

**Post-Partition Migration and Transgenerational  
Trauma: A Study of "Folie à Deux" in Anirudh Kala's  
*The Unsafe Asylum: Stories of Partition and Madness***

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**Abstract**

*Recent exploration in the field of 'Migration Studies' tends to uncover the psychological depths of the trauma of the migrants. The act of readjustment of the dislocated refugees in an entirely new geopolitical space is never an easy and unproblematic one. Some of the involuntary migrants have to suffer bouts of panic attacks, fear psychosis, and an acute sense of dislocation which lead to pathological disorders. This new interface between 'Migration' and 'Mental Health' is a space which requires to be explored. The Partition of India left some 15 million people homeless and was undoubtedly the largest mass migration in human history. A few well-known Indian psychiatrists like Sanjeev Jain and Alok Sarin observe that the trauma in some partition victims leads to certain post-traumatic stress disorders (PTSD) and in some cases, this trauma-induced pathology can pass on to the next generation/s epigenetically. This can be termed as transgenerational/intergenerational trauma. Anirudh Kala's very recently released monumental text, *The Unsafe Asylum: Stories of Partition and Madness* (2018), deals with these issues. This collection of interlinking short stories by the famous Indian psychiatrist from Ludhiana, Punjab opens up new horizons of Migration Studies where the victims are seen to be troubled by the inner psychological trauma. At times, the buried trauma haunts them many years after the actual Partition took place and as they 're-experience' the past traumatic events, they become disturbed mentally and physically. A good number of characters in this anthology like *Rulda and Fattu*, *Iqbal Junaid Hussain's son Asif* in the story "No Forgiveness Necessary",*

*Prakash Singh Kohli in “Belly Button”, Harpreet Cheema/Firdaus in “Sits’s Bus”, Venky in “Partitioning Madness” suffer from trauma-induced pathological disorders. In another story “Folie à Deux”, the fear psychosis of an unnamed female narrator is transferred to her three offspring, which is ‘transgenerational’ in nature. This paper seeks to engage in a psychoanalytic exploration of the transgenerational transmission of the trauma of the post-partition migrants. It also tries to analyse the “Folie à Deux” syndrome in the titular story and to see how the delusional disorder of a partition victim is shared by her offspring.*

**Keywords:** Trauma-induced Pathology, Madness and Partition, Folie à Deux syndrome, Transgenerational Trauma, Posttraumatic Stress Disorder (PTSD), Trauma Studies, Partition Studies.

## I

“There has almost never been a society which has not experienced migration in some form or the other, and currently no such society exists.”

– Levent Küey

Levent Kuey rightly pointed out that there had hardly been any society that had never faced migration in one way or the other. What Kuey wanted to suggest is that “Migration has been a collective experience for humankind throughout history.”<sup>1</sup> Questions generally arise then how to study this human migration? Over the last few decades, there is invariably an increase in scholarship in the field of Migration Studies. The conventional approaches to Migration Studies

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<sup>1</sup> Levent Küey pointed out the traumatic aftereffects of migration in his essay “Trauma and Migration: The Role of Stigma” in *Trauma and Migration: Cultural Factors in the Diagnosis and Treatment of Traumatised Immigrants*.

also underwent a momentous change over time. The traditional approaches primarily sought to understand and analyse the causes, nature and flows of migration. Recent scholarship, on the other hand, tends to focus more on the ‘human dimension’<sup>2</sup> of migration and tries to listen to the voices of affected ones from beneath which had long been silenced. How do common people suffer due to involuntary or forced migration? How do the migrants readjust themselves in a new space when they are forcibly relocated? What are the psychosocial effects of migration upon its victims? What roles does the buried memory play in their lives? Do the memories of their traumatic pasts affect their present situation? Can trauma-induced pathology be transmitted to the next generation? There are several other questions like the ones mentioned above that deserve critical attention in this regard. This paper aims to explore such issues.

Recent exploration in the field of ‘Migration Studies’<sup>3</sup> tends to uncover the psychological depths of the trauma of the migrants. The act of readjustment of the dislocated refugees in an entirely new geopolitical space is never an easy and unproblematic one. Some of the involuntary migrants have to suffer bouts of panic attacks, fear psychosis, and an acute sense of dislocation, leading them to certain pathological disorders

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<sup>2</sup> Ian Talbot talked about the ‘human dimension’ of post-partition forced migration in his essay, “A Tale of Two Cities: The Aftermath of Partition for Lahore and Amritsar 1947-1957.” *Modern Asian Studies*, vol. 41, no. 1, 2007, pp. 151–185. *JSTOR*, [www.jstor.org/stable/4132347](http://www.jstor.org/stable/4132347). p. 153

<sup>3</sup> The psychological effects of migration, especially the traumatisation of the migrants from a psychoanalytical point of view, have been discussed in greater detail in two recently published books. Interested readers may look at them. *Trauma and Migration Cultural Factors in the Diagnosis and Treatment of Traumatised Immigrants*. Ed. by Meryam Schouler-Ocak. Switzerland: Springer, 2015 and *Migration Trauma, Culture, and Finding the Psychological Home Within: Views From British Object Relations Theory* by Grace P. Conroy, London: Rowman and Littlefield, 2016.

such as madness, chronic depression, and behavioural disorders obsessive compulsion, delusion, paranoia and so on. This new interface between Migration and Mental Health, or more specifically, between Migration-induced Trauma and Literary Fiction is a space which I would like to explore in this essay. Hence, the prime focus would be on the post-partition migration that had affected millions' lives.

The Partition of India left some fifteen million people homeless and is possibly the largest mass migration in human history. The Radcliffe Line had carved a deep scar not only on the Indian Territory but also on the minds of millions. Large *kafilas*<sup>4</sup> of dislocated refugees began to cross the new border due to the fear of persecution. After their involuntary migration, they found themselves usually on the wrong side of the border. The territorial politics of the nation-state made them refugees which often led them to traumatic moorings. Such unprecedented, life-threatening, disturbing events evoke trauma in the victims and this continues to haunt them later in their lives. Its manifestations can be seen in the victim's psychological and behavioural disorders in their developmental years.

Some well-known Indian psychiatrists like Sanjeev Jain of NIMHANS, Bengaluru and Alok Sarin of SBISR, New Delhi, observed that the trauma experienced by the partition victims leads to certain post-traumatic stress disorders (PTSD) and in some cases, this trauma-induced pathology can pass onto the next generation/s epigenetically. This can be termed as 'transgenerational/intergenerational trauma'<sup>5</sup> in which different types of psychic disorders can be found in their behaviour. For

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<sup>4</sup> Large scale convoy or mass procession.

<sup>5</sup> The very idea of 'transgenerational/ intergenerational trauma' was popularised by several child trauma researchers like Byron Egeland, Inge Bretherton, and Daniel Schechter around 1990s.

example, long-term depression, disruptive thoughts, anxiety, amnesia, insomnia, hallucination and delusions, dissociative identity disorder, self-annihilation and suicidal tendency are some of the well-known symptoms of Post Traumatic State Disorders (PTSD) that have been found in some post-partition migrants. The classic example of this kind of victim, suffering from territorial anxiety is Saadat Hasan Manto's protagonist Bhisani Singh in "Toba Tek Sing."<sup>6</sup> In this story, Bhisani Singh is not merely a fictional lunatic but represents thousands of other lunatics of the time who suffer from post-partition stress disorders.

Alongside Manto's story, there are a few more narratives which represent this psychological aspect of migration caused by partition. Very recently, Anirudh Kala's monumental text, *The Unsafe Asylum: Stories of Partition and Madness* (2018) deals with some of the above-highlighted issues. For example, Anirudh Kala's *The Unsafe Asylum* opens up new horizons of Migration Studies where the victims are seen to be troubled by the inner psychological trauma. It can considerably be categorised as a vital specimen of 'Trauma Fiction.'<sup>7</sup>, a relatively new genre or an interdisciplinary field of engagement with literary fictions taking both trauma studies and literary texts together. Anne Whitehead rightly points out that "Trauma fiction overlaps with and borrows from both postmodern and postcolonial fiction in its self-conscious deployment of stylistic devices as modes of reflection or critique" (Whitehead 2004:3). Thinking from this perspective, Kala's postcolonial text could be seen as a critique of the territorial politics responsible for such a large-scale human

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<sup>6</sup> Find the story written by Saadat Hasan Manto, pp. 9-15, in the anthology *Bitter Fruit: The Very Best of Saadat Hasan Manto*. Trans. & ed. Khalid Hasan. New Delhi: Penguin Books India, 2008. Print.

<sup>7</sup> Interested readers may look at Anne Whitehead. *Trauma Fiction*. Edinburgh: Edinburgh University Press, 2004.

migration. A good number of characters in this anthology like Rulda and Fattu, Iqbal Junaid Hussain's son Asif in the story "No Forgiveness Necessary", Prakash Singh Kohli in "Belly Button", Harpreet Cheema/Firdaus in "Sita's Bus", and Venky in "Partitioning Madness" suffer from trauma-induced pathological disorders. In another story "Folie à Deux", the fear psychosis of an unnamed female narrator is transferred to her three children, which is transgenerational in nature. Dr Kala's profession as a Ludhiana-based psychiatrist who had encountered a good number of patients-cum-victims of post-partition violence and migration helped him in shaping these stories of madness and maladies. Dr Kala's own family had to migrate from Kala Shah Kaku, a village in Sheikhpura (now in Pakistan) to Ludhiana in December 1947. In one of his interviews, Anirudh Kala mentions,

Mental health is still not a priority in our country, so we can imagine how things would have been 70 years ago. What people went through is so painful that they fail even to describe it. They have chosen to suppress it. Numbness follows when the pain gets unbearable. People who went through this great tragedy decided to bury their feelings and fears, for it was just too painful to revisit. The impact of the partition on people's mental health is the least talked about aspect of this tragedy.<sup>8</sup>

The characters in this trauma fiction are representative of the millions of actual migrants who had suffered from, what Dominica LaCapra (1999) called, 'founding trauma', a unique

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<sup>8</sup> See the reporting "Partition of the Minds" by Divya Goyal published on December 1, 2019 published in *The Indian Express*.

<https://indianexpress.com/article/lifestyle/books/partition-of-the-minds-anirudh-kala-the-unsafe-asylum-stories-of-partition-and-madness-5291163/>

sort of trauma, (either situational<sup>9</sup> or historical<sup>10</sup>) “that paradoxically becomes the basis for collective and/or personal identity.”<sup>11</sup> In recent times, several geneticists like Nathaniel Vincent Mohatt, Azure B. Thompson and Nghi D. Thai explored that this situational or historical trauma can travel to the survivors’ offspring. So, I intend to examine in my paper the transgenerational transmission of trauma among the partition victims by closely analysing the text itself.

## II

According to *The International Dictionary of Psychoanalysis*, trauma essentially refers to certain horrific events of “violence and suddenness” that lead the victims to an “inflow of excitation” to such an extent that it “stuns the subject” (Alain De Mijola 2005:1800). There has always been a significant debate among psychoanalysts and trauma theorists regarding the transgenerational transmission of trauma. Can trauma be transmitted to the offspring of the victims? What are the

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<sup>9</sup> Trauma arising out of a particular situation or phenomena, whether natural or artificially created can be termed 'Situational Trauma'. Epidemic natural disaster, catastrophic war, sexual abuse, routine violence, major accidents etc. could give birth to situational trauma.

<sup>10</sup> Originated with the study of Holocaust survivals, the ‘Historical Trauma’ refers to “the complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance”. (Nathaniel Vincent Mohatt, Azure B. Thompson, Nghi D. Thai, and Jacob Kraemer Tebes). This trauma can be transmitted across generations. For more information, see the article “Historical trauma as public narrative: A conceptual review of how history impacts present-day health” by Nathaniel Vincent Mohatt, Azure B. Thompson, Nghi D. Thai, and Jacob Kraemer Tebes, 2014. Published in *Social Science & Medicine*. 106: 128–136. Published online 2014 Jan 31. DOI: 10.1016/j.socscimed.2014.01.043. Weblink: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4001826/>

<sup>11</sup> See p. 724 of LaCapra, Dominick, 1999. “Trauma, Absence, Loss.” *Critical Inquiry*, Volume 25(4), pp. 696–727. *JSTOR*, [www.jstor.org/stable/1344100](http://www.jstor.org/stable/1344100).

mechanisms for doing so? Or more specifically, can trauma be intergenerational or transgenerational? A small number of trauma theorists have recently explored that a certain kind of trauma is “subtle but pervasive”<sup>12</sup> and can be transmitted from its direct victim/s to the later generation/s of trauma survivors. This could be termed as transgenerational trauma or intergenerational trauma. Studies related to this field are relatively new. Ronald M Doctor and Frank N Shiromoto have rightly pointed out in their *The Encyclopedia of Trauma and Traumatic Stress Disorders* that “This type of trauma occurs in children of traumatised individuals, but it is usually subliminal or less obvious than trauma due to a firsthand experience.” (Doctor & Shiromoto 2009:276)

Although Cathy Caruth has largely popularised the discipline of ‘Trauma Studies’<sup>13</sup>, there are several other trauma theorists who have popularised the idea of transgenerational trauma. Dr Vivian Rakoff first studied the transgenerational transmission of trauma<sup>14</sup> while working at the Jewish General Hospital in Montreal in the case of some Brazilian offspring of Holocaust survivors (OHS) (Braga 2012:134). Soon this approach attracted global attention and many trauma theorists tried to link it with the racial discrimination against African Americans. Further, trauma theorists continued linking this with the World War veterans, Vietnam War veterans, the Armenians survivors of Turks attacks, survivors of the Atomic

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<sup>12</sup> See Ronald M Doctor and Frank N Shiromoto, 2009. *The Encyclopedia of Trauma and Traumatic Stress Disorders*. New York: *Facts on File Library of Health & Living*, P. 276

<sup>13</sup> See the book by Cathy Caruth, 2016. *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press.

<sup>14</sup> For more details see Braga, L.L., Mello, M.F. & Fiks, J.P. Transgenerational transmission of trauma and resilience: a qualitative study with Brazilian offspring of Holocaust survivors. *BMC Psychiatry* 12, 134 (2012) DOI:10.1186/1471-244X-12-134



bombings of Hiroshima and Nagasaki by the US, and Cambodian and Iraqi victims of war, 9/11 terror survivors and so on. Later on, some child trauma theorists like Byron Egeland, Inge Bretherton, and Daniel Schechter have advanced the idea of transgenerational trauma, based on the findings and clinical observations of Selma Fraiberg.<sup>15</sup>

Under the umbrella of Transgenerational Trauma, one significant disorder is ‘shared delusional disorder’, a psychiatric syndrome generally known as ‘Folie à deux’. In this type of disorder, the delusion or hallucinations caused by a certain traumatic event is transmitted to the next generation/s and somewhere the offspring ‘shares’ his/her post-traumatic disarray. Two French psychiatrists, Charles Lasègue and Jean-Pierre Falret first coined the term ‘Folie à deux’, and conceptualised it as “a relatively rare syndrome that has long since attracted much clinical attention.”<sup>16</sup> According to The ICD-10 Classification of Mental and Behavioural Disorders<sup>17</sup>, this syndrome is generally known as ‘Induced delusional disorder’; whereas the Diagnostic and Statistical Manual of Mental Disorders 4 (DSM IV)<sup>18</sup> terms it as ‘Shared psychotic disorder.’<sup>11</sup>

This is no less evident in our present discussion of the story, “Folie à Deux” by Anirudh Kala in *The Unsafe Asylum: Stories of Partition and Madness* (2018). The story rightly chronicles the trauma-induced psychopathology of an unnamed woman, a post-partition migrant, whose PTSD is transmitted epigenetically to her offspring. Her delusional disorder is

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<sup>15</sup> Her monumental work "Ghosts in the Nursery" is the foundational text of trans/intergenerational trauma.

<sup>16</sup> Arnone, Danilo et al, 2006. The Nosological Significance of Folie à Deux: A Review of the Literature. *Annals of General Psychiatry*, Vol. 5(11). DOI:10.1186/1744-859X-5-11

<sup>17</sup>, World Health Organization.

<sup>18</sup> The standard American Psychiatric Association's criteria.

somewhat shared by her children who suffer recurring panic attacks, chronic suicidal tendencies, and schizophrenic aberrations of their mother.

The story very minutely portrays a couple who had forcibly migrated from Multan, Pakistan to Patiala, Punjab in 1948. The migrant woman, later on, became a patient of Dr Kohli. The first panic attack of its kind was felt immediately after she had migrated from Multan. Such sort of complex stress disorder arising out of a particular situation can be termed as situational trauma. All the significant symptoms of paranoid schizophrenia-like auditory hallucination, paranoia, neurobiological dysfunction of the brain, and delusion could be seen in the patient. She could hear the auditory hallucination of the “whisperings of a mob” (113) of some “bearded” men from a rival community threatening to “carve her to pieces” and “amputate her breasts”. In an utter sense of paranoid schizophrenia, she “ran out into the rain” to avoid her persecutors. Later on, she was taken to an exorcist, and it is with the help of certain herbs as part of his treatment, that she began to recover slowly in the next few months. This continued for the next twenty years.

Meanwhile, she had lost her husband and given birth to three children. Suddenly a second attack, though more severe followed. She suffered from a delusion that “there was another person sleeping inside her” (114). The woman then began to suspect each and everyone close to her, and she used to hear confused noises which did not exist in reality. The trauma returned in the form of delusional disorder and to her alternative reality, that not only she, but her daughters too were under the threat of sexual assault. She could see some men “threatened to rape” her daughters because “they have grown up nicely” (114). Her pathological neurosis reached its

culmination when she began to hide from her own family in an utter paranoid psychosis.

Suddenly, one night as a certain wedding procession was marching on the street nearby with firecrackers, a music band and dholwallas<sup>19</sup> the woman had another panic attack. She had developed a delusion that somebody was approaching to capture her and other members of the family and she started shouting that some attackers “were battering down the front door and shots were being fired” (116). One could easily guess the past traumatic events of the partition (like sexual assault) that the woman might have undergone. The fear psychosis returned to her time and again through different symbolic structures, and sometimes suicide attempts were followed. Finally, in utter desperation and a confused delusional state, she jumped over the roof of her house to death. This incident of her suicide happened to be another source of trauma for the rest of the family members. Many of the traumatic traits of the *Folie imposée* (the primary inducer) could be seen to have transferred to her offspring, who are the secondary receptor. This phenomenon has its explanation in the discipline of Trauma Studies. One may be reminded of Cathy Caruth’s notion of trauma as a “profound crisis of history.”<sup>20</sup> According to Caruth,

If PTSD must be understood as a pathological symptom, then it is not so much a symptom of the unconscious, as it is a symptom of history. The traumatised, we might say, carry an impossible history within them, or they become themselves the symptom of a history that they cannot entirely possess (Caruth 1995:5).

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<sup>19</sup> Drummers that play the drum at specific occasions

<sup>20</sup> See Anne Whitehead p. 5

It is evident in the text itself that the pathological symptoms seen in the woman protagonist are not merely products of the disturbed psyche/“unconscious” instead, they are the products of the troubled history, and it is in this way, that the traumatised subject, here, the victimised woman became a symptom of a history that she cannot entirely possess. The distressing symptoms of the troubled history could be located within her and in her progeny later on.

### III

The title “Folie à Deux” actually means shared delusional disorder. I shall now discuss how the mother's delusional disorder is shared by her offspring transgenerationally in the second half of the story. The story relates to a similar sort of panic attack in the character of Om (the only boy in the family) who after his mother's death unexpectedly began to behave “very strange” (117). Some schizophrenic disorders like the auditory hallucinations of hearing the horrible murmurings like her mother used to could be seen in him. His condition deteriorated drastically, and he was taken to the mental hospital by his elder sister to be investigated by Dr. Kohli.

The common symptoms that his mother had been suffering from could be traced in him and a similar sort of delusion of the bearded men with green armbands and their sickles coming to capture him could be seen in him. The auditory hallucinations of confused and chaotic murmurings that he heard were epigenetically transmitted from his mother. It could be marked out when he “plugged his ears with his fingers, and seemed baffled that this did not muffle the obscenities” (117-118), the same way his mother did. The major disorders of his mother like delusion, hallucination, and paranoia came unto him. On one of his bus trips, he found (in his alternate reality) that all the passengers inside the bus turned to be ISI agents and were planning to detain him. This repetitive compulsion

was inherited from the mother that resurfaced at a different symbolic level. Here the ISI agents represent the other for whom her mother had developed a phobia. Om believed in his 'alternate reality' that the ISI agents jeered at his "manliness" (119) and in utter delusion, he considered that his mind was being controlled by "a man named Jeevanditta who had been dead for two hundred years but worked through a proxy in Pakistan" (120). Her mother's fear of "Muslims with sickles" (120) had resurfaced as the fear of ISI in Om. Later he stayed there in the hospital for nearly a month and with heavy doses of sedative, slowly began to recover.

#### IV

After Om, the story takes us to Chitra, the youngest daughter of the family, who suddenly began to behave "oddly, over and above her regular fiery temper" (121). Somewhere she also began to share the similar sort of malady of her mother much like Om. Like her mother, she also suffered from obsessive-compulsive disorder and visualised an 'alternate reality'. Like her mother, Chitra began to believe that a 'Mussalman' doctor had killed her mother. We can see pretty clearly how a similar kind of traumatic disorder re-emerged at a different symbolic level. The bouts of a panic attack and depression, delusion disorder, anxiety and social withdrawal of Chitra and Om were analogues to each other that they have primarily derived from their mother. It became challenging for their elder sister to continue the family as she is the only earning member in the house and the only sane person.

Then, the story rapidly takes us to Dr. Kohli's chamber, who was busy writing an abstract of a paper for his next conference. Suddenly, the elder sister of the house came with her "hair open and dupatta trailing, sobbing, loudly" (123). Dr. Kohli was shocked by her abrupt appearance of this kind. His initial thought was that perhaps Om had committed suicide. But the

condition was much more gruesome and pathetic than he could imagine. The girl shouted at Dr. Kohli and accused him saying,

Om and Chitra are not mentally ill, nor was my mother. There are real bearded Mussalman men out there, hundreds of them, carrying swords, shouting that they will kill us. I [the elder sister said] heard them! They can become small like Lilliputians, and crawl through the ventilators. *I saw them. You [Dr. Kohli] bastard! You have been pumping drugs into my brother and sister. You are on their side. You killed my mother too. You are a psycho yourself a killer* (123). [Emphases mine]

It took no time for Dr. Kohli to understand that the only remaining sane family member was also affected by the transgenerational trauma. She also, much like others, began to believe in an alternate reality. In her delusional state, she held that Dr. Prakash Kohli was responsible for the family's mishap. To her, Dr. Kohli was one of the agents or perpetrators of violence, who belonged to the other side. Therefore, the ending is very pathetic and alarming because the sickness did not spare even the elder sister who took care of her siblings after their parents' death. Her delusions of “real bearded mussalman men out there, hundreds of them, carrying swords, shouting” (123) were akin to those of her mother, Chitra and Om. She also feared that her family would be exterminated by the Mussalman men. To her, Dr. Prakash turned ultimately to be a psycho and a killer, an ‘other’ from the rival community. Not only that, she even accused Dr. Kohli of sexual assault. The story ends with the bitter tears of Dr. Kohli due to his long term engagement with this family. Professional detachment is indeed a must for a psychiatrist. But here, in this case, he could not maintain detachment. Dr Prakash Kohli was just wondering how the transgenerational trauma and its resultant shared delusional disorder arising out of post-partition

migration affected the entire family. The concluding remarks of Dr Kohli are worth noting:

For a long time, I sat dazed. Then simply put my head down on the table and cried. The last time I had cried was when my father had gone out and got himself killed by a stray bullet. It was a similar blazing afternoon (123-124).

Thus, the transgenerational transmission of trauma and its associated delusional disorder gripped the entire family.

## V

The psychological effects of partition-induced trauma upon the forced/involuntary migrants can be seen in the story. The text rightly captures how buried/repressed memory resurfaces in various pathological behaviours of the victims, and those symptoms can recur in their offspring. It has its own clue/explanation in the scientific discipline of 'Epigenetics'. Epigenetics actually talks about how trauma generally is transmitted via genes inter/transgenerationally. Renowned psychologist, N. Kellerman, who had worked extensively with the children of Holocaust Trauma survivors notes that trauma can be transmitted by the "parent's child-rearing behaviour."<sup>21</sup> Here, Kellerman wanted to suggest that through the interaction between a child (trauma receptor) and the parents (trauma inducer), the trauma and its resultant psychosis may be transferred epigenetically.<sup>22</sup> The traumatic disorders of an

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<sup>21</sup> Interested readers can look at the article by N. Kellerman, 2013. Epigenetic Transmission of Holocaust Trauma. *The Israel Journal of Psychiatry and Related Sciences*, 50(1), pp 33-39.

<sup>22</sup> Shannon Sullivan has done groundbreaking research in this field published in an essay called "Inheriting Racist Disparities in Health: Epigenetics and the Transgenerational Effects of White Racism." The article is published in *Critical Philosophy of Race*, vol. 1, no. 2, 2013, pp. 190-218.

individual usually disrupt cellular function. According to Kellerman, it is the traumatic environment of the inducer to which the offspring is/are exposed, and it is in this process the germ cell of the source agent could be transmitted to the epigenomes of the offspring.

A handful of other geneticists like Supratim Choudhuri, Miguel Almeida, António Miguel de Jesus, Antonio Rene and others have very recently discovered one such non-coding RNA<sup>23</sup>, which they think, functions in the transmission of transgenerational trauma via epigenetic mechanisms. Again, a few other researchers like Rachel Yehuda and Amy Lehrner conjecture only in 2018 that the offspring's early exposure to the traumatic environment especially, at the post-natal period, actually changes the methylation patterns, particularly the glucocorticoid receptor (NR<sub>3</sub>C<sub>1</sub>) gene.<sup>24</sup>

Another way of transmitting the genes of trauma and its related delusional disorder to its later generation/s is to transfer the genes at the gestational stage of a mother's pregnancy through the uterine environment. Disturbing or chaotic stimuli enter through the uterine environment during pregnancy, and it could affect the offspring psychosomatically.<sup>25</sup> A similar mechanism can be traced in the offspring of partition victims whose

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<sup>23</sup> Supratim Choudhuri, in his article "Small Noncoding RNAs: Biogenesis, Function, and Emerging Significance in Toxicology" talked about this non-coding RNAs which functions in that way of transgenerational transmission of trauma. He has published his finding in *Journal of Biochemical and Molecular Toxicology*, Vol. 24, No. 3: 195–216. (May–June 2010). DOI:10.1002/jbt.20325. PMID 20143452

<sup>24</sup> Rachel Yehuda and Amy Lehrner worked extensively on the survivors' traumatic traits to their offspring in the post-natal stage. See their article "Intergenerational Transmission of Trauma Effects: Putative Role of Epigenetic Mechanisms". *World Psychiatry*, 17(3). September 7, 2018.

<sup>25</sup> See Michael T Kinsella and Catherine Monk. (September 2009). "Impact of Maternal Stress, Depression and Anxiety on Fetal Neurobehavioral Development". *Clinical Obstetrics and Gynecology*. 2009; 52 (3): 425–440.



parents were exposed to traumatic stimuli in the past. In this story also, the same mechanism works in both cases – Chitra and Om. The entire family shared a similar sort of delusion, of the “Muslim men buying for blood and honour” and it “had been passed down through the family like a cursed heirloom” (121).

It would be unfair to take this story of the particular family in isolation or generalise this transgenerational transmission of trauma connected with every migrant family. Anirudh Kala's story primarily talks about the shared delusional disorder, one of the many pathological, post-traumatic disorders that some migrant families had suffered from. The source of the historical trauma is the partition, but the manifestations of the traumatic experiences of the migrants vary both at the individual and the collective levels. In conclusion, it can be said that under the umbrella of Partition Fiction, Anirudh Kala's story secures a distinctive place because, it rightly captures the transgenerational transmission of the trauma of the partition migrants, which is unique in the context of the Partition-induced migration. It deals with the “Folie à Deux” syndrome, an emerging area of research in Psychoanalysis and Trauma Studies. Kala's expertise in psychiatry and his real-life experiences of treating hundreds of partition migrants are powerfully reflected in the stories of *The Unsafe Asylum*. This story, “Folie à Deux” along with some other narratives like “No Forgiveness Necessary”, “Belly Button”, and “Sita's Bus”, “Partitioning Madness”, “Love during Armistice” open up a new horizon in the realm of Trauma Fiction.

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