Distress and Psychological Distortions in Dennis Lehane’s “Shutter Island”

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Abstract—The research in hand sets out to analyze, illustrate and exemplify the mental distortions, trauma, and the traumatic events through which not only the plot of “Shutter Island” was constituted, but also the identity of characters, as they will be duly psychoanalyzed through the course of this paper, was stoutly solidified through their impact. Trauma, via this study, is to be examined through the perspectives of leading predecessors such as Freud as well as pioneer thinkers including Ronmel, Althusser and scholars of sovereign order in human sciences so that a conclusive maxim of the nature of the trauma and its implications in “Shutter Island” will be attained, thereby allowing for a multifarious psychoanalytic quest as desired. Needless to say, mental disorders as diverse as psychosis, delusion, hallucination and amnesia, whose ubiquitous occurrence and recurrence would not cease throughout the story, will be discussed and lucidly illuminated, not regardless of how and why they have been given rise to, for ‘Shutter Island” is not but a conflation of two entities as cited above: trauma and the mental distortions.

Index Terms—trauma, repetition, internal psychic splitting, delusion, hallucination

I. INTRODUCTION

Trauma, whose elusive nature has constantly given thinkers and critics pain and ordeal, has afforded itself paths to penetrate all the arts particularly cinema and literature. Trauma-centered literature and cinema happen to be in an unprecedented state as though, without trauma, one cannot perceive the alternatives such arts could have turned to. “Shutter Island”, either the novel or the film, stands as a recent emblem of such literature or cinema. An in-depth understanding of trauma is tantamount to one’s thorough grasp of psyche, its labyrinths, mazes and riddles; the very same site within which thoughts shape, images arise and abstraction finds life, yet once disrupted, irreversibility replaces all and it will not but prevail. “Shutter Island”, over and above its focal trauma-centered theme, is a trauma perse, since it alienates the viewing and the reading minds to the best of its abilities and muse. One has to be both a psychiatrist and a literary thinker to permeate the essence of trauma in “Shutter Island”. The language of “Shutter Island” is composed of two components at root: the mentality of the leading character or Andrew as the entity to which all the story is indebted and the traumas imposed on him from which his mentality stems. The distorted mentality of Andrew gives rise to countless dreams, delusions and hallucinations whose omnipresence never ceases all throughout the story. Then, through the words yet to come, initially trauma and its implications in “Shutter Island” will be investigated through a myriad of dominant perspectives in order that a thorough understanding of its nature in “Shutter Island” could be obtained. The role of mental distortions in line with the traumatic events and twists of the story is of an indelible significance which the present paper will take heed of as its secondary priority.

Dennis Lehane’s(2009) best-selling novel “Shutter Island”, as well-denominated as expectedly ghastly and appalling, whose merging of Gothic, mystery, suspense and turn of the screw Allan Poe style horror elements knows no end, is set in as far back as 1954, i.e. the height of cold war. Prefacing Rosemary Herbert’s (2003) “WHO'DUNIT A WHO'S WHO IN CRIME AND MYSTERY” in his very exclusively painstaking style, Dennis Lehane is allotted an entry in her book whose commencement is as follows: “American crime writer known for depicting the gritty underside of urban life and the true grit exhibited by the characters who live in tightly-knit ethnic neighborhoods” (Herbert, 2003, p. 117). Had Herbert compiled her “WHO’S WHO” some months later when the composition of “Shutter Island” met its end, she, no doubt, would have incorporated it within the above-cited entry. However, unlike what Rosemary Herbert propounds in her entry concerning Dennis Lehane, namely Lehane’s style inclination towards “depicting […] ethnic neighborhoods”(2003, p.117), Lehane, distancing from the so-called urban or social zones and taking a step beyond before, opts for an isolated Gothic setting called “Shutter Island” which bears no resemblance of any type to his previous canon.

Plot of “Shutter Island”, if not for the delusions of the leading character, would remain only a bare and monotonous line of two detectives’ resolute efforts in untangling the elusive escape of a Rachel Solando, a notorious multiple murderer who drowned her three children in cold blood, from a locked high security room in the Ashecliff hospital. In point of fact, the entire narrative is an instrumental means to an end of approaching the psyche of Andrew as to share
with him the grave severity of his illness, the regressions he had prior to then, the violence he was using to hurt other patients and guards, the delusions he had solemnly webbed around his unredeemable soul and, as a culminating goal, to unveil and expose the very private portions of his dying soul to him. Then, plot, in this respect, only sets the scene for the perverted thoughts of Andrew including all his delusional plot constituting notions such as the evil experiments happening in the lighthouse, his delusion-based characters like Solando, Chuck, Norris, Laeddis(not himself but the murderer of his wife) the Nazi-run experiments, his hallucinatory meeting with a factitious Solando in the cave, and the storm coinciding with all the other events whose arrangement comes at the hands of psychiatrists and their role play games. Therefore, plot herein suffers from an “unreliable narration”, since Andrew is revealed to be an untrustworthy source of narration due to his unreliable mental state. On the other hand, with respect to the reliability of what psychiatrists disclosed at the end of the story, the above-mentioned incidents, to a certain degree, managed to take place all throughout the plot. Thus, in short, the plot is a mysterious juxtaposition of Andrew’s mentality (unreliable narration) and the role play psychiatry (reliable narration). In other terms, what cannot happen(Andrew’s ill thoughts) are helped to happen to give rise to a baffling plot whose fiction and reality can barely told from each other, thereby finding a symbiosis of an equal weight; a plot whose equilibrium might shatter easily should either side discord with the other. However, the entire plot, irrespective of its reliable or otherwise unreliable nature, employs Andrew’s traumas as the hinge upon which it revolves. Traumas of Andrew, albeit of a reliable nature, ironically give rise to a mentality which suggests otherwise, hence the urge to dissect them.

II. TRAUMA IN “SHUTTER ISLAND”

If one is to do justice to “Shutter Island”, in an attempt to write a distinctly different material of criticism whose underlying core is not inclined to deal with trauma – this originating from the thought that trauma is a matter of clichés and recurrent iterations in a tedious manner – then the justice, herein, is a doomed one which will not but fail, for trauma in “Shutter Island” barely steps aside, much less leave the stage of the plot which seems more of a delusion to the people of refined insights. Equally of the same incommensurable significance is the notion that trauma in “Shutter Island” does not only inhere in one character and in a single-time occurrence as one might expect, but in several characters and numerous recurrences. At the outset, to put forward a definition of trauma, one had better turn to Freud, as most ground-breaking psychoanalytic notions come down to Freud, where he contends “ trauma is figured and read as the enigma of the human agent’s repeated and unknowing acts” (qtd. in Wolfreys, 2002, p. 135). To add to the point and in another attempt to make his concept plain, he makes use of Tasso’s story where Tancred unwittingly kills Clorinda:

Unwittingly kills… Clorinda… when she is disguised in the armour of an enemy knight. After her burial he makes his way into a strange magic forest which strikes the Crusaders’ army with terror. He slashes with a sword at a tall tree; but blood streams from the cut and the voice of Clorinda… is heard complaining that he has wounded his beloved again (ibid, p. 135).

It is thus through a repetition of his unknowing act of slashing at the tree that the haunting phantasm of his wife forces into him a malicious shock of what he had earlier done to his beloved. In “Shutter Island”, Trauma being the murder of Andrew’s wife – for there are multiple traumas in it – one can obviously bear witness to the similitude between the Freudian recounted story of Tasso and “Shutter Island”, in that Andrew, constantly in several sections of the story, finds himself recurrently encountering Dolores in a state filled with nothing but regret, guilt, and remorse for having lost her and for all he knew, due to his psychosis, an Andrew Laeddis had committed that unforgivable crime who was awaiting retribution. One extremely intriguing but paradoxically touching example of such encounters with Dolores, which psychoanalytically is an interface between the world dream and hallucination, is as follows:

“He wraps his arms around her from behind, buries his face in the side of her neck. “I’m not going to leave. I love you. I love you so much.”” Her belly springs a leak and the liquid flows through his hands.

“I’m bones in a box, Teddy.”

“No.”

“I am. You have to wake up.”” (Lehane, 2009, p. 121).

Perhaps, the sole discrepancy at work between Freud’s account of Tasso and “Shutter Island”, for all a critic can differentiate, is in the word “Unwittingly”, for Andrew, in shooting his wife dead, happens to be witting and conscious, unlike how Tancred shed his beloved’s blood. In a shift from the trauma of his murdered wife to the trauma of war he had been through, there, too, can be discerned a body of Freudian repetitive haunting phantasm trauma to which sundry moving flashbacks were employed and by which many of his mental deviations could be justified. What truly has not been wiped off his mind is war, its ferocious violence, blood scenes, death camps, and massacres whose memories have paralyzed his mind. Two extremely traumatic war experiences impregnably come back to him more often than not, including the agonizing death of a Nazi subcommandant after having aimed to commit instant suicide upon the knowledge that the coalition forces were bearing down on Berlin but botched in an attempt to shoot himself in the mouth and the massacre of SS guards in Dachau:

Cawley, behind them, placed a record on the phonograph and the scratch of the needle was followed by stray pops and hisses that reminded Teddy of the phones he’d tried to use. Then a balm of strings and piano replaced the hisses. Something classical, Teddy knew that much. Prussian. Reminding him of cafés overseas and a record of collection he’d
seen in the office of a subcommandant at Dachau, the man listening to it when he’d shot himself in the mouth. He was still alive when Teddy and four GIs entered the room. Gurgling. Unable to reach the gun for a second shot because it had fallen to the floor (ibid, p. 106).

The vividness and readiness of Andrew’s image in bringing this scene to an immediate mental life, alone and per se, is manifestly symptomatic of a preoccupied mind and a traumatized psyche whose unstable nature is prone to be triggered by a provocative piece of music whose sounding humane voice will not fade away unless high compensatory costs, i.e. his mental loss, are paid in return. And the following depicts the brutal massacre in Dachau:

Teddy said, “At Dachau, the SS guards surrendered to us. Five hundred of them. Now there were reporters there, but they’d seen all the bodies piled up at the train station too. They could smell exactly what we were smelling. They looked at us and they wanted us to do what we did. And we sure as hell wanted to do it. So we executed every one of those fucking Krauts. Disarmed them, leaned them against walls, executed them. Machine-gunned over three hundred men at one time. Walked down the line putting bullets into the head of anyone still breathing. A war crime if ever there was one (ibid, p. 188).

The grave consequences of this trauma in Andrew’s mentality are, by no means, any more irreparable and traumatizing in the psyche of Andrew than the massacre itself whose adverse psychological effects find their way to every corner of his psyche, for it is, this once, the blood and lives of a mass with which he is obliged to cope, not a singular subcommandant. Most likely, the violence residing in him from which he is suffering a great deal is attributed to the above-cited massacre and its ensuing long-lasting effects from which he finds no way of redeeming himself.

Another dimension to the series of traumas imposed on Andrew, which manifestly traumatized his psyche beyond clichés and shibboleths, is the murder and loss of his children in a cold-blooded drowning to which, all throughout the novel, there are profuse flashbacks and from which he cannot be unchained and emancipated. The gravity and density of this trauma is far beyond words and so overwhelming that it somewhat falls stray from the path of phantasm Freud defined and moves past it, talking him into resorting to delusions of a Solando—not Dolores—who did what he could not fancy his wife to have done; this being the distorted image of the reality, he could redeem his conscience and set it free from the pain he no longer tended to feel. The image of lost children finds its way to every nook and cranny of the novel, either in dreams or hallucinations, whose border cannot be vividly ascertained. He goes through these images despite himself, among which the following piece chosen from the novel captures the intended gist: “And he broke into a run because there she was, Rachel Solando, shrieking as she ran through the ballroom with a cleaver. Before Teddy could reach her, she’d tackled the three children, and the cleaver went up and down and up and down, and Teddy froze, oddly fascinated, knowing there was nothing he could do at this point, those kids were dead”(Lehane, 2009, p. 236). To the main traumatic pieces of Andrew’s trauma chain, a few further pieces are added, i.e. his childhood memory of his father’s loss (to which there are few flashbacks in the novel and none in the film), burning down of his house by his manic-depressive wife (to which several flashbacks were pointed) and his career loss. These traumatic turns, albeit possessing a minor role in nature, should not be underestimated in traumatizing Andrew’s psyche.

In a shift from the Freudian attitude to trauma to the perspectives of Avita Ronnel (1989) and Slavo Zizek (2001), certain thought tendencies remain alike and tend not to vary, save for some minor additional emphatic angles put forward in order to allow for a further explanatory zone, not elucidated by Freud in a critical sense. Thus, Ronnel observes: “Trauma, then, might be said to be a ghost”(Ronnell, 1989, p. 327).To her, the most paramount feature of trauma and traumatism is the fact the traumatic memory is “a memory that one cannot integrate to one’s own experience” and also “as a catastrophic knowledge that one cannot communicate to others”(ibid, p. 313). And Wolfreys(2002) herself, to be further specific on the issue, states: “to read trauma is to register the sign of a secondary experience and recognition of the return of something spectral in the form of a trace or sign signifying, but no representing directly, that something having occurred, has left its marks, an inscription of sorts on the subject’s unconscious, and one which, moreover, can and does repeat repeatedly; though never as the experience as such” (2002, p. 133).Favoring similar views and ancillary to Freud, Zizek in his book “On belief” asserts:

There is an inherent link between the notions of trauma and repetition, signaled in Freud’s well-known motto that what one is not able to remember, one is condemned to repeat: a trauma is by definition something one is not able to remember, i.e. to recollect by way of making it part of one’s symbolic narrative; as such, it repeats itself indecisively, returning to hunt the subject; more precisely, what repeats itself is the very failure, impossibility even to repeat/recollect the trauma properly (Zizek,2001, p. 136).

What genuinely would strike any literary thinker as rather odd, having read or perhaps reread the attitudes clarified above, is the mode and approach they exploit to stress the role of certain elements, in what seemingly causes them to appear as common grounds, such as haunting repetition, spectrality and symbolization. “Shutter Island” is rife with repetition; not only a Freudian uncanny repetition but a repetition of an ominous type in the psyche of Andrew culminating in his psychosis. In other words, what indeed gives rise to the psychotic state of Andrew is the excessive repetition and recurrence of his delusions, hallucinations and dreams whose sole message is the reminiscence of the past memories, or more accurately, past traumas he finds himself unable to recollect and yet paradoxically enough unable not to recollect or as Ronnel contends elsewhere “a memory that one cannot integrate into one’s own experience, and as a catastrophic knowledge that one cannot communicate to others” (qtd. in Wolfreys, 2002, p. 136). By way of spectrality, one might feel bewildered whether or not “Shutter Island” has specters serving its plot or characters. As a
sacred fact, Solando and Andrew are not but specters, not in a ghostly sense but as mental apparitions of Andrew’s psychotic mind. Even in a demand for further accurate yet bold terms, specters in “Shutter Island” are those of a mental or psychoanalytic type which are at the full disposal of a character’s fantasy, albeit a delusional one; a character who, exploiting these spectral fantasies and delusions, achieves far beyond what truly ghostly specters achieve in a ghost story or a horror film. Regarding symbolization and its interrelation with trauma, it is worth noting the very widely-known line by Zizek on the cover of his book “On belief” which carries too much in too little of a sentence: “In order to cope with a trauma we symbolize” (2001, p. 1). The more one contemplates symbols in “Shutter Island”, the faster one can opt for water as the most omnipresent symbol throughout the novel, for Andrew thinks of water as what contributed to his children’s death, hence his creepy phobia of it. Thus, water, in every possible type, either at sea – causing his seasickness – or storm or the water on his head from the ceiling is despised and feared. Water to him is like his delusional fire, another symbol, for which he, by way of a delusion, blames to have killed his Dolores.

In a shift from the Freudian attitude to trauma to Louis Althusser’s perspective, certain contradictions apparently surface within the realm of phantasm and structure, as clarified in his assumptions “Structural through and through, the traumatic phantasm – and indeed all phantasms in general – are contradictory, as Louis Althusser suggests, something occurs...but nothing happens...everything is immobile” (qtd. in Wolfreys, 2002, p. 134). And elsewhere he declares: “we are obliged to observe that in the phantasm Freud designates something extremely precise, an existent, though nonmaterial, reality, concerning which no misunderstanding is possible, and a material reality that is the very existence of its object: the unconscious. But we are also obliged to observe that the name Freud gives to reality...is the name of a metaphor: phantasm...the concept of phantasm in Freud...can...be, for us, the concept of the limit... (ibid, p. 134).

In an ancillary but revisionist attitude to what Althusser revealed, Wolfreys postulates that “the subject of trauma is rendered immobile, unable to move beyond the haunting effects left by trauma, [...]. And yet, paradoxically, the phantasm is a symbol; what has to be understood, however, is that the symbol is not a mimetic representation, it is not an image of the experience itself. It belongs to the order of aperception rather than perception” (ibid, p. 134). Moreover, she, with the intent of obtaining a thorough elaboration on trauma’s nature, borrows Dianne Sadoff’s words in regards to trauma: “the material, physiological realm and the correlate mental realm” (ibid, p. 134).

It is amazing how trauma is in such a zone of disputes and controversies that many thinkers have been somewhat troubled taking a side, discrediting another, and putting various stances before and against each other; terms like phantasm against representation, perception against aperception, and mental against physiological. Trauma, regardless of its nature being either phantasmatic or representational, perceptive or aperceptive, and mental or physiological, is indeed a blow to the mind and heart whose impact will barely cease, whose haunting presence will not but resist, whose symbolization will dominate and eventually its memory will neither be included nor excluded. It is, however, a requirement to fill the gaps that concepts as such have put before us occluding us from yielding certain judgments. In a tangible sense, traumas in “Shutter Island” know no such boundaries; Andrew’s traumas not only are phantasmatic – the grounds of its phantasm have already been illuminated earlier – but they are utterly representational to their greatest possible extent, in that they represent themselves in concrete examples such as his aggression and violence. Similarly, his traumatic state is both mental and physiological. The most prominent reason accounting for the above-cited claim is in the fact that Andrew is not only suffering from the mental delusions and hallucinations but also physiological ones such as his tremors and splitting headaches regarding which, throughout the novel, there were profuse lines, conversations and evidence.

In another reading of trauma by Cathy Caruth, trauma finds a rather more structural face. To her, unlike Freud’s reading where trauma does not move beyond “the enigma of the human agent’s repeated and unknowing acts” (ibid, p. 135), trauma is the “enigma of the otherness of a human voice...that witnesses a truth”(ibid, p. 135). Cruth, to remove the gaps set by the ambiguity of her assertion, using the story of Tancred, maintains: “the voice of his beloved addresses him and, in this address, bears witness to the past he has unwittingly repeated”(ibid, p. 135). Thus, to Caruth, Trauma rides into a realm of double, alterity, and otherness whose magnified ghostly impact resides in the psyche of the subject of trauma. “Shutter Island”, viewed through Caruth’s otherness, has even a lot more than what Tasso offered in his story, for Andrew in “Shutter Island” not only hears the voice of Dolores, but he, in his hallucinations, sees, touches and conveys words with her, thereby granting the melting of this alterity into his psyche so that, beyond Caruth, the other is factually his own self.

Another very intriguing province within which the trauma of “Shutter Island” had better be explored is that of a splitting and an incision in a self. As Nicola King(2000) in his book “Memory, Narrative and Identity” proclaims that the incised subject is considered to be composed of two identities indeed: one who believes to have survived the event and one who believes to have suffered and experienced it, however, these two selves might reach a balance in keeping pace with each other (2000, p. 17-18). The very same entity which Nicolas Abraham (1994) and Maria Torok (1994) agree to call “internal psychic splitting” (1994, p. 99-100).Two distinctly conspicuous occasions on which the above-cited self incision could be evidently discerned in “Shutter Island” are Andrew’s anagrams and regressions. That Andrew, unconsciously and unwittingly, designs an Edward Daniels – still a US marshal untarnished and unblemished by the stain of murdering his most cherished wife – to decline his primary self being Andrew Laeddis is to effectively substantiate his “internal Psychic splitting”. With regression in mind, one has to recall Andrew in chapter 24, where, having been told about his mental condition, he progresses to his true self as Andrew Laeddis and owns up to
everything, however, unable to cope with the gravity of his situation, he regresses to his second delusional self as Edward Daniels to erase his unwashed sins.

III. MENTAL DISTORTIONS IN “SHUTTER ISLAND”

Distancing from the trauma-centered analyses and embarking upon the mental disorders and psychiatric section of “Shutter Island”, one has to possess a vivid grasp of the nature of Andrew’s mentality, bearing in mind that he is primarily a psychotic patient. Turning to the brief words of M. Keith Booker in his “A Practical Introduction to Literary Theory and Criticism”, psychosis is imputed to people with repressed energies; “Healthy individuals can relieve the psychic pressure caused by repression through the process of “sublimation”; that is by redirecting the energies associated with unacceptable desires into acceptable activities. Unhealthy individuals tend not to sublimate effectively. In this case, repressed energies surface as symptoms of neurosis or even psychosis” (1996, p. 30). On a more psychiatric note than the above-mentioned repression theory:

The term “Psychotic” means grossly impaired reality testing. The term can be used to describe the behavior of a person at a given point of time or a mental disorder in which, at sometime during its course, all persons with the disorder have grossly impaired reality testing. With gross impairment in reality testing, persons incorrectly evaluate the accuracy of their perceptions and thoughts and make incorrect inferences about external reality, even in the face of contrary evidence (James Sadocks and Alcott Sadocks, 2007, synopsis, p. 272).

In the hope of a more concise yet telling introduction to psychosis, perhaps the following serves as a more fitting definition: “A mental disorder in which the thoughts, affective response, ability to recognize reality and ability to communicate and relate to others are sufficiently impaired to interfere grossly with the capacity to deal with reality; the classic characteristics of psychosis are impaired reality testing, hallucinations, delusions, and illusions” (James Sadock and Alcott Sadock, 2007, synopsis, p. 281).

It is too obtrusive to diagnose Teddy’s mentality with psychosis, ironically Teddy Daniels to denote his psychotic state yet Andrew Laeddis as a denotation of the sense of reality of which he has been deprived; though the delicacies, subtleties and tact he utilizes to forego the luxury of reality – of course this from the side of the sane for whom it is reflected as luxury – deny, rebut and distort it to his own mere advantage are the ingredients the psychotic Teddy has in his possession and what the above-cited definition is devoid of. The psychotic fictitious world he has webbed around himself afforded him reason enough to allow his sense of reality to ebb away and to hold steadfastly with his own reality that involves him being still a US marshal sent to a high security facility to untangle the mystery of a Rachel Solando’s escape whose concoction of an intricate conspiracy theory to Teddy is yet another instance of his psychotic notions. Doctor Sheehan, or in Andrew's psychotic terms Chuck, pretends to be Teddy’s partner in whom Teddy wholeheartedly confides, though in reality, he is a bright psychiatrist in charge of his treatment. Any new thought content that impinges on and clashes with the neat class of his psychotic thoughts is booted off the stage of his mind upon which his entire psychosis is built. Reality to him is as abhorrently odd as psychosis is to the sane. Under no circumstances could he think of a world where he not only had lost his wife, whom he adored, depended on and would never see again, but his children, his career and a chance to love them as he used to, hence conjuring up all the circumstances could he think of a world where he not only had lost his wife, whom he adored, depended on and would never see again, but his children, his career and a chance to love them as he used to, hence conjuring up all the above-mentioned. To quest for instances of psychosis in “Shutter Island” is literally like to seek examples of insanity in an asylum, yet it is a due preference to heed the traces of other psychological deviations as well.

Delusion, albeit less frequently discussed by some critics, is the central disorder through which a great many mysteries find their path onto the bedrock of the leading character’s mind and will not but aggravate his psychotic state. Delusion, technically and professionally, is defined as follows:

Fixed, false beliefs, strongly held and immutable in the face of refuting evidence, that are not consonant with the person’s educational, social and cultural background. Thus, delusional thoughts can only be understood or evaluated with at least some knowledge of patients’ interpersonal worlds, such as their involvements with religion and political groups. One of the mind’s primary functions is to generate beliefs, including myths and meaning systems (James Sadock and Alcott Sadock, 2009, textbook, p. 977).

Considering the delusional state of Andrew to be consonant with his psychotic state, one can readily witness the fine line, should there exist one, between the very two of them, but even so it would not be likely to harm our judgment to reckon that the psychotic state of Andrew far outweighs his delusional condition, for not every delusion would culminate in psychosis regardless of yet another fact that delusions are indistinguishable from everyday beliefs, hence its normality at times. However, the examples by which the delusional state of Andrew are substantiated, namely his false assumption of his identity, creating false and non-existent characters such as Andrew Laeddis and Rachel Solando, asserting that some inhumane evil experiments befall the patients in the lighthouse, tracking Nazi traces along the experiments, and falsely accusing the psychiatrists of drugging him, are not at odds with the grounds through which his psychotic state is solidified. It is wise to find in the ending chapters of the novel, specifically chapters 21 and 22, the most conspicuous instances of his delusional state, where all the cards of truth and reality were laid on the very table upon which Teddy, for several times, had encountered the nature of his suffering soul, which in essence compelled him to oppose Cawley and Sheehan coming up with derogatory words like “Bullshit” or “it’s a nice act you’ve got going” (Lehane, 2009, p. 421). This is the very extent and scope within which the defining “fixed, false beliefs, strongly held and immutable in the face of refuting evidence” is exemplified. Unlike other canonical or cinematic works of
recent history, in “shutter Island” it is not just one character who is delusional, meaning it is not solely Andrew, or in his own psychotic terms Edward, who is suffering from delusion but his murdered wife Dolores, before Teddy ended his life, was pained by innumerable delusions, one of which was the delusion of the butcher whom she thought was a Russian spy: “SHE THOUGHT THE butcher on the corner was a spy. She said he smiled at her while blood dripped off his cleaver, and she was sure he knew Russian. She said that sometimes she could feel that cleaver in her breasts” (ibid, p. 451).

To be privy to the inner thoughts, however false and erroneous, and the psychic warps of the characters in “Shutter Island” particularly Andrew, it is crucial that one not overlook the notion and role of hallucination in the development of the characters’ personalities, for to a certain psychological extent, with hallucination in danger of negligence, neither a full-scale psychoanalytic interpretation of characters nor a broad perception of the chief mental disorders, mainly schizophrenia, will turn feasible. Therefore, deemed integral to this research, a definition of hallucination borrowing the words of “Comprehensive textbook of psychiatry” by Benjamine James Sadock and Virginia Alcott Sadock, albeit brief, seems key to the work:

Hallucinations are perceptions that occur in the absence of corresponding sensory stimuli. Phenomenologically, hallucinations are ordinarily indistinguishable from normal perceptions. Hallucinations are often experienced as being private so that others are not able to see or hear the same perceptions. The patient’s explanation for this is usually delusional. Hallucinations can affect any sensory system and sometimes occur in several concurrent combinations. When perception is altered, combinations of illusions, hallucinations, and often delusions as well, are frequently experienced together (James Sadock and Alcott Sadock, 2009, textbook, p. 987).

In various respects, hallucinations and delusions in “Shutter Island” serve as a pivotal hinge upon which the insanity, violence, and the schizophrenia of not only Andrew but Dolores and many other characters in the asylum revolve; in other words, should the mental warps of the “Shutter Island” form a spectrum, hallucination and delusions, at the very least, are the ones without which the spectrum would not have existed. No longer will Andrew live than his hallucination’s life. “Shutter Island” teems with hallucinations, among which, the hallucinations of Andrew, in a multitude of aspects, predominate. To put it in more blunt terms, the plot of “Shutter Island” would not have come alive if it were not for Andrew and his hallucinations as well as his plot-shaping delusions which indeed serve like a waﬄe iron in which the raw ingredients of the plot are cooked and shaped. Take the spooky meeting of Andrew with Solando in the cave with whom the reader or the viewer deﬁnitively identiﬁes; as unbelievable as it may sound, neither of them existed as far as the rationality and reality are concerned. The meeting is nothing but a fragment of Andrew’s hallucination, of course visual hallucination, and Solando is one of his abstruse mental delusions, whom he, in a paranoid chase, was seeking to get his cuffs on. Needless to say, the meeting in the cave is the most matchless instance of hallucinations since the others, more or less, accord with and fall into the domain of delusions. One other very vivid hallucination he experienced was the moment he talked to Dolores prior to his entrance to the lighthouse.

Hallucinations and delusions in “Shutter Island” are not conﬁned to Andrew alone. Dolores, a manic depressive woman who had committed suicide before, was suffering from hallucinations as well. One of his hallucinations, mainly auditory, was as follows: “TEDDY DREAMED SHE woke him up one night and told him to get his gun. The butcher was in their house, she said. Downstairs in the kitchen. Talking on their phone in Russian” (Lehane, 2009, p. 453). Amazingly enough, Solando as a delusional ﬁgment of Andrew’s mind, is delusional per se; a delusion within a delusion. “SHE THOUGHT THE butcher on the corner was a spy. She said he smiled at her while blood dripped off his cleaver, and she was sure he knew Russian. She said that sometimes she could feel that cleaver in her breasts” (ibid, p. 451).

To stress the role of anagrams further, it has to be said that, what made the characters like Solando and Laeddis live was the power of anagrams and a magically delusional mind behind it. That anagrams are inherent in Andrew’s mentality, irrespective of what he has been through, would be more of an understatement of Andrew’s traumatic
condition. The state in which Andrew designs anagrams, calling forth his utter amnestic unawareness of his true name Andrew Laeddis, is suggestive and indicative of another mental disorder termed “dissociative amnesia” whose main feature, in the words of Sadocks, is as follows:

The essential feature of dissociative amnesia is an inability to recall important personal information, usually of traumatic or stressful nature, that is too extensive to be explained by normal forgetfulness. In many cases of acute dissociative amnesia, the psychosocial environment out of which the amnesia develops is massively conflictual, with the patient experiencing intolerable emotions of shame, guilt, despair, rage, and desperation. These usually result from conflicts over unacceptable urges and impulses, such as intense sexual, suicidal, or violent compulsions (James Sadock and Alcott Sadock, 2009, textbook, p. 665).

In their “comprehensive textbook of psychiatry”, Benjamin James Sadock and Virginia Alcott Sadock cite a multitude of factors leading to dissociative amnesia after a traumatic experience such as traumas caused by human assault rather than natural disasters, repeated traumatization as opposed to single traumatic events, longer duration of trauma, fear of death or significant harm during trauma, close relationship between perpetrator and the victim, betrayal by a caretaker as part of abuse, threats of death or significant harm by perpetrator, violence of trauma, and earlier age at onset of trauma (1862).

It is outstandingly surprising how Andrew matchlessly suits the profile taking into account his numerous traumas (his traumas will receive treatment later), the assault nature of his trauma (murdering his wife who murdered their children), his close relationship with his wife as both the perpetrator and the victim (perpetrator in murdering the children and victim in being murdered by Andrew later), violence in turning to gun and blood throughout the course of trauma, fear of having his dark hunch of losing his children come true in the course of trauma and so forth. Apropos of the history of “dissociative amnesia” in cinema, one ought to take the liberty of claiming it has been utilized generously as a focal theme, not to suggest a cliché-ridden nature to them whatsoever, amid which “Memento 2001”, “The English Patient 1996”, “The Great Dictator 1940”, “The Last Temptation of Christ 1988”, “The Man Without a Past 2002”, and “Prelude to a Kiss 1992” appealed to critics profoundly.

IV. CONCLUSION

With an analytic stance in mind, the events constituting the plot starting chronologically with the entrance of two US marshals to the asylum, investigating an escape case of a patient, flashbacks to a wife he cherished beyond words, hunting for a cold-blooded murderer, decoding various codes, searching for a patient 67, facing the truly missing patient, the assault nature of his trauma (murdering his wife who murdered their children), and the close relationship with his wife as both the perpetrator and the victim (perpetrator in murdering the children and victim in being murdered by Andrew later), violence in turning to gun and blood throughout the course of trauma, fear of having his dark hunch of losing his children come true in the course of trauma and so forth. Apropos of the history of “dissociative amnesia” in cinema, one ought to take the liberty of claiming it has been utilized generously as a focal theme, not to suggest a cliché-ridden nature to them whatsoever, amid which “Memento 2001”, “The English Patient 1996”, “The Great Dictator 1940”, “The Last Temptation of Christ 1988”, “The Man Without a Past 2002”, and “Prelude to a Kiss 1992” appealed to critics profoundly.

REFERENCES


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