio in Punjab (1000 men to 850 women) can be attributed to female infanticide still prevalent in rural areas. Gender disparity has been an apparent cause of distress since the early years of Durga's life. The secret of female foeticide at the hospitals and female infanticide in agricultural lands were well-kept secrets of Jullundur. In her search for evidence at Company Bagh, Simran Singh found it strange that there were no photos of Durga or Sharda in the family portraits: "...it was though the two girls had never existed" (pg. 49)[4]

Sharma and Agarwal (2020) "Female foeticide and infanticide result from gender bias in the social construction that discriminates women. Lack of education and awareness makes people believe that economically or socially, women hold a marginal position compared to men." [11]. Notably, Durga was a born survivor because she refused to die despite the family's attempt at female infanticide immediately after her birth. The paper discusses how the patriarchal social system pushes women into a subordinate role behind closed doors. They have also mentioned how massive awareness campaigns are conducted in the rural parts of the country for the transition of female values in society.

Michelle Roccella (2020) has analyzed childhood trauma experienced after Covid-19 in children [10]. The study's findings applied to traumatic reactions with special reference to children. According to him, children do not necessarily have to experience trauma directly; even trauma experienced by a loved one or family member can push them into depression. Childhood trauma, however trivial, can cause enough damage to last a lifetime. Persistent and amplified negative beliefs about oneself or the world are one of the diagnostic criteria of PTSD: "No one can help me." (pg. 24) [4]

American College of Obstetricians and Gynecologists (2011) discusses the latent effects of childhood sexual misconduct that could define life as an adult. Sexual dealings between an older child and a younger child also can be abusive if there is a disparity in age or development. Thus, the younger child is incompetent in giving informed consent. The sexually abusive acts may include sexual penetration, sexual touching, or noncontact sexual acts such as exposure. This tendency to be victimized repeatedly could result from a general vulnerability in dangerous situations and exploitation by untrustworthy people. A sense of guilt pervades the child's consciousness, something carried into adulthood. The article discusses the importance of early interference and treatment and the need to avoid such instances.[1]

According to Cohen and Scheeringa(2009), not everyone who lives through a traumatic event develops PTSD. Certain risk factors increase a person's likelihood of experiencing PTSD after a trauma. Young minds are more likely to see vivid images in their mind after experiencing a trauma. They could re-experience the trauma just by the slightest eminence of it through smell, sound or touch. As survivors of a life-threatening event, for example, they have a changed attitude to life and the world. The whole world seems like a dangerous place. For most young people, the trauma is succeeded by avoidance of certain triggers, mood swings, sleeplessness or trouble concentrating at school. However, for a few individuals, the symptoms last more than a few weeks and begin affecting day-to-day activities. Only then is the child's behaviour considered to be diagnosed with PTSD.[5]

Lenferink et al. (2018) studied 134 participants who lost a significant other during 2014 -16. The participants who found their family member, spouse, or a close relative missing for three months or more started experiencing mental anguish. Their clinical diagnosis ranged from depression to PTSD, prolonged grief disorder (PGD), and major depressive disorder (MDD). They have enumerated the avoidance factor as a major symptom of PTSD.[6]

Bisson et al. (2015) have clearly illustrated the diagnostic criteria for PTSD and the most susceptible population for PTSD diagnosis. They have enlisted the need for trauma-affected individuals to be considered for PTSD screening so that treatment options can be considered at the earliest. Although drug treatment has not proven effective in treating PTSD, the use of drugs should not be avoided altogether [3].

3. SYMPTOMS OF PTSD

Trauma is a deeply distressing or disturbing experience that overwhelms an individual's coping ability. A single event, such as a natural disaster, a car accident, or a violent crime, can cause it. It can also be caused by repeated exposure to stressful or abusive situations, such as childhood neglect or abuse. Trauma can profoundly impact physical, mental, and emotional health. It can lead to a variety of symptoms, including:

- Flashbacks
- Nightmares
- Anxiety
- Depression
- Irritability

- Difficulty concentrating
- Sleeping problems
- Physical symptoms such as headaches, stomachaches, and fatigue

Trauma can also make maintaining relationships and functioning in everyday life difficult. It is important to note that not everyone who experiences a traumatic event will develop PTSD. However, PTSD is the most common mental health condition associated with trauma.

4. TYPES OF TRAUMA

Trauma can be categorized into different types, depending on the nature of the event and the individual's experience. Some common types of trauma include:

- Acute trauma: This type of trauma is caused by a single, sudden event, such as a car accident or a natural disaster.
- Chronic trauma is caused by repeated exposure to stressful or abusive situations, such as childhood neglect or abuse.
- Complex trauma: This type of trauma is caused by multiple or prolonged traumatic experiences, such as childhood sexual abuse or torture.

5. INTRUSION

Common symptoms of PTSD include children having unwanted intrusive memories or flashbacks or thoughts or images of the traumatic event. Since children are unlikely to talk about the traumatic event, parents or other caregivers find it hard to notice the psychological suffering or intrusive memory. In the case of the girls in the "dark, depressing house in Company Bagh"(pg. 16), Durga has always felt like an unwanted burden.: "The child who should never have been born anyway" (pg. 18). Manubhai, a servant at Durga's house for forty years, called Durga a "snake child" (pg. 51) because he noticed an unusual emotional response in her. After Sharda's disappearance, Durga became aggressive and violent and tore up pictures of herself and Sharda due to her erasing all memories of temper tantrums. [4]

6. AVOIDANCE

Conscious avoidance of any triggers that may bring back the trauma memory is another symptom. "Avoidance behaviour includes both anxious avoidance and depressive avoidance. Anxious avoidance refers to avoidance of loss-related stimuli out of fear that confrontation with these stimuli will be unbearable. Depressive avoidance behaviour includes withdrawal from social/recreational activities fuelled by the belief that these activities are pointless and/or unfulfilling." [6]. Unable to cope with the loss of a loved one, Durga has tried to avoid her previous life with Sharda. Durga saw vivid recollections of Sharda's distress in a photograph: "After I got Sharda's photograph...and crying because it brought back too many memories of my helplessness when that picture was taken" (pg. 166) [4]

Negative Alterations in Cognition and Mood: This symptom is evidenced by either inability to recall the event, persistent negative belief, or emotion and feelings of estrangement. Persistent distorted cognition about the cause and consequences, which leads to blaming oneself, is also one of the symptoms under this category. Notable disinterest in things previously enjoyed by the individual, such as drawing, playing, or even eating, comes under this term.

Alterations in Arousal and Reactivity: A drastic change in sleep pattern, waking up after nightmares, and apparent poor concentration are all under PTSD symptoms. Drastic changes in external behaviour, such as temper tantrums, fits of rage, exaggerated response, and hypervigilance, also fall under alterations in arousal and reactivity.

7. CHARACTERS WITH PTSD

Simran Singh is a self-righteous spinster who is involved in non-profitable social work. She had been an eligible bachelorette and one of the St. Mary's Convent School front-runners in the secluded Julluhur. She is even afraid of shopping at liquor shops at Julluhur, for there is an unwritten law about women who choose to remain unmarried. As a middle-aged spinster, she is very much out of the normal boundaries laid out for women in the national Indian lifestyle: "[Kalpana] Swaminathan's Lalli and Sita and Desai's Simran can be seen as a reflection of the uninhibited, independent, professional, twenty-first-century Indian woman." [9] Being quick to connect with the marginalized, Simran can instantly empathize with Durga and other 'fallen' women. Simran Singh evokes Amrinder's compassion when she speaks of Durga's mental state in jail; "But she's...showing the classic signs of trauma...My job is to get her to talk. She was poisoned, tied up, raped, terrorized" (pg. 43).

Her headaches and discomforts are due to some inherent trauma within her. The author has connected it with the untimely death of her father, whose large inheritance she would never indulge in. As a social worker, she criticizes official policies that benefit patriarchy. Her regret of the "longing for a son.." (pg. 56) syndrome in India made her want to escape from reality: "I wanted a beer desperately. I needed to cool down" (pg. 56). She thus involved in reckless or self-destructive behaviour (due to Negative Alterations in Mood) much to the anger of her mother. Simran is associated with obsessive-compulsive disorder, possibly due to her past trauma. Her PTSD symptoms are more subtle, and she is disinterested in romantic relationships. [4]

Durga: Durga was a fourteen-year-old girl who was accused of the murder of 13 people by poisoning and bloodshed. Although her sudden act of violence was unproved, enough circumstantial evidence pointed to her being the culprit. Conviction of murder was also beneficial to the loyalists of the Atwal family, such as Ramnath Singh. The sudden disappearance of her sister, Sharda, has shaken the core of Durga's being. She has been experiencing depression for five years since the disappearance. In her own words, Durga was in a state of limbo, "...speak only when spoken to. Eat when food is placed before me...Perhaps I am mad, schizophrenic." (pg. 66 & 67) Thus began her alterations in her reactivity. "Feelings of detachment or estrangement from others" [2] is another symptom often exhibited by those with PTSD. Upon Simran Singh's inquiry with Amrinder's family, she discovered Durga's reclusive nature. Besides accomplishing herself as an essay writer, Durga was almost invisible in her social life. There is a clear sign of dissociative symptoms in Durga's demeanour.

From the young age of nine, Durga was over-exposed to negligence and sexuality. She re-experiences her trauma of suffocation in an earthen pot as a child of female infanticide during her nightmares. Intrusive memory, such as flashbacks or nightmares, is associated with Intrusion symptoms.

The very photograph of Sharda chained in an inhuman state brought the memories back. Durga was at risk of suffering from PTSD because she was closely attached to Sharda: "Didi and I seemed to have a joint destiny" (pg. 191) [4]. According to Lenferink[6], the risk of PTSD greatly increases if the missing one is a close relative. Durga's plight is similar to the PTSD triggers suggested by the American Psychology Association, namely:

- Lack of family support system and outlet to express her emotions
- Additional stress followed by the missing case of Sharda
- Sexual manipulation by the tutor

In the case of Durga, it was emotional and sexual hyperactivity with her tutor, Harpreet Singh, "In her desperation, she had never understood that he was using her emotions and her sexuality to manipulate her." (pg. 193) She found her vent through reading and keeping herself mentally busy. Simran Singh was taken aback when

Durga, while in the prison cell, requested that she be taken to her home so that she could get her books: “How could she want to go back...Perhaps she felt the house would heal her in some way.” (pg. 24) Durga was traumatized yet showed subtle signs of recovery when she knew a female child was saved from the Atwal family. [4]

Sharda: In a family where female children are a burden, Sharda’s existence was a delight to her parents because of her intelligence and beauty. She was deemed better than the dark-skinned Durga. Durga’s elder sister has lost her youth to illicit sexual indulgence. Her consequent pregnancy led to the discovery of her indulgence. After her disappearance, everything about her in the family was removed. The intense treatment in the mental asylum and the separation from her child had pushed her into insanity from which she could never really recover: “There was someone who looked like her.” (pg. 111) An inhuman pregnancy and mistreatment at the mental asylum made Sharda exhibit Complex PTSD symptoms. She was clinically diagnosed as a violent maniac, often attacking the nurses in the asylum. [4]

Both Sharda and Durga (even Binny’s unborn girl child) must have faced significant neglect in their family due to the patriarchal system. In Boot Bangla, sons are often given more importance than daughters: Durga, at some point, was a tomboy to get her parents’ attention: “Variations in nurturing care practices may influence the risk of reactive attachment disorder” [2]. The development and course of Reactive Attachment Disorder, as seen in the girls’ social conduct, can be traced to their biased upbringing. With negative alterations in cognition, Sharda could not distinguish the real from the unreal nor identify her child from someone else’s child. Simran gives the sisters a new chance at life by showing that she cares for their well-being.

Jitu was an inmate of the Boot Bangla and a cousin to both Sharda and Durga. He was confronted by guilt after Sharda’s state of despair because he truly loved her as a brother. His reaction to PTSD was turning to drugs and women. His wife, Binny, describes him as a man who is far removed from reality. As a boy, he received much attention from his family members and was expected to take over the family business. Fate had other plans for the heir of this successful family business because of the losses incurred. He experienced dissociative symptoms such as depersonalization and derealization as he started slowly reeling into the world of drugs and other distractions. Jitu was yelling out to Sharda in tears to forgive him. Until his death, he was quite unaware of his surroundings: Jitu lay on the bed in a daze of opium and marijuana.” (pg. 167) [4]

Harpreet Singh, the tutor, was plotting revenge against the family while maintaining an impeccable personal life record. He had an impeccable social record of marrying an acid victim and adopting her daughter as his own. His looks and mannerisms were deceiving that, had Durga not opened up, Simran would not have doubted Harpreet. The books recovered from Sharda’s room brought sadness to his elusive eyes. It is a classic sign of intrusive memory awakening his consciousness. As a sophisticated adult, Harpreet was good at hiding his symptoms. Although he is involved in reckless and self-destructive behaviour, he eventually kills the rest of Sharda’s family. His is a case of lost love and family stirring hateful revenge. Toward the end of the novel, Rahul (safe in the UK with Binny) resembles his father, Harpreet Sigh, due to his rare deep green eyes. To Durga, Harpreet was an almost imaginary person: “It happens when you lead a reclusive life. You make up things all the time. I wonder now if I made him up too. If I was so desperate for love, could I have just made it all up?” (pg.67) [4] Dissociative symptoms include derealization and depersonalization, thus making real people seem unreal.

Table .1 Causes and symptom of PTSD

Characters and Causes for PTSD	PTSD Symptoms	Coping Symptoms
Simran- the death of the father at a young age, stressors related to gender stereotyping, The suffering of the downtrodden	Headaches Moments of sexual arousal and anxiety Obsessive Compulsive disorder Feeling alienated as a spinster	Frequent drinking and smoking Illicit affairs and promiscuous sex life Doing social work
Durga – Victim of female discrimination, sexual and emotional maltreatment, disappearance of Sharda	Nightmares and sleep problems Lack of positive emotions Feeling unworthy	Reading books Trying to be objective of the world

Sharda – Sexual maltreatment, Suffocating upbringing in the Bhoot Bangla.	Irritability and angry outbursts Intense fear of losing the child	Medical treatment Nurturing and love, especially from Durga
Jitu—Feeling sorry for the fate of his sister	Disinterest in life Avoidance of topics	Involvement in drugs and being sexually active outside his marriage
Harpreet Singh- Loss of his love and son	Manipulates a minor girl Marries a disfigured woman and adopts her daughter	Revenge the Atwal family Seeks reunion with son in UK

CONCLUSION

Witness the Night, as a novel, is gut-wrenching and thrilling in the storyline. Apart from the novel's apparent social issues, it is also a call for psychological issues. Desai has captured the psychological aspects of the age-old gender bias among girls and women in Indian society. Simran Singh shared a subtle yet invisible bond with Durga and Sharda because of this gender disparity. Durga needed to escape her sad and depressive state: "I am strangely happy and even relieved to go under, into the darkness. It will be good to finally escape permanently into the other world where I will not remember anything of that dreadful Night or the horrible life which went by." (pg. 191) [4].

Persistent or recurring experiences of feeling detached from one's physical and emotional self clearly indicate dissociative symptoms. A sense of time moving slowly, already associated with this disorder, was amplified after she was bound in jail. However, irrespective of age, gender, or education, trauma can spread its tentacles towards those more susceptible to depression. Proactive characters like Binney made a narrow escape from the Atwal family and, hence, the possible female infanticide of her unborn child. The first step to overcoming any depression is therapy. Acknowledging the psychological disorder and consulting a doctor will help in the long run. Proactive treatment can also reduce a person's risk of developing PTSD. PTSD treatment should be personalized for teens and children: Individual and group therapy; Seeking support from friends and family members; "Developing coping skills to manage thoughts and actions; Additional treatment for other underlying mental health conditions such as depression, anxiety, or bipolar disorder". (APA) Grounding and mindfulness techniques are useful to connect traumatized children to the present situation. They want a caring adult to listen, understand and validate their emotion.

Simran Singh wanted to reinforce to Durga that the traumatic event had ended and that she was in a safe environment. She was ready to acknowledge Durga as a daughter and hoped that life would take a turn for the better. Even in jail, Durga used coping strategies to keep depression at bay. Simran started seeing behavioural changes by encouraging Durga to engage in previously- enjoyed activities, such as writing the diary. The big difference that Simran hoped to see in Durga was achieved only through dedication and care. Overcoming PTSD is progressive and challenging, but hope gives way. Simran's connection with the daughter-in-law of the Atwal family is the key to unlocking Durga's feelings because regular and consistent communication with the caregivers is essential to PTSD therapy.

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