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BACHELOR THESIS

The representation of mental disorders in early works of Chuck Palahniuk
Zobrazení psychických poruch v raném díle Chucka Palahniuka
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DECLARATION:

I hereby declare that this bachelor thesis, titled “ The representation of mental disorders in early works of Chuck Palahniuk ”, is the result of my own work and that I used only the cited sources.

Prague, June 14th 2017

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Abstract:

This thesis is concerned with the ways mental disorders caused by trauma are represented in the novels *Fight Club*, *Invisible Monsters* and *Survivor* by Chuck Palahniuk. The theoretical part focuses on introduction of the mental disorders and trauma, while the practical part analyses the individual ways the disorders are presented in the novels.

Keywords:

Palahniuk, mental disorders, trauma, schizophrenia, post-traumatic stress disorder, dissociative identity disorder, dependent personality disorder, narcissistic personality disorder, amnesia

Abstrakt:

Tato bakalářská práce se zabývá zobrazením psychických poruch způsobených traumatem v knihách *Klub rváčů*, *Neviditelné nestvůry* a *Program pro přeživší* Chucka Palahniuka. Teoretická část se soustředí na představení jednotlivých psychických poruch a praktická analyzuje způsoby, kterými jsou poruchy zobrazeny v knihách.

Klíčová slova:

Palahniuk, psychické poruchy, trauma, schizofrenie, post-traumatická stresová porucha, mnohočetná osobnost, závislá porucha osobnosti, narcistická porucha osobnosti, amnézie

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1. Introduction

While Chuck Palahniuk seems to target mass audiences with straight-forward, easy to understand sentences and language, his novels always reveal more than expected. Both the choice of his topics (such as split personalities, gender issues or sex addiction), and their subsequent treatment is quite striking. Upon a first reading of his novel I found myself interested in his work and the way he presents mentally disordered characters. His early novels do not seem to be connected in any way at first sight. One would not think to draw any similarity between a schizophrenic man, a disfigured model and a survivor of a suicide cult, but after reading his works, it becomes clear that they are all concerned with characters who suffer from lingering effects of trauma. The ways the narrators of the stories deal with their lives after the events are very interesting topic to study as they start to develop disorders that are fundamentally different. As Palahniuk's characters are highly unreliable, the puzzle-like task to identify what exactly happened to them and how it affected them seems to be an interesting topic to concern myself with.

This thesis is going to work with Palahniuk's early works as the presence of trauma is the most prevalent in these. They are also the best critically acclaimed. After the release of the three above mentioned books and novel *Choke* Palahniuk moved onto exploring the horror genre with the horror trilogy that consists of the novels *Lullaby*, *Diary* and a short story collection *Haunted*, which would not correspond with the thesis. Even though Palahniuk's later works return to the more realistic genres, satire is the dominant factor in these and they stray further from the depiction of trauma and therefore the topic of this work. Palahniuk recently published *Fight Club 2* in a comic book form, but once again trauma is not the central topic of the work as it focuses more on the post-modernist meta-narration and it seeks to playfully push the boundaries between the fictional world of a *Fight Club* and autobiographic sequences depicting his own life.

In psychology, stress and trauma is very often tied with development of other mental issues. Their extent and the way individuals deal with them differs. This work intends to prove the argument that stress and trauma lead to development of mental disorders the extent of which is mostly determined by the life experience pre-trauma using Palahniuk's characters from novels *Fight Club*, *Invisible Monsters* and *Survivor*. It intends to trace what mental disorders the trauma lead them to develop. The thesis also aims to highlight differences in the way Palahniuk's characters react to trauma. Out of the many factors that

induce the development of various disorders, psychological and social background prior to the traumatic events seems to make the most significant difference in mental state after the events.

The fifth edition of *Diagnostic Statistic Manual of Mental Disorders (DSM-5)* as well as the tenth version of *International Classification of Diseases (ICD-10)* will be used to identify and describe the individual mental disorders in the theoretical part of the work. Then the three above mentioned novels will be analysed to demonstrate the way the disorders are presented in them. These sources are ones with the most reliable information regarding mental disorders and they are used by the professionals in the psychological field to help diagnose their patients. *DSM-5* is a more complex source, put together by the American Psychiatrist Association, containing symptoms as well as other detailed information of the disorders such as their comorbidity with other illnesses and of course ways to treat them. *ICD-10* offers brief information about all the diseases science knows up to date. It is compiled by the World Health Organization. Interestingly enough, previous version of *DSM-5* is often mentioned throughout the novel *Survivor*. While the usage in the novel is rather ironic and often serves as a punchline of a dark joke, it is in fact a serious diagnostic tool and one of the inspirations behind this work. This thesis furthermore uses several psychological studies that help to prove points given by the above mentioned and the novels.

The thesis starts with the introduction of the author and the novels itself, after this it moves on to the theoretical part of this work, which will use the below mentioned sources to introduce trauma and then to present the disorders developed in the protagonists of the stories. The disorders will later be related to the stories themselves through the practical part. Because listing the disorders and their symptoms at the beginning of the thesis would be too confusing, they will be discussed at the opening of the respective subchapters. The disorders are grouped according to the novels they are present in into chapters that begin by introducing the narrators' psychological and social background prior to the traumatic events they encountered.

2. About the author

Chuck Palahniuk is one of the leading authors in contemporary American “transgressive fiction” (Collado-Rodríguez 1). His penchant for controversial topics and fairly understandable narrative quickly brought him prestige and his most famous work *Fight Club* gained status of a cult classic after it was turned to movie starring Edward Norton and Brad Pitt. Before this event Palahniuk kept running into constant trouble publishing his works as they were deemed too dark. After the success of *Fight Club* this problem was gone, though.

The nature of Palahniuk’s work raises the question of “Who is the author of such disturbing pieces of fiction?” Palahniuk’s official website The Cult gives the reader idea that is quite clear. This information will be used throughout this chapter. Charles Michael Palahniuk was born February 21, 1962 in Washington. As his parents divorced in his early teens, Chuck spent a significant portion of his adolescent years on a cattle ranch that belonged to his grandparents. The paternal side of Palahniuk’s family was not idyllic. Palahniuk has in fact never met his paternal grandparents as his grandfather shot and killed his wife and then committed suicide.

Palahniuk graduated from Columbia High School in Burbank and then went on to attend the University of Oregon, where he majored in journalism. His career in journalism field was short-lived as he soon grew tired of it and instead found a job as a diesel mechanic, using his undeniable writing skills only to penning technical manuals. This time of his life is what influenced his work the most. He became a member of the infamous San Francisco based Cacophony Society, the group of individuals bored with mainstream culture that committed large scale pranks. According to the Cacophony Society’s website, these pranks included sabotages of billboards or parades. They also organized the first Santa con in 1996, which is now held annually. Santa Con is basically a gathering of a large amount of people dressed as Santas which takes place during summer. This group later served as an inspiration for “Project Mayhem”, terror organization in *Fight Club*.

Not until his mid-thirties did Palahniuk start with writing. His first published work was a short story called *Negative Reinforcement*. His first works were not met with success; none of them were printed as they were thought to be too disturbing by the publishers (Collado-Rodríguez 2). The works grew gradually darker until he created *Fight Club*, published in 1996, which brought him success as well as creative freedom. Since then Palahniuk has

been very prolific, publishing nineteen works such as *Invisible Monsters*, *Survivor* or *Rant*. He dabbles into less traditional media as well. In 2016 he published *Fight Club 2* in comic book format as well as *Bait*, a short story collection and a colouring book.

As it was mentioned earlier, Palahniuk works were heavily inspired by his life experience. The main source of inspiration of the novel *Lullaby* was the trial of a man that killed Fred Palahniuk, Chuck's father.

Palahniuk often interacts with his readers and hosts public readings. Most infamous are the readings of his short story *Guts*, that allegedly made over one hundred people faint.

In 2003, Chuck Palahniuk came out as a homosexual to surprise to many of his fans, who were, along with the press, certain that he had a wife. Palahniuk's works are so saturated with masculinity and heterosexual sexuality that it was difficult for people to believe anything else.

Palahniuk's narrative technique could be described as very condensed and minimalist, influenced by other media such as film or fashion magazines; this can be best seen in *Invisible Monsters*, the narrator Shannon McFarland explains the way she will tell the story the following way: "What happens here will have more of that fashion magazine feel, a *Vogue* or a *Glamour* magazine chaos" (Palahniuk, *Invisible Monsters* 20). The individual chapters of his stories work together as well as on their own as short stories. Behind every single one of his stories there is extensive research with attention to detail and Palahniuk shares all the details he learned with readers as well. The wide range of technical information he learns and then puts into his stories is what makes them so unique. His writing style mimics the way ordinary people speak with short straightforward sentences and limited vocabulary enriched by technical terms corresponding with the field of interest of the protagonist.

Palahniuk's writing style often seems scattered which helps the reader to get in the mind of mentally ill person. With Palahniuk's works one needs to bear in mind that they are dealing with the unreliable narrator as the stories are told from the point of view of people who are not mentally healthy. This is what makes the interpretation challenging and leads to misunderstandings among readers and literary critics.

One of the typical features in Palahniuk's works is the cycling of time. What he does is that he begins to tell the story at its end. Typically he presents the final climactic scene in the first chapter of his novels and then beginning with second chapter he starts retelling of the

story until he again reaches the final scene and the story creates a full circle in a way. To really understand the story, the reader needs to go back to the beginning and the rest of the story. It creates an endless cycle. The narrators' recount of the stories is very rarely in the chronological order. It reminds the reader of the stream of consciousness which is not linear either. To better understand this thesis it is important to include short synopsis of the three novels that are about to be analysed.

3. Studied novels

3.1 *Fight Club*

Fight Club is Palahniuk's first published work; soon after a film adaptation starring Edward Norton and Brad Pitt was made and it became a classic. The movie as well as the book were met with mixed reviews from critics and it was widely misunderstood amongst fans and critics as well. A critic Henry A. Giroux mistook the movie for a misogynistic work and a danger to democracy as he believed it promoted fascism (Collado-Rodríguez citing Giroux 2). Collado-Rodríguez also states that these were the main reasons why the book was denounced by other critics as well (2).

Fight Club has been seen as many things; Palahniuk himself mentions some of these in his afterword to the book. It has been seen to be a science fiction, a horror, a satire on corporate white-collar culture. He somehow disappointedly notes that no one has seen it to be a romance. (Palahniuk, *Fight Club* 216) This seems quite interesting as love has a redeeming role in the story. It is the narrator's deeply hidden feelings for Marla that eventually makes him want to stop Tyler's rampage. After Tyler hurts Marla, the narrator realizes he loves her and wants to protect her. He seeks ways to stop Tyler and at least partially right his wrongdoings.

The movie more so than a book started a cult with men starting their own versions of fight clubs all over the world. Palahniuk himself states some examples in his afterword to *Fight Club*: fight clubs in Brazil, students of Brigham Young University that protested to gain their right to start their own Monday nights' fight club, son of Utah governor Mike Leavitt, who was apprehended by law for running his own version of fight club (*Fight Club* 211). People began creating satirical groups (such as Quilting Club and Bite Club for food reviewers (*Fight Club* 212) that were based on the almost universally known rules: Rule number one – you do not talk about fight club, rule number two – you do not talk about fight club.

The story begins with an unnamed narrator standing on a highest building in the world with gun in his mouth, supposedly held there by his former best friend Tyler. This climactic moment is followed by the actual beginning of the story. The narrator is a person with mental disorders and only through the book we learn how serious these disorders are.

The narrator in his quest to combat his insomnia starts visiting support groups for terminally ill people. There he meets Marla, who also visits these groups without being terminally ill. The meeting makes him feel guilty and he recognizes himself as a 'faker' – a person that visits aforementioned groups despite not having terminal illness, and support groups are no longer of any help to him. This traumatic event is what makes the persona of Tyler manifest.

At first Tyler is helpful but as more the story progresses the more power he gets. Tyler is a megalomaniac who wants to conquer the world and the unnamed narrator realizes he has to stop him in his effort while realizing they are in fact the same person.

The entirety of the book is written in short fragmented chapters, put together rather chaotically to create progressive digression. Palahniuk is notorious for this narrating device. He explains that at first it was an experiment “instead of walking a character from scene to scene in a story, there had to be some way to just cut. From scene to scene. Without losing the reader. To show every aspect of a story, but only the kernel of each aspect.” (Palahniuk, Chuck. *Fight Club*. London: Vintage, 2006. 213) He only shows the core moments in the evolution of the protagonist while still managing to keep the reader interested. To help to keep the reader's focus he uses choruses, parts that repeat throughout the whole story, giving it a semblance of structure.

Parts of the story were inspired by real life events. Palahniuk stated that he used to have a black eye he had attained in a fight he got into on his vacation that took a long time to heal, yet none of his work partners asked about the bruising (*FC* 212). This became a recurrent theme in *Fight Club* where the narrator comes to work with progressively worse wounds and bruises and still his boss as well as his colleagues ignores it. The injuries become invisible to normal people yet it creates certain legitimation for Fight Club members and a status symbol of sorts. Palahniuk also says that at the time he saw a documentary about street gangs that were “just trying to help one another become men. They issued orders and challenges. Imposed rules and discipline” (*FC* 212). This inspired Project Mayhem, which does just this although on a much larger scale. While Tyler, being the megalomaniac he is, tries to take control over the world and mend it into his liking, he does help its members to become men. He challenges them to follow their life plans or create new ones. He uses force to ensure the members that are still university students do well in their field. He teaches them resilience, bravery and other virtues. Even though he then turns them to do

wrong. *Fight Club* was supposed to present men with a new structure to their lives and give them a social model to follow.

Palahniuk wrote a seven-page long story called *Fight Club* which he later elaborated on and the former short story became chapter six of the novel as we know it (*FC* 213). As Palahniuk's previous novels were not met with success with publishers, he was forced to sell the book for so called "kiss-off money", in order to get it printed. This means that he had to sell it for small amount of money offered to authors by the publishers so they get offended and refuse to sell the book rights. Palahniuk however needed the money and sold the book for ridiculously low price (*Fight Club* 216). Not long after this the story became a cult.

3.2 Invisible Monsters

This novel, which was at first rejected by several publishers, started off as a short story called *Memento*. Palahniuk reworked it, but it was not published until 1999, after *Fight Club* was met with huge success. The book is mainly a criticism of everything that was important at the end of the millennium, it speaks up against gender, beauty, consumerism, bigot society and even family values.

Slade describes *Invisible Monsters* as a book about the search for individual identity and about a conflict between what people are supposed to do and want, and what do they want (Slade 81). But *Invisible Monsters* is also blank road story, that has "[no] point of departure and [no] point of arrival" (Baelo-Allué 117).

Invisible Monsters is a story of two siblings, a model Shannon McFarland and Brandy Alexander, formerly her brother Shane. Shannon, as revealed in final twist, shot her own face off, because she was too addicted to her own beauty and wanted to start over. She wanted to find a way to become invisible with no way to revert back to her old life. Brandy underwent a sex-change for similar reasons. After Shannon leaves hospital, she, Brandy and Shannon's ex-fiancé, a closeted gay policeman, Manus Kelley embark on a road trip across the US and Canada, where they visit manors for sale to steal hormones and drugs from rich people and then sell them to drug dealers. Towards the end of the story they find themselves in the house of Shannon's former friend, and Manus' former lover Evie, where they sabotage her wedding, she shoots Brandy, which turned out to be planned to give their lives more excitement, leaving her wounded in Shannon's arms, who proceeds to tell her

life story. In this story full of twists, she reveals she knew Brandy was her brother and she wanted her to die, but along the way she fell in love with her.

“A girl can’t die without her life flashing before her eyes” (Palahniuk, Chuck. *Invisible Monsters*. London: Vintage, 2003. 19) says Brandy. And Shannon does. The circumstances of the event of her telling of the story is likely the reason, why Palahniuk’s usual writing style works so well with the story as well as why it is so fragmented and jumbled, with countless deviations from the chronological time-line.

There have been talks of converting the book into a movie, but it has yet to happen. Palahniuk published a re-issue, a director’s cut, of the book *Invisible Monsters Remix* in which he introduces several new chapters, though this thesis will not take this re-issue into consideration and will only work with the original. Unlike in *Fight Club*, this part will study characters of Shannon as well as Brandy, as they have comparable significance for the story, even though Shannon is the narrator.

3.3 Survivor

Palahniuk’s technically third finished, but second published, novel *Survivor* came out in 1999. The book is a satirical take on popular culture and religion and the way they intertwine in millennial American society. It has been compared to Vonnegut’s works. *Survivor* is arguably the most story-driven novel out of the three. The novel is very original in its structure, with the pages as well as chapters numbered reversely from highest to lowest, creating a countdown. This however only works for in printed version of the book. As this thesis works with the electronic version, it will be numbered the usual way.

It is a story of Tender Branson, one of the last survivors of the Creedish church. The reader meets him alone in a plane that he intends to crash into a desert. In the story which he tells to a black box he recounts his life he led outside of the church. People, from the Creedish worked as servants to the rich, who sent most of the money to the church. That was until the church was exposed and the colony committed mass suicide. The members living outside the community and working as servants were supposed to kill themselves upon finding out. The outside members were appointed with social workers who were supposed to keep them from committing suicide. Tender’s brother Adam who understood the evil of the Creedish, meets up with Tender, who is afraid he is trying to kill him. Tender becomes a public personality and a guru to whom ordinary people look up.

Before becoming a public figure, Tender found the only pleasure in hijacking suicide hotlines and telling people to die, and then reading obituaries. After one such instance he meets a sister of a man who he effectively killed and falls in love with her. Fertility becomes his friend and helps his guru persona to gain prestige. After Tender's agent that helped him to fame dies, he, Fertility and Adam have to disappear. After they travel and hide for some time, Adam is injured and Tender has to kill him.

There is only one way for Tender to prove to people that he is innocent. He abducts the plane, recounts his story and then the plane crashes. While it is not absolutely clear, whether Tender died or not from the book, in an interview for his website *The Cult*, he clarified, that Tender jumped out of the window before the crash and started a new life with Fertility (Chuck Explains the Ending of *Survivor*, *The Cult*).

Tender Branson, just like any other Palahniuk's narrator, plays tricks to confuse the reader. These tricks include deviation from the traditional timeline, as badly covered lies and others. The narrators may be difficult to understand at times and things they say should not be trusted.

4. Unreliable narrator

All of the analysed novels are told from the point-of-view of unreliable narrator. This needs to be kept in mind throughout the consideration of characters' mental state. Reader simply cannot trust that events happened the way they are told. Reader has to question whether actions as well as narrator's reactions are authentic or not.

There are various types of narrators but unreliable narrator is the only one that needs to be explained for the sake of this paper. The distinction between the narrator and author needs to be made. In fiction, author is a real person crafting the story, the creator that is not part of the happenings. The narrator is a persona constructed by the author to tell the tale. First person narrator is very helpful to the reader, as they show exactly what the reader needs to see to understand the story and to see what drives the protagonist's motivations. Unreliable narrator very often does not present the objective truth of the story but rather what they want the reader to see, occasionally to garner sympathy other times to disguise their own flaws and mistakes. Unreliable first person narrator makes novels more dynamic and it also helps readers to connect with the story and characters.

The narrators suffer from mental illnesses that greatly affect their perception of reality, therefore their testimonies of what happened needs to be taken with a grain of salt. How does one proceed in such situations? Dori Laub offers several suggestions in his essay *Bearing Witness or the Vicissitudes of Listening*. According to her it is important to separate facts as they happened from the testimony of a traumatized person, only then can they be diagnosed properly. Laub says that "you often do not want to know anything except what the patient tells you, because what is important is the situation of discovery of knowledge – its evolution, and its very happening." (Laub 62) In this situation knowledge of facts is not as important as the narrator's reaction to the situation at hand. In fact, knowledge of the reality of situation could negatively affect the diagnosis. The reader needs to keep an open mind throughout the story to avoid premature judgments.

It is also important to understand the fact that the protagonists of the three analysed novels are mentally unwell as this is what often drives their questionable decisions. Their undiagnosed and untreated mental illnesses is the principal reason for their deeds, therefore the reader needs to break away from prejudices and observe the situations the characters are going through with open mind. Premature judgments often lead either to

misunderstandings which in turn in case of Palahniuk's works lead to negative criticism from one group of people or to a noncritical cult like following from the other.

5. Trauma and consecutive mental illnesses

There are many ways to define trauma. In medicine trauma is an injury, in psychology trauma is explained as a negative event that has great effect on the individual's psyche. Exposure to this situation leads to further development of many mental disorders such as Posttraumatic stress disorder (PTSD) or adjustment disorders and is closely connected to many other disorders as well (the American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5. Washington, Londres, American Psychiatric Association, 2013. 265). Patients often develop anxieties and dissociative disorders, and sometimes they deal with dysphoria or aggression as well (ibid).

According to Baldwin, trauma events "shake the foundations of our beliefs about safety, and shatter our assumptions of trust." (Baldwin, *Trauma Information Pages*) The intensity and seriousness of these events range based on psychical stability of the affected individual, it could be rape or terror attack for some, robbery for others. *DSM-5* further lists car accidents, waking during surgery (but long-term physical illnesses are typically not a cause of trauma), physical abuse or even witnessing traumatic events among possible stressors. Close relatives and friends can suffer PTSD through indirect contact with a stressor, such as unexpected death of close ones, their serious injury or an accident. "The disorder may be especially severe or long-lasting when the stressor is interpersonal and intentional (e.g., torture, sexual violence)" (*DSM-5* 275-276). Anyone who is met with traumatic incident experiences some sort of reaction as it is the psyche's natural way to teach the individual to avoid dangerous situations; this reaction usually lasts for weeks or months before subsiding (Baldwin, *Trauma Information Pages*), but there are times when the mind is seriously affected and altered and this leads to development of mental disorders. The risk of development rises not only with the mental instability of the affected, but also with the time it takes to seek professional help. Without the help of a psychologist and proper treatment, the mental health of the affected can dissipate into grotesque proportions as it happens to Palahniuk's characters.

As stated before, not everybody exposed to severe trauma is likely to suffer from PTSD, studies suggest that there are other factors that contribute to its development, among these factors fall "childhood conduct problems", personality prior the trauma, heritability, social support and mostly age of the individual exposed to the event (Dikel 69). Perry and his

collective argue, that children and infants are more likely to develop PTSD and other trauma related disorders as their brains are not yet capable to think and process information rationally. This then later leads to development of the co-morbid mental issues (Perry et al., *Childhood Trauma*).

Trauma and posttraumatic disorders have very likely been around even before humans developed into homo sapiens sapiens as demonstrated by the fact that apes develop symptoms of PTSD after being exposed to stressors. These disorders have been called various names throughout the history. They were first acknowledged during American Civil War and in 1871 they were collectively called irritable or soldier's heart and it was connected with not only mental but also physical cardiac symptoms (Baldwin, *Primitive Mechanisms of Trauma Response*). PTSD as such was first acknowledged in 1980 in third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, back then it was classified among anxiety disorders. Nowadays traumatic disorders are filled into their own category in the fifth edition DSM-5 from 2013 and they are no longer connected with any physical symptoms.

According to Baldwin, comorbidity of traumatic disorders can change overtime, meaning other mental illnesses connected to trauma can develop long after the initial event. He also states that there is surprisingly large amount of disorders that are comorbid with PTSD such as anxiety, bipolar disorder, depression, dissociative disorders, personality disorders, schizophrenia, and substance abuse (Baldwin, *Primitive Mechanisms of Trauma Response*). The term comorbidity is a medical term, which means that the disorder frequently occurs together with other known disorders (*DSM-5 22*).

The amount of disorders that often occur together with trauma makes it clear that there is no one way the sufferers deal with stressful events starting with less harmful symptoms such as amnesia, which makes the sufferer forget the traumatic event, or intrusive recollections of the event, which leads the individual to re-experience the event while awake or dreaming, to those very serious ones including strikes of violent and aggressive behaviour which can be self-inflicted as well as aimed towards other people("International Classification of Diseases (ICD)." *ICD-10 Version:2016*. World Health Organization, n.d. Web. 7 July 2017.). Trauma is also argued to create disturbances in perception of time and reality, these are very common among patients suffering of dissociative identity disorder as well as other trauma-induced disorders. These disorders can seriously affect individual's

perception of the past, immediate reality and future as well as the imaginary or the unreal (Van Der Hart & Steele).

Mental illnesses that are connected to trauma are one of the few where psychologists can trace the cause and approximate time of development unlike in other disorders where the patient's mental health deteriorates gradually and without any presence of a stressor (*ICD-10*). The disorders that are about to be discussed may occur irrespective of whether or not the individual suffered trauma but the individual chapters concerning the below mentioned disorders in *DSM-5* make it clear that all of these issues are often onset by trauma.

The individual mental illnesses that co-occur with PTSD, as there are several, and their symptoms will be further discussed in their respective chapters so as to make the thesis less confusing. The disorders will be studied in depth throughout the individual chapters as they are symptomatic of the characters of the novels. The disorders are (in order of discussion): insomnia, post-traumatic stress disorder, sexual dysfunction, schizophrenia, dissociative disorders, antisocial, histrionic, narcissistic and dependent personality disorders, gender identity disorder, and factitious disorder.

6. *Fight club*

As the narrator's mental and social background prior to the traumatic incidents seems to affect the development of the consequent disorders, it needs to be considered before the thesis moves on to analysing the disorders the narrator acquired.

He comes from an incomplete family, his father having left him while he was still young. He was brought up by his mother, who he barely mentions throughout the story. It is not clear whether he had had a relationship with his mother or he just does not deem her to be important. The lack of the father figure in his life lead him to developing fear of not being masculine enough. He mentions consulting important life decisions with his father but does not seem to abide by his advice.

He does not mention his friends either, except one instance where he states he lost touch with them after they got married. There are no mentions of women in his life prior to the story, it again is not clear whether there were no important women in his life or he just does not find them interesting enough to mention. He seems to be rather lonely, which may be the reason why his subconscious creates Tyler and latches onto him. In Tyler he sees a friend but also the father figure he has been seeking.

The narrator works in an insurance company, his job does seem boring but also emotionally draining as the company does not follow ethical codex of any sort and they prioritize money over human lives. The thesis will now move on to the individual disorders.

6. 1 Reaction to severe stress and PTSD

Severe stress and traumatic events in one's life can cause several mental issues throughout their life. Most of the theory behind trauma and mental disorders has already been covered in the third chapter or will be covered in the respective chapters, this chapter focuses on immediate reaction: PTSD (or post-traumatic stress disorder).

According to *DSM-5* posttraumatic stress disorder occurs in individuals directly affected by traumatic experience or to ones merely witnessing it or learning about it happening to close relatives or friends. Symptoms include intrusive memories and emotions (these are different from typical negative depressing feelings) that make the victim feel like they are re-experiencing the event, loss of awareness of surroundings and present reality,

psychological distress. Some patients may try to avoid situations and stimuli that remind them of the traumatic event in any sort of way (e.g. people, places or conversations). Individuals tend to forget the negative experience, but the psychological impact persists. They can have negative relationship towards themselves and paranoid feelings about the world around them. Negative feelings of fear, anger, guilt or shame are present as well as inability to feel positive emotions such as satisfaction, happiness or feelings of love, intimacy and sexuality. Negative reactivity towards even the most innocent stimuli arises, making the individuals very susceptible to outbursts of rage, reckless and self-destructive behaviour. The patients suffer problems with concentration and their sleep is disturbed. Victims may feel detached from their own body or reality; they feel like outside observers. They show lack of interest in previously enjoyed activities and relationships with other people. PTSD manifests in many forms, fear-based reactions are prevalent in some of the affected, while others are unresponsive and emotionally detached, and finally some are exhibiting both (*DSM-5* 271-275).

As stated in the previous chapter, the narrator has to deal with copious amounts of stress. Insomnia is not the only manifestation of the psychological strain he is going through. According to *ICD-10*, reactions to severe stress are different from any other diagnoses as it is possible to indicate causative influences – events in the patients' lives that are highly stressful or events that create exceptional change in their lives. (*ICD-10*) In the case of *Fight Club*'s narrator, the stressful event is meeting Marla Singer. He feels as if she is exposing him as a fellow 'faker'. This instance is not the first time the narrator has to face stressful life changes.

When the narrator was at a tender impressionable age of just six years-old, his father left the family to start a new one. The narrator speaks about the events rather detachedly, comparing his father's new families to franchises (*FC* 50) but over this seemingly unconcerned exterior it is clear that this event affected his life immensely. He misses father figure in his life and while he spends his life trying to repress it, the need just cumulates until he creates Tyler to be everything his absent father could not be. *ICD-10* states that divorce and subsequent loss of family member which leads to undermining one's integrity of social network often lead to adjustment disorder that can manifest as anxiety and inability to plan ahead. (*ICD-10*) This proves right as the narrator showcases difficulty to make plans for his future calling his father for advice on what to do instead. His father is of no help in this situation. That is why the narrator welcomes Tyler in his life. Tyler has

authority and a plan. He gives orders and the narrator follows them never having to make serious decisions himself anymore.

In chapter thirteen of *Fight Club*, the narrator shares another highly traumatic event with Marla and the reader. He reveals that while he was in college he had a wart on his penis that he had to have removed. At the surgery there were medical students watching, this in itself is a reason to be stressed as having a group of people watch closely one's genitals is a threat to privacy and could potentially lead to issues with sexuality. At the beginning of the book we see the narrator decline sexual advances from a cancer patient Chloe and he has trouble with sexually and romantically connecting with Marla as well. The shame he felt while having the wart removed from his penis could very likely be the reason. The narrator never mentions any other women and neither does he mention sex but it is obvious that in college he had no such issues as genital warts are one of sexually transmitted diseases meaning he had to have sex to contract it. As if the need to have genital wart removed itself was not traumatic enough, he had to face disappointment of the medical specialists after they had discovered he did not have rare form of cancer. When he is telling the story, he says that having cancer for ten minutes is "worse than cancer" (*FC* 105).

Last but not least is the stressful event of the narrator's finding out Tyler Durden is not a real person but merely an alter ego his subconscious created during a complicated time of his life. After the story escalates and Tyler gets too much power, the narrator with the help of Marla starts to realize he and Durden are in fact one and the same individual. This creates intense distress in the narrator feeling as if his alter ego is fighting him. As Tyler was the narrator's coping mechanism that helped him deal with most of his life issues, this discovery destroys the system of values he holds. He does not know what to do with his life anymore and does not know where to look for help. He cannot get help from authorities as they are possibly controlled by Tyler Durden and he cannot deal with Tyler on his own. It is not possible for the reader to decipher whether he is driven by paranoid thoughts or if he actually is helpless in the world controlled by his alter ego but at this point it is not important.

Tyler's sole creation could stem from post-traumatic stress disorder rather than from mental predispositions to schizophrenia as the narrator himself states Tyler occurred because he loved Marla (*Fight Club* 198) but his traumatic past prevented him from admitting it.

The narrator feels like the situation he finds himself in towards the end of the book is so severe that he starts to have suicidal tendencies. In this complicated case the narrator's suicidal thoughts are interlaced with the threat of Tyler Durden. The narrator believes it is Tyler who is trying to kill him yet at the same time he subconsciously realizes Tyler does not exist and he is the one holding the gun at the rooftop of the tallest building in the world, where he had first met him. Suicidal thoughts are not unusual with post-traumatic stress disorder. *ICD-10* states that post-traumatic stress disorder often occurs after a situation of "exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone" (*ICD-10*) but the risk gets worse with people that do have a history of mental illnesses. It was already established that the narrator is highly unstable which leads to him reacting severely to the discovery of the fact that he and Tyler are the same person as well as the discovery of the real extent of Tyler's schemes. The narrator also knows that Tyler killed a man before and now he understands that he is the one who is a killer and a terrorist. Although PTSD is usually connected with feelings of numbness, detachment and intrusive memories (*ICD-10*) the narrator feels hopeless, useless and depressed to the point of him attempting murder-suicide which is another, although less frequent, way PTSD sufferers deal with acute stress (*ICD-10*). It is also clear that Tyler's entire existence was very stressful and traumatic for the narrator who had to face Durden's abuse that was emotional as well as physical, albeit self-inflicted. Victims of abuse often suffer from so called Stockholm syndrome, creating intense positive feelings towards the abuser and the narrator seems not to be different. This is the reason why the narrator suffers a reaction this intense upon finding out the truth.

Mental illnesses are very a complex topic and considering the unreliability of the narrator, it is difficult to discern the reality and it is important to consider the possibilities. Furthermore the presence of one mental illness does not exclude the possibility of other. On the contrary, mental illnesses can coexist alongside one another. Tyler could very well be an unconscious defence mechanism, a way the narrator uses to protect himself from repeated experience of pain, those can include memory suppression or physical or emotional distancing from the sources of their fears. (Herman 51-6) Because Tyler does function as the narrator's protector, harming those who caused him harm in the past as in the case of the narrator's boss. He also exists as a way for the narrator to have a sexual relationship with Marla, albeit unconscious one. So while post-traumatic stress disorder

jeopardizes the narrator's relationships with people, making him distrustful, anxious and resenting, Tyler helps him create and maintain relationship with Marla.

The narrator feels numb throughout most of the story up until the very climax when he discovers the truth about Tyler. As stated before, numbness is not only a symptom of post-traumatic stress disorder but of other illnesses as well. Trauma sufferers however tend to deal with their numbness through self-harm and so does the narrator. His self-mutilation serves as a way to root him to his existence, it helps him feel in control and alive. In his desire to control the violence, he creates strict rules for fight club that need to be abided. He connects physical pain with life and sees scars as a symbol of life spent with a purpose. At several points he states that he does not want to die without scars (*FC* 48). The narrator is very focused on his scars as well feeling proud of his wounds – his black eye, the hole in his cheek, the lye kiss on his hand. The pain “brings temporary relief but no healing or connection.”(Vickroy 66)

Self-mutilation as well as founding of the fight club are ways to rebel against society as well as typical ways of coping for some PTSD victims. They act out because they have trouble conforming to society. This is often tied to gender as well. Especially men tend to avoid seeking therapy for their trauma and resulting to acting out instead (Vogel & Wester & Larson 413, citing Fischer & Farina). As masculinity crisis is one of the key reoccurring topics in *Fight Club*, this problem resonates with the story.

6. 2 Insomnia

Insomnia is mental disorder that often coexists with other disorders and as much as it seems serious throughout the book, it is typically only a symptom of other illness. However, since the protagonist stresses his insomnia several times, it would be a good idea to briefly focus attention towards it. Brown, Akeesh and Mellman are convinced that insomnia is commonly connected to PTSD and trauma (Brown, Akeesh, Mellman 735). According to *DSM-5* insomnia's essential feature is “dissatisfaction with sleep quantity or quality with complaints of difficulty initiating or maintaining sleep”, there are different manifestations ranging from not being able to fall asleep at all or discontinuous sleep with the patient's waking throughout the night for prolonged periods of time (*DSM-5* 363). The protagonist seems to suffer with early-onset insomnia that makes him unable to fall asleep. Insomnia also impairs the individual's daily life making him tired, makes his concentration worse and negatively affects their memory. According to *DSM-5*: “The risk relationship appears to be bidirectional: insomnia increases the risk of medical conditions, and medical

problems increase the risk of insomnia.“ Sometimes it is hard to recognize whether insomnia is the cause of further health problems or it’s the other way around. (*DSM-5* 368)

Not long after we meet the narrator, we learn that he was diagnosed with insomnia. It is stated in the story and it becomes one of the choruses interweaving *Fight Club*. The narrator recounts his experience on multiple occasions “Three weeks and I hadn’t slept. Three weeks without sleep, and everything becomes an out-of-body experience.” (*FC* 19) Later on he likens the days with insomnia to “copy of a copy of a copy. The insomnia distance of everything, you can’t touch anything and nothing can touch you.” (*FC* 21) With this being repeated multiple times throughout the story, reader is led to believe this is the narrator’s main issue; it draws the reader’s attention away from the serious issues that are revealed further on in the story.

This, however, is just Palahniuk’s way to mystify the reader. The narrator’s doctor himself says that insomnia is typically only a symptom of a more serious issue and that the narrator should keep on looking for the actual underlying problem (*FC* 21). This diagnosis is largely ignored and disparaged by the narrator. This is typical behaviour for patients with insomnia; according to Raboch, insomnia sufferers are focused on their inability to fall asleep as it directly affects the quality of their lives. (Raboch 317) This also affects the narrator’s recounting of the story and makes his narrative highly unreliable. He attributes all of his issues to insomnia and refuses to see the gravity of his other symptoms. As he does not realize his other mental problems he unwittingly mystifies the reader into thinking nothing else besides his insomnia is wrong with him.

Raboch further mentions that insomnia is often present at times of heightened stress and it tends to be one of the symptoms of other mental disorders, often schizophrenia, anxiety or post-traumatic stress disorder (Raboch 317). The narrator starts of working a corporate job in an insurance company in the department of Compliance and Liability where he frequently has to compromise his morality for the financial profit of the corporation. His company produces faulty products that are dangerous to the health of the users, yet they choose to solve only those health hazards that would not cause larger scale financial burden to the company. Rest of the complaints is dealt with by paying the injured parties for silence. The way the reader sees the narrator throughout the story makes it clear that he is a good man and this type of behaviour is against his moral compass. This would put him under immense amount of stress leading to insomnia. He finds a way to relieve his stress through support groups, where he is in the face of death and desperation of other people

able to forget his own trouble. After meeting with Marla Singer at one of the sittings he is forced to face the fact that what he does in the support groups may not be entirely fair and morally correct. This is what makes his stress as well as insomnia worse which later leads to recrudescence of his schizophrenia. Vickroy goes as far as stating the following: “Marla also shames him, making him so self-conscious about attending support groups that they no longer can function as part of his defences, and as such he has to revert to other defences and create Tyler.” (Vickroy 64) Marla’s presence at the support group meetings takes away the only way the narrator knows to use as a way of dealing with his problems. It makes him feel ashamed and guilty and his defence mechanism crumbles. As he is unable to sleep for extended period of time his mental health starts to deteriorate.

After this there are only two ways for the narrator to fall asleep and they are not mutually exclusive. He is able to fall asleep on planes where he is again, as with the support groups, met with the looming possibility of death. He seems to find his existence unfulfilling, he hates his life and seeks proof that one day it will come to an end, and when he is close to this proof, he feels calm: “Oh, the proof that one day you are thinking and hauling yourself around, and the next, you’re cold fertilizer, worm buffet. This is the sweet miracle of death and it should be so sweet” (*FC* 34). Later on he admits it in fully: “I envied people dying of cancer. I hated my life. I was tired and bored with my job and my furniture, and I couldn’t see any way to change this” (*FC* 172).

The last possible mean of falling asleep for the narrator is giving up his control and leaving the reigns to Tyler, his deranged alter ego. It is arguable whether this can even be taken into account as proper sleeping as the reader does not know whether Tyler and his actions are mere delusions and in this case the narrator does actually fall asleep or Tyler is the narrator’s alter ego and therefore the narrator does not fall asleep at all. There are two ways to read *Fight Club*, as a story of a schizophrenic or a story of a person with multiple personality disorder with both explanations being equally plausible. This will be further discussed in respective chapters.

6.3 Sexual dysfunction

In general, there are several sexual dysfunctions that are somehow related to trauma, ranging from erectile disorder to different problems with ejaculation. Because there is no indication of the narrator having sex throughout the book while he is being himself, it is hard to tell whether his lack of will to have sex is connected to other possible sexual dysfunctions or his trauma. Based on *DSM-5*, the protagonist seems to have generalised the

sexual dysfunction, meaning he is lacking sexual appetite irrespective of stimulation, situation, or a partner. Sex drive may be affected by cultural factors, psychiatric comorbidity, relationship factors (i.e. lack of intimate feelings or poor communication), even by “individual vulnerability factors” such as one’s negative body image or history of abuse. Sexual dysfunction of the narrator’s extent is, similarly to his insomnia, very rarely independent and usually signifies larger scale problems. It is very commonly connected to trauma and PTSD (*DSM-5* 423). Likewise with insomnia, individuals with sexual dysfunctions may become entangled into an endless cycle where the more they are distressed with their situation and their lack of sexual appetite, the worse the situation gets.

Judith Herman likens posttraumatic stress disorder or trauma to the psychological wound caused by events that are so intense that they have serious influence over emotional or cognitive functioning of an individual. They can negatively affect one’s self-regard and ability to achieve intimacy (Herman 108-10). The narrator’s traumatic events eventually accumulate and altogether could be the reason why the narrator has difficulty connecting emotionally with anyone but Tyler. Throughout the novel, the narrator fights his attraction towards Marla. Because his traumatic past makes him scared of achieving intimacy, he tries his best to hate her. It is not until the end when he reveals his real feelings, realizing what he subconsciously knew all along: “From the first night I met her, Tyler or some part of me had needed a way to be with Marla” (*FC* 198).

The protagonist’s struggle with masculinity might be another reason why he is unable to sexually connect with other people and needs the help of his alter ego to channel out his sexual frustrations. The narrator was brought up by his mother; his relationship with her is undisclosed as he does not deem it important. He mentions his absent father several times throughout the story, but he never speaks of his mother. Mothers are only mentioned in very general and negative way. The whole generation of men is denounced because they were brought up by women. Meanwhile men and mainly father figures are portrayed in unhealthy idolizing way “[Y]our father was your model of God” (*FC* 140). Women are primarily mothers and the reason why the narrator’s generation is so weak.

The narrator does not look at women in a sexual way at all. According to Raboch the lack of sexual appetite is very rare in men and is typically accompanied by depression (Raboch 322). The protagonist meets Chloe in a cancer support group and she presents herself to him. He denies her advances and it may seem understandable with the cancer patient as she is in her final stages of life and the narrator describes her the following way:

“Chloe without hair, a skeleton dipped in yellow wax” (*FC* 106), but he also does so with Marla who attracts him. His conscious sexual urges are practically non-existent but his unconscious pent up sexual frustration is very likely one of his reasons for fabricating the character of Tyler Durden.

As mentioned in previous chapter, the narrator went through traumatic event when he had to have genital wart removed. While there are no scientific papers relating HPV viruses with low libido in men the stress and psychological repercussions of the removal could possibly be one of the reasons. Post-traumatic stress disorder in general has been connected with sexual dysfunction (Hirsch 520) therefore the narrator’s trauma is plausible reason for his low libido.

Another reason for the protagonist’s low sexual drive could stem from his closeted attraction towards men. On multiple occasions throughout the book he makes allusions and comments about Tyler or other men. “We have sort of triangle thing going on here. I want Tyler. Tyler wants Marla. Marla wants me” (*FC* 14). Later in the novel when the narrator meets Tyler for the first time, he is clearly infatuated with him (*FC* 32). Closeted homosexual could feel the intense self-hatred the narrator feels (Giles 33) and the subsequent anxiety could again lead to decrease in his libido (Hirsch 520). Further proof of this reading would be the protagonist’s urge to hurt a newcomer to the fight club whom he finds extremely handsome: “I hit our first-timer and hammered the beautiful mister angel face.” He says and Tyler tells him that “he’d never seen [him] destroy something so completely” (*FC* 123). The narrator clearly channels his attraction towards men through violence as he is, too scared of losing masculinity, afraid to admit it even to himself. That is not to say he is not attracted to women as his alter ego, whom he has no control over, has rough sex with Marla on several occasions.

Whole fight club has homoerotic undercurrent in itself with half naked men fighting each other. This can get troublesome for the narrator as he sees the members as his surrogate brothers and any attraction towards family is taboo. “There are overtones of incest in his evocation of a surrogate family – Tyler and the young men are imagined as lovers as well as brothers” (Giles 35). This confusion and anxiety puts yet another strain on the narrator’s libido.

Lastly, his insomnia medication could be affecting his sex drive as well. The reader meets the protagonist at the time when he is already treating his insomnia with pills and as he

does not speak of his sexual experience prior to the novel, there is no way of knowing whether the treatment actually affects his libido. This is however very unlikely as only select few sedatives cause decrease in sexual drive in men and erectile dysfunction (Castleman, *Psychology Today*).

6.4 Schizophrenia

Up until now it is still not clear whether or not trauma could be one of the reasons for development of schizophrenia. It is impossible to prove with full certainty, but research have been made that links (mostly childhood) trauma to schizophrenia and it was found that up to 40% soldiers suffering PTSD exhibit psychotic symptoms as well (Staggs).

A significant symptom of schizophrenia is also “diminished emotional expression” (*DSM-5* 88), meaning the patients do not process and feel their emotions properly, their emotional affects are inhibited and they are unable to express their emotions to others. The individuals may show lack of interest in activities they previously enjoyed, avoid social interactions or cannot feel any pleasure. Schizophrenics have trouble thinking coherently, with their thoughts being tangled and disorganized (*ibid.*). The disorder seriously affects the individual’s work, family or personal life as well as one’s self-care (*ICD-10*). Apart from delusions, there is not one symptom, which is typical solely of this disorder. Schizophrenia is a constellation of symptoms that drastically vary among the affected (*DSM-5* 99-101).

Other difficulties the affected may apprehend are depersonalization, trouble sleeping, or inappropriate mood swings (these may involve aggression, anger, or anxiety). Their memory may be negatively affected. Schizophrenics very often do not realize they are mentally unwell and are unaware of their condition (this happens prior as well as after diagnosis) (*ICD-10*). Although aggressive behaviour is not typical for schizophrenia and it is more of a stigma it can happen and these streaks of aggressive behaviour are more frequent in younger males (*DSM-5* 101).

Symptoms of schizophrenia that are slightly more prominent than the others are delusions and hallucinations. There is no distinct line between those as they can be interconnected and one may cause the other and vice versa. Hallucinations are sensory experiences where the affected thinks he sees, hears or smells things that are not there. Delusions, however, are “fixed beliefs that are not amenable to change in light of conflicting evidence“(*DSM-5* 87). These beliefs cannot be explained by individual’s religious or cultural background

(Raboch 114). Delusions are divided according to their plausibility. “Bizarre” delusions are those, that are far beyond being believable, they are often connected to aliens or magic. Those, which may seem far-fetched but could possibly happen are called “nonbizarre” (*DSM-5* 87). There are many kinds of delusions and those that are relevant to *Fight Club* will be further explained and related to the story later.

Schizophrenia is typically but incorrectly associated with split personalities. This misconception very likely came to existence because schizophrenics sometimes do hallucinate other personality (Raboch 102), they are however not split personalities as we know them per se. Both disorders sometimes overlap and this is very likely the reason behind this misconception (Ross, Keyes 71). This chapter will mostly focus on the narrator’s schizophrenic delusions and the possible reading that some of the most important plot points were only figments of the protagonist’s imagination as well as Palahniuk’s representation of other typical symptoms of schizophrenia. Split personalities will be further discussed in the following chapter.

The disorder typically starts between adolescence to mid-thirties and the onset can be slow and gradual or sudden and unexpected (*DSM-5* 102). *ICD-10* defines schizophrenia and its symptoms as a disorder defined by “fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time” (*ICD-10*). The individuals often suffer of insertion or withdrawal of their thoughts and delusions. They may hallucinate voices that either comment on their behaviour or even instruct them to act certain ways. Their thinking is disrupted and their thoughts fragmented (*ibid.*). The individual symptoms will be further discussed and related to the book.

The narrator’s blunted affects are one of the symptoms we are met with early on in *Fight Club*. Blunted affects essentially mean disproportionately mild reactions to emotionally loaded situations and disconnect with emotions. “[The narrator’s] emotional distance is apparent as he observes that Big Bob’s shirt has a “wet mask” of how he looked crying as they embraced (*FC* 22), but does not report feeling any emotion except relief; he can only approach his own pain vicariously through others.” (Vicroy 65) This happens again later when he observes bloodied imprint of his face on the floor of fight club (Matthews 92-93). Further demonstration of his disconnection with his emotions is his obsession with ironic depersonalizing metaphors he first encounters in *Reader’s Digest*. From this point on he

uses these metaphors to displace strong emotions he should feel as is the case with his boss confronting him after finding rules of fight club in the company's copy machine. The narrator should feel angry yet he stays calm and removes himself from the emotion and situation describing it simply as "I am Joe's blood boiling Rage" (FC 96) Then later, after he finally admits to himself that he and Tyler are one he still displaces himself from his actions and shifts responsibility from himself outwards only now replacing anonymous Joe with Tyler. "I am Tyler's mouth. I am Tyler's hands" (FC 155).

According to Raboch individuals diagnosed with schizophrenia undergo significant changes in their workplace behaviour, relationships towards friends and family, and they lose interest taking care of themselves and their surroundings (Raboch 230). The narrator is clearly this case. When the reader first meets him he has a stable job, there is no indication of him doing his work on a subpar level, he lives in a maintained condo and he has friends. "Ever since college I make friends. They get married. I lose friends" (FC 62). Although he feels discouraged by the fact people in his life leave, he has no trouble socializing. That is until the outbreak of his schizophrenia, after that he is no longer able to connect with people other than Tyler. He blows his condo up and moves in into a house on Paper Street that is falling apart with only the most basic of daily necessities, and he does not mind the state of the building either. He does not take care of himself; he does not mind the bruises acquired in fight club. "Fight club gets to be your reason for going to the gym and keeping your hair cut short and cutting your nails" (FC 50). The sole reason the narrator finds for somewhat maintaining his appearance is his effectivity in a fight. His workplace behaviour suffers as well, he cares less and less about his work performance and acts out. This leads to serious fight with his boss that ends with Tyler killing the boss.

The narrator does maintain his intellectual capacity and consciousness, even his conscience. Throughout the book the narrator states on multiple occasions: "I used to be such good person." (FC 98) It is clear that he realizes that what he does is wrong and feels pressurized into doing bad things by Tyler. This often happens with schizophrenics, they feel controlled and pressured by their delusions (Raboch 230). Individuals tend to harm themselves or others encouraged to do so on command by their auditory hallucinations (Lane, *Schizophrenia*). The protagonist ordered by Tyler commits crime and participates in fight club where he sustains injuries. At several cases he even fights with Tyler and they "turn their acts of sadomasochism into masochism alone." (Kavadlo 8) Scenes like the notorious first fight between Tyler and the narrator, which led to them founding the first

fight club, are one of the reasons why the book could be read as a story of schizophrenic person hallucinating the antagonist instead of Palahniuk's take on split personalities.

Palahniuk also makes it clear that the narrator imagines several other members of the club that somehow mend into one. For example the mechanic and other anonymous members, are just another figments of the narrator's imagination making it difficult to distinguish what parts of fight club are real and what parts are mere hallucinations. Palahniuk even gives the reader the freedom of choice as to whether the planned terror attack on Parker-Morris building was real or another hallucination of the narrator's as it is not revealed whether the tallest building in the world was actually destroyed or not. These hallucination or delusions are typical symptom of schizophrenia. Raboch defines schizophrenic delusions as: "fake ideas that cannot be related towards the individual's cultural or religious surroundings" (Raboch 114, as translated by Tereza Konečná). He also suggests that the delusions can only last for weeks but they can be longer as well. The patients do not have to be entirely convinced that the delusions are real, they can be doubting (Raboch 114). The narrator starts off clearly convinced of the fact that Tyler and the other anonymous members of fight club are real. He goes as far as imagining a career and a complex backstory for Tyler. By the end of the story he realizes that Tyler is not real and he was the one who by acting on his delusions causes the riots. The narrator is aware of his hallucination even during the climactic moment on the top of Parker-Morris building, realizing that Tyler is not real yet still seeing him.

There are several types of delusions and the protagonist is affected by at least few of them. Based on Raboch's division of these he can be diagnosed with paranoid, micromaniac, auto-accusing, and pseudo-megalomaniac but also megalomaniac delusions (Raboch 114-115). Paranoid delusions are the most notorious ones, in the book they are expressed by the narrator's fear that he has nowhere to turn to as Tyler controls everything including the police or military. Micromaniac and pseudo-megalomaniac hallucinations are characterised by very pessimistic outlook where the patient is convinced that he is to be blamed for any disasters that happen to their family, people close to them or even whole world. The only difference lies in the scale of the delusions with the ones concerned with smaller unfortunate events are labelled micromaniac and the ones about great disasters are pseudo-megalomaniac ones (Raboch 144-115). The narrator does blame himself for the events happening throughout the story once he realizes what is going on. One such example would be Tyler's killing of the protagonist's boss "I wanted out of my job. I was giving

Tyler permission. Be my guest. Kill my bos.” (FC 187). While in the case that any of the events occurring throughout the novel are actually happening they are undoubtedly the narrator’s fault, it is important to consider the possibility that the reader only sees the point-of-view of deluded person believing that the events that he hallucinates are the reality, never realizing that they are mere parts of his imagination. Lastly megalomaniac delusions are the exact opposite it would be the parts where the narrator believes Tyler is actually capable of changing the world and giving the members of the club new purpose and new respect for their lives.

Schizophrenia is a very complicated mental illness and it is impossible to cover all symptoms in one chapter this is why only the ones most prominently featured in the novel were discussed. The last symptoms that need to be related to the book are disordered thinking with break offs in the train of thought. The individuals also tend to create neologisms and think incoherently (Raboch 230). Palahniuk’s writing style works especially well to portray this part of the illness as the disjointed chapters and the lack of typical chronological timeline sometimes make it difficult to understand the narrator’s thinking. It is for example impossible to identify whether his meeting with Marla was what set off his downward spiral or his schizophrenia started before their meeting took place. Although his meeting with Tyler occurs in chapters that follow later after meeting Marla (respectively in chapters 3 and 2) there is no indication as to what actually happened first. The chapters often stop abruptly and are followed by ones that are completely unrelated to the events transpiring in the previous one. While the protagonist does not talk using neologisms per se he uses the nonsensical and detached *Reader’s Digest* metaphors. Overall Palahniuk’s erratic writing style is what tied the depiction together.

Lastly, it is important to note that even in the final chapter of the book when the narrator is treated in mental hospital he still shows signs of schizophrenic delusions and he is not yet willing to give up the idea of Tyler, mentioning him again and suggesting that some of the hospital staff is connected to him. This again can be read two ways either he is still hallucinating or he is purposely not receiving proper medication on orders of his alter-ego in the case that the events of the story were not made up. In the second case it means his personality is indeed split which will be further discussed in chapter discussing dissociative identity disorder.

6.5 Dissociative disorders

There are several subtypes of dissociative disorders which fall under this category but *ICD-10* connects them as disorders that are characterized by “partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements.” (*ICD-10*) They are typically only temporary and they are set off by particularly traumatic events. (*ICD-10*) The narrator’s traumatic experiences discussed in previous chapters could well enough be the reason behind the onset of his multiple dissociative disorders. They appear suddenly without a warning and tend to manifest repeatedly throughout various stages of the patient’s life. Dissociative disorders are “characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior“ (*DSM-5* 291). The patients may be unable to access their emotions and thoughts, they may lose their perception of reality as well as of their own self (*ibid.*). As the individual disorders (dissociative amnesia, dissociative fugue and dissociative identity disorder) are quite different this chapter is further divided into smaller section to make the understanding easier.

6.5.1 Dissociative amnesia

This mental disorder is typically characterized by individual’s loss of memories, information about their own lives. The patients may forget certain time periods or places, events that usually have connection to a trauma (this is called localized amnesia) and even their own identities or personal histories (generalised amnesia). Extreme cases even forget all their knowledge about the world and all their skills (*DSM-5* 299). Their awareness of the memory loss differs, some do realize there are parts of their lives missing while others remain unaware of it until they are faced with the facts (*DSM-5* 291). Amnesia usually develops suddenly, but it may be difficult to diagnose at first as with localized amnesia the individuals as well as their close ones may be unaware of this, since it may only affect short amount of time. Amnesia may last for years or just days and it is mostly set off by traumatic events or stressful situations (*DSM-5* 299). Even though the lost memories are hidden from one’s awareness they may still affect their lives unconsciously, leading to mood swings, self-harm or suicidal tendencies (*ICD-10*). These often worsen as the amnesia mitigates and it leads to: “wide variety of affective phenomena may surface: dysphoria, grief, rage, shame, guilt, psychological conflict and turmoil, and suicidal and homicidal ideation, impulses, and acts“(*DSM-5* 302).

According to Raboch, dissociative amnesia is a memory defect that usually follows traumatic events such as sexual abuse, rape, serious issues in family, or criminal misconduct (Raboch 298). The narrator forgets any crimes and any actions committed by and as Tyler up until the realization that they are one when he starts to remember. The affected can lose memory of just a few minutes as well as longer periods of time such as years. Their ability to gain new knowledge and memorize other things that are not connected to the traumatic event is unaffected (Raboch 298). This is clearly visible in the novel as well because even though the protagonist's memories are rather disjointed and eclectic he seemingly does remember what happened to him when he was being himself. On several occasions he mentions his first meetings with both Marla and Tyler and he remembers them in detail. He remembers his experiences in real life and the only parts of his life that are affected by the amnesia are the ones where the vehicle of his body is being controlled by Tyler.

Raboch states that the patients do not remember the traumatic event and it cannot be accessed and processed by their conscious but their behaviour and feelings are affected by the events. It can lead to their inability to form emotional connection to others, they feel alienated and demoralized (Raboch 298). The narrator feels disconnected from other characters, unable to feel love or even friendship and he is emotionally detached from the people in support groups, Marla and even other fight club members. His one and only friend is his alter ego Tyler. It is not until he regains his memories when he starts to bond with Marla and until he is finally able to admit "I think I like you," (*FC* 197) to her. His demoralization is reflected in his work performance that progressively gets worse as the story unfolds and the acts committed get worse.

Dissociative amnesia is also one of the typical symptoms of dissociative identity disorder, this mental illness will be further discussed at later point.

6.5.2. Dissociative fugue

Dissociative fugue is in fact more extreme type of amnesia. It is also directly mentioned in the book when the narrator calls Tyler: "A psychogenic fugue state" (*FC* 168). Granted he also mentions dissociative identity disorder as well as schizophrenic hallucination in the very same paragraph, but these diagnoses are not mutually exclusive and can be interconnected (*ICD-10*). Dissociative fugue is a state very similar to dissociative amnesia, the individual loses his or hers memory for certain but unspecified amount of time, but they also purposely leave home and can even travel to distant locations (Raboch 299).

They seem “completely normal to independent observers” (*ICD-10*). Dissociative fugue is very often connected to dissociative identity disorder and the affected typically suffer of both at the same time (*DSM-5* 291). The patients sometimes wake up from their fugue state, finding themselves at places they have no recollection of traveling to the location.

The narrator clearly does not remember his travels so the reader does not experience his fugue states first hand. They are revealed later on in the book when the protagonist learns the truth and even then he does not have an instant revelation. He starts by piecing the memories together piece by piece; he purposely travels to places he had allegedly visited in his fugue state and talks to people he met when his alter-ego Tyler was in control of his body. He only really gains back his memories in chapter twenty-four when he remembers Patrick Madden, a mayor and “enemy of project Mayhem” (*FC* 198) and what he did to him. By this point everything he did and every crime he committed becomes clear to him which ultimately leads to his suicide attempt. Dissociative fugue and dissociative amnesia are both directly connected to dissociative identity disorder.

6.5.3 Dissociative identity disorder

Multiple personality disorder is another subtype of dissociative disorder and it is currently better known as dissociative identity disorder (DID). It is another mental illness explicitly stated in the novel. The narrator calls Tyler “a dream. [He] is a projection. He’s a dissociative identity disorder” (*FC* 168). This is the interpretation adopted by most readers as well. While it seems to be confirmed by Palahniuk in the book, as indicated earlier, there are parts of diagnosis that do not add up.

DID is a “disruption of identity characterized by two or more distinct personality states” (*DSM-5* 292), it is a loss of one’s sense of self and their “sense of agency”. It is an extreme manifestation of trauma. Individual’s personality is often split between a “primary passive identity and alternate identities with contrasting names and characteristics. In at least a third of cases, self-mutilation may be inflicted as a punishment by one alternate personality or another” (Favazza 247). The split of personalities is often likened to possession in religious cultures. This disorder may develop in anyone irrespective of age or gender. It affects one’s memory, perception, behaviour, or functioning in life in general. The affected often notice gaps in their day to day lives, where the other personality takes over and they cannot recall parts of their days, dissociative amnesia is therefore part of the diagnosis. The ways dissociative amnesia works for the people suffering of DID are different and they are not connected strictly to traumatic events, some may forget certain parts of their personal

history or important life events, but even parts of their everyday lives, others lose memories of skills they previously had as extreme as losing ability to read. They may forget parts of their identity such as name or who is their spouse or family. The patient's may feel out of body experience of depersonalization where they feel as if they are watching themselves from the outside, unable to control their behaviour. Feelings of body dysmorphia are very common as well, the individuals feel as if their body is different than it really is, they may feel like a small child or someone of different gender. It may be very similar to possession by a spirit as the affected start to act unrecognizably as if their body is controlled by somebody else. They may encounter sensations of depersonalization described as if someone else is experiencing emotions through their body (*DSM-5* 292-297). The individual identities existing in one's body have their own memories that are sometimes very different and even contradictory to one another (Raboch 300).

The individuals often feel depressed, anxious, they are prone to self-harm or suicide attempts. Interestingly they often feel flashbacks in which they relive parts of their lives (usually traumatic parts of their early life such as childhood abuse or particularly traumatic medical issues), and they not only see these moments in their minds, they also feel them through their senses; this makes them disoriented and completely out of contact with present reality. (*DSM-5* 294)

DID is an identity disorder where the individual seems to be controlled by two or more personalities; the personalities however typically do not interact with one another and they do not manifest at the same time (Raboch 300). It is not known whether Palahniuk did not know about this or it was deliberate deviation from the typical identification of the disorder. He does so throughout the whole story though, as even the narrator's very first meeting with Tyler is a conversation. The reader's first encounter with Tyler and the narrator indicates, that there was clearly enough interaction between them: "Tyler gets me a job as a waiter, after that Tyler's pushing gun in my mouth and saying, the first step to eternal life is you have to die. For a long time though, Tyler and I were best friends." (*FC* 11)

Communication is one of the symptoms that can help the identification of DID: "Naturally such patients must speak of themselves in one of their two versions or they may speak in the third person of the other two. This sort of reference is here not merely an unusual or awkward figure of speech such as we may find in mental defectives or in children, but is the expression of a real alteration in personality." (Bleuler 144) The narrator usually speaks

of himself in the first person and about Tyler in the third. There however are instances, when he slips in a way and addresses himself as well as Tyler in second person and for a short while their personalities mend. These slips are minor, very easy to miss on a first reading. First time this happens it is very early on in the story, the narrator speaks about his experiences with traveling across the country when he suddenly changes points of view to Tyler's "You are a projectionist and you are tired and angry[...]" (*FC* 29). This is not an isolated instance as it happens again the ninth chapter, this time Tyler places a lye kiss on the back of narrator's palm: "Tyler says to pay attention because this is the greatest moment of my life. [...] This is the greatest moment of our life." (*FC* 74-75) The singular form of the word 'life' almost seems like a mistake, but it is very likely another slip in the narrator's conscious, a foreshadowing that he and Tyler are in fact one. And not only the way the narrator speaks of himself and Tyler but also reference by names (or the lack of) is significant. According to Giles: "that the narrator is nameless is significant; his identity is fragmenting throughout the text as his grasp on reality falls to pieces" (Giles 24).

The narrator himself has a very passive personality, when the reader meets him, he does not really speak up against the horrible amoral practices of his day job. He wants Marla, but is too afraid to get her. He realizes these things on subconscious level and his brain creates his alter-ego Tyler, who is there to help him. Or that is what he believes. The fact, that Tyler only ever does what he allows him to do or what he secretly wants does support this case. Before the narrator's psychosis gets out of control Tyler does indeed rebel only against things, that the protagonist lets him rebel against. The narrator hated his job, he had arguments with his boss: "I wanted out of my job. I was giving Tyler permission. Be my guest. Kill my boss" (*FC* 187). As stated in previous chapters, it was the same case with Marla. The narrator wanted her, but could not find a way to be with her. He admits that his attraction to Marla was the reason he created Tyler. The narrator grows to love Tyler as he is his friend and protector and this in turn leads to Tyler's refusal to leave, he claims that the narrator unconsciously still needs him. This is not true and it is nothing but manipulation.

Tyler, on the other hand, is very manipulative indeed. He often forces the narrator to self-harm and in other cases he is seemingly the one who harms the protagonist. Tyler excuses and rationalizes this harm inflicted towards the narrator but in effect it is the narrator who punishes himself for his mistakes and gives self a way to escape the numbness he feels.

Even after the narrator realizes the truth getting rid of Tyler is not easy. Even after the narrator acknowledges that Tyler Durden does not exist, he still partially continues to deceive himself when he claims that he purposely created Tyler to get him out of his boring life. But this is impossible as Tyler only emerges in the narrator's sleep and when asleep one loses his power to control anything (Giles 29-30). He cannot stop Tyler by simple realization of what he really is, and he needs to get medication. But as we see in the very final chapter of the book not even the proper medication does rid the narrator of his issues completely. The narrator ends up in mental hospital after his failed suicide attempt. Suicide rates are extremely high in DID patients, as up to 70% of them attempt suicide at some point of their lives (*DSM-5* 295). But even after the events of the grand finale of the novel he still says "bullet out of Tyler's gun" when speaking about the incident. Thus expressing that while his actions, or more likely medication he receives in the mental institution, stopped Tyler's rampage, the narrator has yet to completely come to terms with the fact that Tyler is in fact not a real person and he persists in dissociating himself from Tyler.

Last thing that remains to be mentioned is how Palahniuk's writing style corresponds with the DID diagnosis. Palahniuk is known for his fragmented inconsistent timeline with many flashbacks and flashaheads. While it could be easily dismissed as nothing else but the author's signature style it in fact adds another layer to the story. As was mentioned before, DID sufferers often tend to experience overwhelming flashbacks that are mental as well as sensory. They may lose track of time and feel disoriented, they may feel as if they are at different place at different time. With Palahniuk's narration the reader co-experiences the disorientation that is possibly felt by the protagonist. The chapters are not in chronological order and they are not connected. It is as if the narrator randomly re-experienced them. The abrupt breaks and cuts from one scene to another may seem to complicate the coherency of the story but as they represent the disordered thinking. Vickroy excellently sums it up: "Palahniuk's approach to characterization may be conceptualized in a postmodern sense, of functional and shifting identities, but it can also be interpreted as depicting traumatic psychic splitting and fragmentation" (Vickroy 63).

The chapters about *Fight Club* seem to be in agreement with the statement that the background of the character leads to development of certain disorders, as the narrator's loneliness and lack of interpersonal connection might be the reason why his subconscious

felt the need to create what is in effect imaginary friend. To support the claim the thesis will now move onto another novel with character with entirely different background.

7. Invisible monsters

Shannon McFarland used to be a model, before she decided to shoot her own face off to become invisible. She comes from a typical American family with two loving parents and a brother Shane. She and Shane got along well when they were children, but after Shane's disfiguration she started to feel jealous of the attention he gets from their parents. The parents were too bigoted to accept Shane's sexual orientation and threw him out of the house, but Shannon still did not feel to be getting enough attention and it got worse after Shane's alleged death. It is impossible to tell whether or not were her feelings justified or not as the reader only gets Shannon's testimony of the events. Her disorders may shroud her observations. Throughout the novel there are no notes about her friends before her disorders developed and she does not talk to anyone but her modelling friends and Brandy. Her need for attention and her naivety led her to staying in a relationship with a man who clearly did not love her and used her as a so called "beard" to cover his homosexuality.

Brandy Alexander, formerly Shannon's brother Shane, was possibly sexually abused by her father at a young age and definitely raped by a police officer Manus Kelley. She was thrown out of her home for being homosexual and forced to take care of herself until she was discovered by group of drag queens. The Rhea sisters loved her and in them she finally found a supportive family. But her traumatic past led her to being unable to accept the love.

7.1 Reaction to severe stress

This chapter is going to move right onto the way the disorder is presented throughout the book as the individual symptoms and characteristics of it have already been described in previous sections.

The fact, that Shannon McFarland is a highly unreliable narrator and that the reader only sees her side of the story needs to be born in mind. She tries to be nonchalant and minimalizes the real impact the situations have on her, to seem high above anyone. She is also not a reliable witness of the trauma Shane goes through when he is growing up, as her judgement is clouded by her jealousy.

The two traumatic situations that are central to the book, Shannon's accident and Brandy's being shot, are coincidentally the two that bare the least importance to the psychical state

of both. Brandy is shot in the finale of the book, even though the scene is presented in the first chapter of the book, as is typical of Palahniuk. Shannon shot her own face off because she wanted to be invisible. She reveals this in the final part of the story and she presents it as an accident throughout the novel. Shannon's accident was an extreme act of self-mutilation, a consequence of the trauma she endured in the past. It would be wrong to say it did not affect her at all, as her personality did alter in a way, as she intended. But as it was thought out process, and not immediate unexpected action, it did not lead her to develop any more mental disorders.

It is quite difficult to discern the real chronological timeline from Shannon's recount of the events of McFarland's childhood. The reader knows about the isolated events, but it is hard to piece together what happened first. The victims of traumatic events do have trouble recalling traumatic events properly, as stated before and this would very likely be the instance.

Due to this, it is hard to identify, whether Shane was sexually abused by his father first and this highly traumatic event led to his self-mutilation through exploding can of hairspray, or whether his act of violence against himself was completely independent. It is also impossible to tell whether Shane was only sexually abused by the young policeman, Manus, or whether something happened before. Throughout the book there is a build-up of tension, little hints pointing towards him being abused by his father as well: "Some nights, Brandy says, her father used to creep into her room while she was asleep. I don't want to hear this" (*IM* 246). But then, suddenly these hints stop: "I couldn't tell [the police] anything because there was nothing to tell" (*IM* 249). Viskovic and Summers-Bremner are also sceptical of this sudden change of direction, suggesting, that rather than there being nothing to tell, the things that happened were unspeakable for young Shane, so horrible, that he could not tell the police anything (111-112). This exclamation would explain why he wanted to destroy himself. Be it one way or another, Shane was raped, which then started his series of self-destructive behaviour. He slept around with other men and contracted STI, his family kicked him out of the house.

Shane's final act of self-mutilation was his sex-change to Brandy Alexander. This will be further discussed in the respective chapter, but it should be pointed out that, although Brandy claims she did what she did because: "we're so trapped in our culture, in the being of being human on this planet with the brains we have" (*IM* 259). But seeking to do the

biggest mistake one can do is the peak of a mountain of self-destruction, a mountain that no one non-affected by serious trauma decides to climb.

Shannon's life is considerably less difficult, but since she is highly self-centred person, any inconvenience she experiences feels more traumatic to her, even though she tries to pretend she is unaffected. She mentions she had a good relationship with Shane, when they were kids, but it got considerably worse after his accident. Later on, after Shane was forced to leave and then seemingly died, she did lose a brother, although she made it seem as if she was rather happy. Towards the end of the book it is clear, that she did feel guilty for not helping Shane before, and to amend she left him her identity. The shock of her brother's injury and consequent disavowal of Shane and the lack of attention she got from her parents at such a young age, probably led her to developing narcissistic and histrionic personality disorders, which will, again, be further discussed.

After that, she started a new life as a model, living with her fiancé Manus Kelley who cheated on her with her best friend. While it is not implicitly stated anywhere in the book, it is heavily hinted throughout it, that her finding out about it is what led her to her accident. She describes most of her life prior the accident but she never mentions anything between her finding out about Evie and Manus and the accident. She mentions she wanted irretrievable change, something she would not be able to go back from. She was too addicted to her own beauty and wanted to become invisible. But doing something this drastic asks for drastic antecedent and this, out of all the explicitly stated events, indeed seems to be what would traumatize self-centred, narcissistic Shannon the most.

Apart from self-mutilation, another symptom of trauma according to Christopher Roach is shallow affectivity. He claims that it is one of the residual artefacts left in person after traumatic events (Roach 7). The reader does not have to go far in the book to see that Shannon does show trouble experiencing emotions. She does not seem to feel anything, rather she lets the photographer in her head to tell her, what emotions she should present to the public: "Give me lust, baby. Flash. Give me malice" (*IM* 13). This also becomes one of the choruses Palahniuk uses throughout the novel.

This thesis will now move onto the individual disorders that developed in the main characters Shannon and Brandy throughout the story as the thesis focuses on different ways characters of distinctive psycho-social backgrounds are affected.

7.2 Antisocial personality disorder

Antisocial personality disorder, sometimes called dissocial, sociopathic or psychopathic, is a disorder of behaviour in which the individual ignores and violates the rights of others for their own pleasure or gain. They have trouble conforming to the societal norms, they act out against them and commit acts that are either against the law or in other way harmful. These individuals find pleasure in lying, manipulating, deceiving and conning other people and in reckless behaviour. They are irresponsible and they completely lack remorse or conscience. The individuals do not care about hurting others, they feel indifferent about it or they try to rationalize it through common phrases such as “life is not fair” or “it would have happened either way” and they lack empathy (*DSM-5* 659-660).

This behaviour often starts in childhood or adolescence and the onset is very often linked to childhood trauma or mistreatment (Armstrong & Kelley 295), at other times this antisocial behaviour starts at young age via acting out against authorities and problems with aggression that are outside the norm of normal childhood behaviour (*DSM-5* 660).

The individuals are very impulsive and unable to plan their lives ahead. They make immediate decisions and they do not take possible consequences into consideration. These people have no trouble turning their lives around in a spur of a moment and if they do not succeed in their decision they never blame themselves, they always blame others (Raboch 301). Common are feelings of self-importance but also of anxieties, depression and tension (*DSM-5* 660-661). Knowing all this, it is very easy to state, that this personality disorder is one of the most dangerous ones, not so much for the affected individuals themselves, more so for the people close to them and for society in general.

The reader is met with the gravity of Shannon’s disorder the moment she appears in the book. She is holding bleeding Brandy Alexander in her arms, watching her former friend’s house burn down and she is absolutely calm. She is the one who planned all of this after all. She does not see people as anything else but products: “Shotgunning anybody in this room would be the moral equivalent of killing a car, a vacuum cleaner, a Barbie doll” (*IM* 12). This is not the first time she did this either as she had set another house of Evie’s on fire before, which she rationalized as an adequate revenge for stealing her fiancé. And not even those, who Shannon loves are not safe from her manipulations and sick pleasure. Even though she loves Manus, she feeds him hormone pills, trying to ruin his health and body. She states, that she loves him too much and this is the reason, why she has to destroy him: “Of course, there's the danger of liver damage at his current daily overdose levels. There could already be liver damage or cancer or blood clots, thrombosis if you're a doctor,

but I'm willing to take that chance" (*IM* 78). Raboch says that the individuals with antisocial personality disorder often repeatedly commit crimes and if caught they do not feel guilt, rather the opposite and the only thing they are worried about is getting out of their crime, that is if they are worried at all (Raboch 330). Shannon does not care in the slightest, she does not consider the possibility of being apprehended by the law for her wrongdoings. She is careless and reckless.

After the hairspray incident, Shane became the centre of attention of the family. Shannon could not handle it, so when their parent's threw Shane out of the house, she did not help him. Few years later after the family got a call he allegedly died of AIDS, Shannon was happy. At the time she did not feel any remorse and did not feel bad for her parents, because she believed all attention will now be on her.

Shannon's storytelling makes it seem that she was a naive, dim-witted girl, before her accident and that her antisocial tendencies appeared after she became invisible. But there have been points in her life, where she showed her lack of sympathy towards others when she did not help her brother: "I could've opened my bedroom window years ago and let Shane inside" (*Invisible Monsters* 278). Her story makes it clear, that the reason she did not help Shane was not her being afraid of her parents, but her craving attention.

Shannon knew Brandy was her brother Shane from the moment she visited Brandy's new home. The Rhea sisters showed Shannon her old modelling picture and told her: "This, this is how Brandy wanted to look, like her bitch sister" (*IM* 177). She knew, that Brandy loves her because Brandy was not shy about her feelings and admitted them at several points. But she did not return the affections, she simply needed Brandy to get away from her life and she did not pay any attention to Brandy's emotions and she had been manipulating and using her, to get what she wanted.

Last trait that remains to be discussed is Shannon's impulsivity. Impulsivity, along with the mistreatment of others, "plays a central role in the so-called Cluster B personality disorders, including antisocial personality disorder"(Swan). Shannon's self-mutilation was one of the first impulsive acts the reader encounters. She wants to change her life and does not think about consequences, she does not consider how difficult will her life be after this irretrievable act. And she does not stop there, her life from that point is just a series of spontaneous and reckless decisions. She does not think about what will happen after she leaves hospital, burns down the house of her former friend, abducts her ex-fiancé and

embarks on a road trip across America with Manus and Brandy. She simply wants to start a new life and she does not care about consequences. She just wanted to become invisible, as she was sick of all the attention, which her other disorders made her crave.

7.3 Histrionic personality disorder

People suffering from histrionic personality disorder often have dramatic, even theatrical-like tendencies, trying to make themselves more interesting to others, but their feelings and emotions are very shallow and mild at the same time and they shift rapidly (Raboch 331). They may be overtly sexual or infantile to get the attention they are craving, as attention is what they revolve their lives around. They also use their appearance to draw attention to themselves, trying to stand out more than necessary, either through clothing choices or their looks in general. These individuals very often exaggerate their emotions and feelings towards other people to make themselves feel more important although they usually have trouble achieving strong emotional connection towards people at the same time. As their connections to people are very shallow they often neglect their old friends to focus on new ones (*DSM-5* 667-668).

The individuals with this disorder are easily recognized by their way of speaking alone, as they often try to sound very dramatic. They also try to use speech to convey more emotions than they actually feel. They may also state strong opinions without having facts to support these. They are also very easily influenced by their friends or even trends or fads. In their search for attention they often alienate their friends and close ones as they need to be in the spotlight at all times (*DSM-5* 667-668).

While people suffering from the histrionic disorder are not actually prone to suicide, they often use it as a means to gain more sympathy; this is also the reason why some of them commit acts of self-inflicted violence (Raboch 331). As with any personality disorders psychologists agree that childhood trauma is one of the likely causes for development of the disorder.

The traits that come to mind first, when thinking of Shannon McFarland and Brandy Alexander are seductiveness, dramatic behaviour, lack of empathy and Shannon is also very emotionally shallow. These are one of the main characteristics of histrionic personality disorder, formerly called hysteria. As Shannon's lack of empathy towards others and her inability to feel and express emotions was already discussed, this chapter will focus on the former two symptoms.

As stated before, Shannon is desperate for any kind of attention, even in her search for invisibility, she chooses the most dramatic way she can think of, to garner it. She says she considered shaving her head or getting fat, but none of these options seemed good enough to her. Prior the accident Shannon used to get her attention through her looks, revealing clothing and sexuality. After she decided to shoot her face off to become invisible, she adopted very dramatic way of hiding her disfiguration behind majestic veils. While she states these veils serve to make her invisible, it is very doubtful that people would overlook “yards and yards of black organza veil wrapped around [her] face and studded with little hand-cut Austrian crystal stars” (*IM* 14). It is the same case with Brandy Alexander who by her theatrics resembles a grotesque caricature of a person. Decked in expensive clothing and accessories even her way of speaking reminiscent of lines from soap opera. She even introduces herself as Princess at times, she remains dramatic even when she believes she is about to die: “Even if you can’t love me, then tell me my life, a girl can’t die without her life flashing before her eyes”(*IM* 18).

As stated above, people suffering of histrionic personality disorder tend to form unstable shallow relationships. This definitely proves to be true for Shannon, her relationships seem to be short-lived and replaced the moment someone new appears. Her romantic relationship with Manus, whom she claims she still loves being the only difference. When she meets Brandy Alexander for the first time, she is instantly infatuated by her, yet it is clear her affections are quite shallow, never does she show any interest in Brandy’s emotions or character. The shallowness of her feelings towards Brandy does not stop her from flowery proclamations of admiration: “Angels in heaven should blow kisses the way Brandy Alexander does and lights up the rest of my week” (*IM* 47), she also calls her queen supreme and seems to worship her. But then much later she reveals that her declarations of love were not actually true: “I’ve hated you for as long as I can remember” (*IM* 281). Although Shannon’s affections towards Brandy are not entirely genuine she admires her looks and poise. This will be further discussed in the following chapter as it is deeply rooted in her narcissism.

7.4 Narcissistic personality disorder

Narcissistic personality disorder is very similar to histrionic as they are both characterized by the attention seeking and lack of empathy (Raboch 331). Narcissists also feel extremely self-important and have illusions of grandeur. They are convinced that they are extremely beautiful, talented, intelligent or powerful. They crave attention, but it has to be positive

attention and admiration. These people have unreasonable sense of entitlement (*DSM-5* 669).

Although the individuals feel as if they are the best people there are and that they are successful in anything they do, their self-esteem is very fragile. They seek compliments and do not accept negative criticism. They tend to only form friendships and relationships with people that admire them and treat them the way they believe they deserve. This often leads to unwitting exploitation of their close ones. Narcissists however do not realise they are taking advantage of someone, they believe, that what they are doing is important thing that needs to be done and that anyone would be more than happy to help (*DSM-5* 670).

As stated before, these individuals lack empathy and are impatient when they are not the centre of attention. This means that they very often do not take troubles of their close ones into consideration and are oblivious when it comes to causing distress to others.

As the characteristics of narcissistic and histrionic disorder are quite similar, this chapter will no longer focus on the narrator's attention seeking, rather it will focus on Shannon's self-obsession prior to the accident as well as her interpersonal relationships.

It is believed, that in many cases narcissistic personality develops from feelings of inadequacy and lack of loving relationship with parents (Kraus). As Shannon never felt to be at the centre of her parent's attention, she developed craving for it from any possible source. This makes her relationships with people difficult as she only seeks those, that either give her the admiration she believes she deserves, or in the other case she is only able to form somehow meaningful relationship with people that remind her of herself. As stated in previous chapter, Shannon admires Brandy Alexander for her beauty and this is why she even considers developing a relationship with her. Later on it is revealed why exactly was Shannon so drawn to Brandy. Shannon finds herself in the apartment where Brandy lives, where she is shown a picture of herself: "This is how she wanted to look, and tens of thousands of Katty Kathy dollars later, this is how she looks," (*IM* 178) states one of the Rhea sisters. Shannon is so infatuated with Brandy Alexander because she is an exact copy of herself prior the accident. When she compliments Brandy's beauty, she compliments her own past appearance. As for her relationship with Manus, she describes it herself: "What I love is myself. I was so beautiful. [...] Manus is just the last man who ever told me he loved me" (*IM* 198). Shannon does not love other people, she only loves herself.

“Having to use people to support their sense of self-esteem, the narcissist is unlikely to have many close relationships” (Kraus). Shannon surrounded herself with people, that would feed her self-esteem – Manus, who loved her and thought she was beautiful, and Evie, a girl that had body and looks that were subpar to Shannon’s. This small support system crashed down after she learned about their secret affair. The fragile self-esteem that is characteristic of narcissists acquired a blow that was harder than she could reconcile with, which ultimately led her to the self-mutilation.

As any other narcissist, Shannon used to be obsessed with herself. Her ego was inflated, she thinks she was beautiful. When reminiscing of her past infomercials, she does not think about the products she was selling, she is too infatuated by herself. Her beauty was the only thing she cared about: “If I can’t be beautiful, I want to be invisible” (*IM* 214). All of this got so overbearing to her, that she decided the only possible way of fixing it was to permanently destroy herself. Shannon was not the only one with self-destructive tendencies. Shannon herself states: “In this way, Shane, we are very much brother and sister,” they both chose to make the biggest mistake they thought would save them (*IM* 286). This is why Shane decided to become Brandy Alexander.

7.5 Gender identity disorder

While gender identity is universally accepted as something people are born with, gender identity of Brandy Alexander is not this case at all. At several points of the novel she states, that she transitioned because it was the most destructive thing she could think of, the one she cannot take back, thing she wanted the least in her life. For her it was the most extreme form of self-mutilation. If the case was different, this chapter would not be included in this thesis.

Brandy Alexander’s transition from male to female defies all definitions of transsexuality. She did not feel gender dysphoria when she was in her old male body and did not match any of the criteria of diagnosis. There is therefore no need to recount these. Shane’s/Brandy’s character serves as a criticism of the society’s obsession with labels. To live outside them, they are not afraid to make uncomfortable and unconventional life decisions. But the transition was not only to rebel against society. It is implied, that Shane decided to transition as a way to cope with his trauma, his rape as well as the shunning by his family.

While transition is a miracle for people that are actually trapped inside their own bodies, it is a form of self-mutilation for Shane. He decided to undergo his sex change because he wanted to make a mistake: “I'm only doing this because it's just the biggest mistake I can think to make. It's stupid and destructive, and anybody you ask will tell you I'm wrong. That's why I have to go through with it" (*IM* 258) he says to Shannon. And he is willing to re-transition just to be with her. The fact, that Shane did not transition because of dysphoria is one of the reasons, he is running away from sex reassignment surgery as well. The surgical changes he made to his body to become Brandy Alexander are to certain extent reversible, but vaginoplasty is something that cannot be taken back.

Even if Brandy herself did not state at several points that transitioning is just a form of self-harm to her, it could be discerned from the way she talks about herself. She is clearly not acquiesced with her new self. She very rarely uses first person pronouns when speaking of herself and chooses to speak about herself in third person, disassociating her mind from her body. When she introduces herself to others, she introduces her body and its parts, pointing towards them, not her mind.

Last thing that needs to be stated about the topic is the fact, that Brandy's transition is not inherently misogynistic or transphobic. Evie Colltrel, the former friend and adversary of Shannon, is the polar opposite of Brandy, she is a transgender woman who did suffer gender dysphoria. Her secret friendship with Brandy and Brandy's standing up for her in front of Evie's parents shows, that even though Brandy decided to transition for the wrong reasons, she does respect the struggle of people, who really are transgender.

Although there is already a clear difference between the psycho-social backgrounds between the narrator of *Fight Club* and the characters from *Invisible Monsters* and it is obvious that the disorders they developed are completely distinctive as well this thesis will now use the novel *Survivor* to further prove the claim.

8. Survivor

Tender Branson comes from cult-like religious community called the Creedish church. The Creedish do not have the traditional family values. There is almost no relationship between the family members and since young age there is a clearly given hierarchy among the children. The first born sons are brought up to be the heirs while any other children are trained to be in effect sold to slavery. Their lower rank is known to them and they understand they are not of any more value than any product or farm animal. They are raised in a way that would make them lack self-respect and self-worth.

8.1 Reaction to severe stress

Since Tender Branson is the sole survivor of suicide cult the Creedish church it is clear that his life story is laced with traumatic experience which then leads to development of his disordered personality. The sole way the Creedish were treated by the elders of the church would be enough to traumatize a young person. They were instilled the fear of God, abused to never wanting to have sexual intercourse, any sort of loving relationship between family members was forbidden, they were being prepared to commit suicide the moment the elders tell them and last but not least they were sold into slavery.

Soon after Tender was sold as a cheap manpower, he learned about the mass suicide of the Creedish colony. His family was dead and his system of values broke down. He was appointed with a caseworker so as not to follow through with the Creedish rules and is forced to live in the outside world. He suppresses all his emotions, refusing to give them a way out, as is typical for survivors of traumatic events (Amstadter). He is so determined to not let his real emotions show through, that he tries to hide them by feigning several mental disorders, which will be further discussed in the following chapter. Another of his coping mechanisms to deal with traumatic events is recalling useless information he learned in Home Economics. Such is the case when he gets a call from his supposed killer, Tender calms himself down during this traumatic event by thinking of the most mundane things: “There's a way to polish chrome with club soda. To clean the ivory or bone handles on cutlery, rub them with lemon juice and salt” (*Survivor* 77). Not even after his caseworker and agent are killed he bats an eye. He simply prepares a cocktail or a snack and refuses to pay any mind to the disasters.

It is not until the near end of the story when he really lets his emotions flow through. Not long after he reconnects with his brother Adam, he is forced to kill him. After this Tender does not feel anything as he is in shock, but he realizes that once the shock subsides he will hurt. And after he learns his beloved fish died, he finally does. Making it his first healthy reaction to the traumatic life experiences.

As a member of the Creedish church, he was prepared his whole life for committing suicide. Although many PTSD victims do have suicidal tendencies (*ICD-10*) Tender does not see suicide as a permanent way out of his trauma. He sees it as something inevitable that has to happen eventually. He sees suicide as a “process” (*Survivor* 141) and at several occasions he only threatens suicide as a leverage to get his own way.

Trauma victims often suffer of disordered memory of the traumatic events (Ehlers & Clark), such is the case with Tender Branson. While he does not suffer of amnesia per se, his mind alters his memories to help him deal with the trauma. This is revealed by the end of the book when Tender’s brother Adam reveals the horrible practices of the Creedish church to Tender who does not remember those. He fundamentally understands that the church was evil, yet he has idealized way of seeing the church and does not want to accept reality. He tells Adam that the Creedish “lived simple, fulfilling lives. We were a steadfast and proud people. Our air and water were clean. Our days were useful” (*Survivor* 226). His trauma got him stuck in his childhood in a way and his brain developed many disordered ways in order to help him handle the trauma and to live his everyday life. His brain tries to deal with his trauma using coping mechanisms that eventually lead to his sexual dysfunction or unhealthy dependency on other people.

8.2 Sexual dysfunction

As is the case with reaction to severe stress, sexual dysfunction and its characterization was already discussed in earlier chapter. There are, however, different reasons behind Tender Branson’s dysfunction. His lack of sexual drive is given by the emotional castration done by the elders of the Creedish church. There were strict rules in the church, forbidding the members of even touching each other. When the young tenders and biddys matured into a certain age and were ready to be baptised, they were forced to see birth only to be discouraged from ever wanting to have sex or to reproduce. The Creedish believed, that sex would give the tenders a sense of power and some sort of identity, which would not be welcome. If they tasted the feeling of power, they would not want to be slaves to the people they were sold to as well as the church anymore.

The events however did not make Tender to lose his sex drive, it only created strange fetishes in him and made him search for other ways to get the arousal out of his system. While he is afraid of intercourse or even masturbation, he gets sexually excited by the idea of “romancing a dead girl” (*Survivor* 30). He tries to rationalize this by thinking that if there are walking dead people, there is an afterlife, but it is more likely connected to the horrific scenes he had seen in the Creedish colony. Dead girls cannot get pregnant and cannot go through the pain of giving birth.

As he is too traumatized to act on his sexual urges, he seeks other way to clench them. His caseworker inadvertently advised him to start shoplifting to relieve his urges. The caseworker makes him believe, that this is what he is supposed to do and that that considering the circumstances he should have mental issues. Tender is in fact not a kleptomaniac, he does what he does because he thinks it is what he is supposed to be doing. But shoplifting does not grant him the pleasure it would to any real kleptomaniac. As with any other mental disorders he himself mentions, he only pretends to suffer from it.

8.3 Factitious disorder

This mental disorder is also called Munchausen syndrome. It is very similar to hypochondria in many cases, as in both the individual feigns illness, those suffering of factitious disorder, however, may fake symptoms and signs of mental disorders as well. It is important to note, that the affected do not do this to reap financial benefits or other rewards, they do it even in situations in which there is no possibility of gaining any profit (*DSM-5* 324). It is usually very difficult to trace the source of the onset of the illness, but there are cases where traumatic life experience (Feldman 42) previous injury or illness might be one of the reasons for development of the disorder. The feigned health complications are usually different from those behind the onset of the disorder (*DSM-5* 325). According to *DSM-5*: “Methods of illness falsification can include exaggeration, fabrication, simulation, and induction“(ibid.). The affected either make up their condition altogether, or they use their pre-existing condition to make it seem worse, for example they may fabricate serious disease based on their headache. There are cases, where the patients alter their autobiographical data to make their feigned disorder more plausible. They may pretend their loved one passed away to seem more affected. They may even manually falsify laboratory results to make their condition seem worse.

Tender Branson fakes mental disorders at several points of the novel, with most prevalent being his kleptomania. He however does not match the criteria for actual kleptomania as

his stealing things is mostly half-hearted, he does not feel the tension leading up to the compulsion to steal something, nor does he feel the rush of pleasure from following through it (*DSM-5* 478). He simply does so, because he feels like he is expected to do something. Tender does not feign his disorders to gain any profit, he uses it as a way to deal with his trauma. By faking a disorder he does not have to face his own anxieties, confusion and grief he was left with after losing his family and his system of beliefs.

His caseworker brings him *Diagnostic Statistic Manual of Mental Disorders* as well as brochures and books covering various disorders and their symptoms. “Every session we had, she diagnosed me with another problem she thought I might have, and she gave me a book so I could study the symptoms. By the next week, I had whatever the problem was down pat” (*Survivor* 74). His caseworker wrongly diagnosed him with a disorder or a syndrome and Tender believed the diagnosis. This way he temporarily suffered among others dissociative identity disorder, pyromania, or experimental Koro Syndrome that was supposed to make him believe that his penis is getting progressively smaller and after he loses it completely he will die (*ibid*). For the short time, before she brought another disorder, Tender found the purpose of his life in acquiring the symptoms. Feigning disorders gave him rules to follow for the short time before he was given another set of rules.

8.4 Dependent personality disorder

This disorder leads the people affected by it to, as its name suggests, dependency on others. They have considerable difficulties making decisions, even simple everyday ones, without the help and advice from others. They are unable to bear responsibility themselves and they need to displace it on someone else, be it their parent, spouse or friend. These people are very submissive and need to be told exactly what to do. (*DSM-5* 675) As they are scared to lose their support system, they avoid arguments, change opinions depending on what their support thinks, even lie or conceal potentially troubling information that could lead to them losing the person they depend on. They have low self-esteem and they do not feel as if they are good enough for others or even to start a project, this is why they wait until someone tells them to do something, even if it is something that makes them feel uncomfortable or if the task is not reasonable. If they are instructed to do something, they usually try to give it the best they can as they are scared of failing and consequently being abandoned by their support system. (*DSM-5* 676).

They often make sacrifices for the sake of the person they are dependent on and often bear inhumane, abusive conditions without a word of resistance just to maintain their relationship. If that does not help and their relationship ends, the individual immediately seeks out another person to attach to and to take up the place of the person that left them. The dependent people usually only have small circle of people around them, but they are strongly connected to them (*DSM-5* 677).

Ever since Tender was born the Creedish church instilled him with the belief he is somehow worse. The name Tender itself is not simply a name, it is in fact a rank that was given to every single second- or later-born or son of the members of the church. It determines the role of servants and slaves throughout the rest of tenders' lives. They were treated like a products: first they went through humiliating baptism that was supposed to take away any remaining self-esteem and feelings of power they had left and then were sold. Tender likens his leaving of the community to selling a pig: "Nobody cried or hugged. Nobody cried or hugged when we sold a pig either" (*Survivor* 15). This showcases how low he sees his own worth.

As the individuals with low self-respect are less likely to act on their own volition (*DSM-5* 675), the elders of the church needed to lower their members' self-esteem to create mindless drones. Outside of the means mentioned above the Creedish also all of the power into the hands of God and the elders of the church. This means the members did whatever they were told to do by the elders. They went so far as to make them commit suicide when told to do so. The Creedish children were taught useless facts that were supposed to help them do their job outside the colony, but by learning the information by heart they stopped using their brain to think rationally.

After he is sent into the outside world Tender refuses to entirely accept his employers as someone to give him orders as dependent personalities seek someone who can trust to give them orders. This is why he so readily accepts first his caseworker and later on Fertility, his agent and lastly his brother Adam to give him orders. Because Tender is terrified of the possibility of losing his support from the people he trusts, he does what he is told to by them. Even if it means doing something he knows is unhealthy or downright illegal. When his agent makes him take steroids and drugs that ruin his liver or nervous system, Tender does so without any resistance. At one point he states: "If the publicist ever put killing myself on my schedule I'd be dead" (*Survivor* 159). This is how much he relies on the instructions given to him by his agent. And later when his brother tells him: "You'll be

giving me a better life. It's in your power," (*Survivor* 238) to convince Tender to in effect euthanize him, he does not want to do it. But in the end Tender's need to avoid any conflict and to please his close ones wins and he does what Adam asks him to do. He commits the heinous act of murder, which will stay with him until the end of his own life because he is too weak to stand his own ground.

This last chapter will be best ended by Tender's quote that summarizes his whole trauma filled existence. This claim of his showcases how miserable and disordered is the mind of Tender Branson: "The three hours I've been burying Adam is the longest I've ever been out of a job. Now Fertility Hollis is here to tell me what to do. My new job is following her" (*Survivor* 243).

9. Conclusion

This thesis intended to highlight the differences in ways Palahniuk's characters deal with stressful and traumatic situations. It essentially proved that the mental disorders the characters acquired due to their trauma and their combinations are just as unique as the individual background and stressors of the characters.

The narrator and main character of *Fight Club* came from an incomplete family and did not seem to have many friends. He struggled with his masculinity as for most of his life he had been missing a father figure. He felt lonely and abandoned by his father and friends and guilty because his job did not follow any sort of moral codex. This is why his subconscious reacted the way it did. His guilt is very likely the reason why he could not sleep and his loneliness led him to develop disorders that gave him any semblance of friendship in his life. The story can be read as either a story of a schizophrenic or a story of a man with a split personality, but in both instances the narrator fabricated the character of Tyler Durden who became his imaginary friend. Last but not least, his trauma related struggle with masculinity prevented him from achieving sexual intimacy. This struggle again caused the subconscious creation of the narrator's alter ego.

Shannon McFarland and Brandy Alexander, the main characters of *Invisible Monsters*, came from different background and the disorders they developed as a consequence of their trauma matched this difference. They grew up with both parents, but as they seemed to fight for their attention during their younger years, their trauma turned them into histrionic and narcissistic personalities. Their never-ending battle for attention led them to serious self-mutilation just to bring the spotlight back to themselves. Brandy Alexander's past experience of sexual abuse had been very likely another reason for her self-destructive decision to switch her sex despite not suffering of gender dysphoria. Her sister Shannon dealt with her, admittedly less dramatic, past by manipulating and hurting her close friends and relatives.

The last novel I chose to demonstrate the differences between the characters' upbringing and the disorders that develop post-trauma is *Survivor*. The protagonist Tender Branson was a member of a suicide cult. Since his childhood he was treated like a lower caste as he was second-born and he was brought up to be a slave without self-respect. He was traumatised by the elders of his church to feel powerless. This made him severely

dependent on people he trusted, unable to make his own decisions. On several occasions it made him to do things completely against his will and better judgement just so he could please the people he considered to be his support system. To achieve any order in his life he developed factitious disorder. He feigned disorders because pretending to suffer the symptoms of the illnesses gave his life a direction.

These three novels showcased that the development of mental disorders in traumatised people is not random. It is often deeply rooted in the backgrounds of the characters, their childhood, education and their past relationships. Mental disorders do not develop in vacuum and they need an antecedent. The traumatic events in the character's lives would not likely cause such harm if it had not been for the characters' troubled past.

I have studied the individual disorders by using *DSM-5* and *ICD-10* as diagnostic tools and also used several studies concerning the topics and then compared the acquired information to the way Palahniuk's characters act throughout the novels.

During the analysis of the novels it also became clear that Palahniuk's postmodernist fragmented writing style is one of the factors that makes the stories narrated by traumatized disordered individuals believable as was noted by Laurie Vickroy in her essay *Body Contact: Acting Out is the Best Defense in Fight Club*. This is especially clear in *Fight Club*, less so in the other stories as those are written to look as a recollection of seemingly disconnected memories. These memories should remind the reader of flashing of life before one's eyes at the moment of death.

While Palahniuk's unreliable narrators and fragmented storyline with digressions sometimes made it challenging to discern the actual happenings and mind processes of the characters, piecing the puzzle together one by one made the compilation of the thesis enjoyable and very interesting.

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