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Abstract: The present work joins both disciplines philology and psychology carrying out a study of the concept of journey in literature, in particular of descent into the underworld, as a metaphor of mental illness and transformation. From the perspective of Narrative Medicine, genre that emerges and breaks through in 20th century, an analysis of *Just Checking: Scenes from the Life of an Obsessive-Compulsive* by Emily Colas and her Obsessive-Compulsive Disorder has been made.

Keywords: Emily Colas, Narrative Medicine, Obsessive-Compulsive Disorder, Mental Illness, Descent to the Underworld, Journey

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Journeys of Descent in Narrative Medicine: *Just Checking: Scenes from the Life of an Obsessive-Compulsive*

0. Introduction

Narrative Medicine has given to me the great opportunity to join the two disciplines, philology and psychology, in which I am being educated. As I am a student of psychology as well, I have further knowledge about this field. From the viewpoint of Narrative Medicine, a genre that is gaining considerable strength nowadays, this paper explores the autobiographical novel *Just Checking: Scenes from the Life of an Obsessive-Compulsive* by Emily Colas.

The paper starts from the metaphor of journey as a transformation. In particular, it focuses on the journey to the underworld as a hellish experience that signals a psychological change and often the evolution of mental illness; in this case, Obsessive-Compulsive Disorder. To this end, this project is divided into eight parts. In the first section, the paper focuses on the concept of journey and its impact in the history of literature. Then, different kinds of journeys are explored. The paper turns to the main aspects of the journey of descent into the underworld, the origins of this pattern and its relation to the topic of madness. The project continues looking at Emily Colas' interesting biography, collected from an interview with the author herself, provided exclusively for this project. The next part examines Obsessive-Compulsive Disorder and offers a close reading of *Just Checking: Scenes from the Life of an Obsessive-Compulsive*. The project advances with a succinct explanation of the new genre of Narrative Medicine, of which Emily Colas' work is pioneer. The paper ends with the analysis of *Just Checking: Scenes from the Life of an Obsessive-Compulsive*. The interview with Emily Colas is attached as an appendix to the research.

1. The journey as a fundamental model

Since the very beginning of the history of literature, the concept of journey has been present in different cultures, as in *Mahabharata* (Indian epic-mythology), *Gilgamesh* (Sumerian mythology) or *The Odyssey* (Greek mythology). In the same way, it is contemplated in theologies, such as the journey narratives of the biblical myth of Adam and Eve's expulsion from the paradise in the Western World.

The idea of journey has been used through in various works of literature to represent non-spatial experiences, that is, as a concept of vital experience, in which spatial metaphors are used to epitomize the concept of time. A proof of this idea can be seen in the hero's descent into the underworld ("night journey narratives") as a symbol of the hero's spiritual experience and introduction into different levels of consciousness, as in Dante's *Divine Comedy*. Another evidence may be found in American literature, in which the journey very frequently means a symbol of quest and progress.

Later on, with the establishment of Christianity, the concept of journey changes in literature. The hero will now have to know himself and his own vulnerabilities, all this through the showdown between supernatural and evil forces. As López-Varela points out [2009], the linear time structure of journey is inset in a larger circular pattern (*eternal retour*), and the Christian concept of repentance and Resurrection is seen as desirable, as it may be seen in *Beowulf*. Furthermore, Chaucer's *Canterbury Tales* are another demonstration of this idea. These tales show a plural temporal perspective, in which reality is in constant change and the more adaptable characters are those who may get the success. The larger circular structure of God's universal and cosmic time is inset in the Chaucer's linear journey of pilgrimage.

Subsequently, from the 18th century, with the influence of Locke and his idea about personal identity as a conscious in time, a bias for particularity and individual experience rises in novel. The best instances that support this idea could be Defoe's *Robinson Crusoe* that may be interpreted as a journey of home-founding, and *Moll Flanders*, organized as a journey in which there may not be a clear goal search but a quest for a place in social life. Furthermore, in this period, the Romantic Revolution takes place, and with it, an internal revolution, a radical swift of stance towards the value of intimate human experience and a freer idea of truth. Therefore, Romantic journey narratives seek social identity and show an equivalence between the linear narration of aspiration, progress and raising and the cyclic pattern of nature. One example of this statement might be Melville's *Moby Dick*, in which the topic of self-realization or self-discovery is emphasized.

In the 19th century, Victorian novels have the reappearance of return-home journey. In American narratives, this kind of journey could mean loss or retreat, frustration and surrender of freedom. The American journey to Europe may well be usually shown as the gratification of nostalgia or loss feeling, as in the case of Nathaniel Hawthorne's late romances. Additionally, Pound and Eliot's poetry presents a journey to Europe that could mean a distance from current reality and a misleading quest for the past.

Finally, in the 20th century the topic of journey changes again to a circle narrative in which labyrinthine space leaves the reader with an incomplete seek, as it can be seen in Joseph Conrad's *Heart of Darkness*. The labyrinth, considered as a game, can commence as a pleasure of getting lost and may end with the pleasure of finding oneself. The resolution may be a process just feasible with constant change or transformation. Examples of narratives with journeys of wandering topic could be Fitzgerald's *The Great Gatsby* or Joyce's *Ulysses*.

2. Different kinds of journeys in literature

As it may be read above, some types of journeys may be distinguished. One kind would be physical journeys, which happen as a direct outcome of travelling from one place to another over land, sea or space. Another type would be inner journeys that would encompass emotional and spiritual journeys, which involve self-research, in which challenge and inspiration would result in growth and improvement. The last main sort would be imaginative journeys that take us into worlds of imagination, meditation and revelation. Furthermore, there may be identified some subtypes such as the journey of home-founding, the journey of quest, the journey of aspiration, the return home journey, the journey of wandering and the journey or descent into the underworld, among others.

The kind of journey that we concern to explore in this work is the descent into the underworld, specially, the katabasis as a metaphor of mental illness. Since the beginning of the history of the underworld myth, the credence about the katabasis to the hell occupied by spirits and supernatural beings may well be based, to some extent, in the leaving the soul from the body throughout a state of altered consciousness (as trance, dream state, or even near-death experiences) or in the course of visions and hallucinations linked with these states. That is, dementia starts to be understood as a cognitive state that produces alternative visions to reality. In the Neoplatonism, the remembrance and the oblivion are contemplated as katabatic journeys.

Saint Augustine, in his analysis about Genesis literal meaning, identifies the third sky as a psychological place, that is, in vision terms instead of cosmologic terms. He distinguishes three different kinds of vision: corporeal, spiritual and intellectual. The corporeal type is connected to body physiology; the spiritual is an imaginative vision, emerged from memories and dreams; and finally, the intellectual connects comprehension of the three types. These kinds of vision resemble to the human comprehension stages, from the information human beings perceive from senses, imagination and emotions, the rational mind or thinking.

Analysing the descent into the underworld as a metaphor for a mental illness, some parallelisms can be found. First of all, there may well be a key moment in which the katabasis takes place in both the underworld and the dementia. Moreover, one of the universal descriptions of the journey through the netherworld is darkness. The road is always depicted as dangerous, full of hardships and preternatural obstacles that just a spirit being can overcome. The same would happen with a mental illness, as long as it may well have a dangerous road fraught with difficulties and obstacles. Among all kinds of narratives of the descent into the underworld, there is the Hero's journey. According to Joseph Campbell and his *The Hero with a Thousand Faces*, after the journey, there may well be soul-searching, catharsis, and in some cases, death (temporary or partial death). This is what probably happens in most cases of dementia. In addition, Campbell declares that there is, to a great degree, breakthrough, that is, there is an achievement of special wisdom or power. In the case of insanity, after hitting rock bottom, there may be a renewal of the inmate and the recuperation from the mental illness, as it was the case of the classic pattern of the descent, in which he or she might gain special wisdom and power as well in order to continue a normal life.

3. Evolution of the model of journey into the underworld in literature

Since the very beginning of the literature, the concept of Descent into the Underworld has been captured in myths and legends. The first known documented myth is inscribed by Sumerians on clay tablets in the third millennium BCE. This myth is about the goddess Inanna (or Ishtar) and her katabasis into the underworld. Once there, she is physically and psychologically injured in a horrible way. At the outset, the journey is presented missing of help and driving to despair until the god of wisdom, Enki, appears to save her, they make deals and she can go back to the world.

After Sumerians, in Ancient Greeks, authors such as Homer or Plato already capture the myth of descent into the underworld. "The Myth of Persephone" tells as Persephone – daughter of Zeus and Demeter and the queen of the underworld – is seized by the god of the otherworld, Hades. This enrages her mother who makes the crops wither and the Earth waste. Zeus attempts to bring Persephone back to world; however, it is not possible as she has ingested some seeds of a pomegranate – result of Hade trick that forces her to return to hell one month for each seed she has eaten (four or six depending on sources) every year. The myth says that the period Persephone stays in the underworld corresponds to winter season, when Demeter, due to her sorrow, causes the barrenness of lands. The return of Persephone marks the commencement of spring, when everything sprouts again.

In Homer's *Odyssey*, the author depicts Ulysses' journey to otherworld and his invocation to souls. Ulysses is guided by Circe to dwelling of Hades. Furthermore, Plato, at the end of his *The Republic*, narrates "The Myth of Er" in a dialogue form between Socrates

and Glaucon. Er dies in a battle in Pampilia (current Armenia) and nine days after, he returns to life telling what happened in afterlife. The dialogue is about the immortality of soul and the consequences in afterlife of a virtuoso life, that is, how the ethic and kindness are rewarded after death. Plato also describes some inhabitants of dwelling of hell, transformed into animals.

The Roman idea about the hereafter is represented by authors such as Virgil and Ovid. In his *Aeneid*, Virgil makes an extent depiction about the descent into underworld. The katabasis is very progressive, since the Trojan Aeneas touches Cuman sand until he penetrates into Orcus mouth. As Virgil describes, deceased people enter into the hell crossing Aqueronte River, in a rowboat driven by Caronte. Their payment is a coin that is introduced into death's mouth. Moreover, Hermes is the psychopompos, that is, the god who guides souls through the path to hell dwelling. Additionally, in Virgil's *Georgics*, this author tells the katabasis of Orpheo, a Thracian legendary musician, son of Oeagrus (king of Thrace) and the muse Calliope. Orpheo descends in order to rescue Eudydice, and he is rewarded due to the extraordinary effect of his singing. Thus, Hades lets him take his wife with the only condition of not to turn his head back to see her during their return. However, Orpheo, forgetting this, turns his head back to see Eurydice and in that exactly moment she is absorbed by hell and disappears forever. Later on, the descent of Orpheo would lead to Orphism, esoteric theology.

Some centuries later, Lucian of Samosata makes several allusions to XI book of Homer's *Odyssey* and to Menippus of Gadara (III century B.C.) In Lucian's work, Menippus descends into the netherworld in order to receive the piece of advice from Tiresias about his future, as well as Odysseo does (I, 159). Afterwards, Marcus Terentius Varro's *Menippean satire* is inspired in Menippus as well.

In addition to mythology, a lot of religions have contemplated the idea of descent into the underworld. This is the case of Christianity. In IV century, the apocryphal *Gospel of Nicodemus* is discovered. The term apocryphal means "hidden" and it is used to refer to some collections of religious sacred Christian-Jewish writings not included in the Bible. In this Gospel the "Descensus ad Infernos" of Christ, he is accompanied by Saint Dismas, the Good Thief (one of the sinners crucified with Christ). In both the Old Testament and New Testament references to underworld can be found, as in The Revelation. Hades is the name attributed to underworld and Pluto is the sovereign. Hades is inhabited by death beings, and after Christ death, he would have descended to look for good ones to accompany him to Resurrection.

As it is explained above, Saint Augustine distinguishes the three types of vision: corporeal, spiritual and intellectual. Francis X Newman (1967) explains the influence of this concept in Dante Alighieri's *Divine Comedy*. This poem is also structured in three parts, which can correspond perfectly with the three Augustine cognitive moments: the vision of Inferno is presented as corporeal, emphasising in visual, auditory and olfactory; Purgatory could match with imagination and fantasy reign, focusing on mental states and interpretation of sensations rather than in the environment; finally, Paradiso would be an integrated and intellectual vision of previous phases.

Later on, in the XVI century, continuing in a Christian environment, Spanish mystic St. John of the Cross describes what it is called The Dark Night of the Soul. He makes a description of the journey that a human soul gradually experiences in the union with the Divine. St John of the Cross presents a dreadful journey, which entails extreme pain, destruction and the loss of the whole familiar, and in which there is no help. According to this friar, the only way to be oneself sensitive enough to comprehend the Divine level of reality, and to achieve what he calls subtle tastes, would be by the catharsis of own harmful habits, old tastes and weakness and confined comprehension. The Divine is constantly discharging holy lighting during the dark night to guide the soul to the correct direction. Once the soul has been purged further, it can perceive the Holy light or love.

Furthermore, focussing on English literature, the myth of descent into underworld appears in Alfred Lords Tennyson's poem "Ulysses" as well as in the homonym novel written by James Joyce. In the same way, Ezra Pound uses the katabasis in his *The Cantos*. Later, in the 20th century, T.S. Eliot utilizes *Inferno XXVII* as an inspiration for *The Waste Land* and *The Love Song of J. Alfred Prufrock*. As well as *The Waste Land*, Robert Graves' *I, Claudius* contains specific allusions to Cumaean Sibyl.

Moreover, in mid-twentieth century, The Hero's Journey starts to be narrated. An important instance of this would be the mythologist Joseph Campbell's *The Hero with a Thousand Faces*. At the beginning of this work, there is a hero resistance to the otherworldly call; however, he or she starts the journey, in which there are many awful trials and difficulties. It goes on awhile with no apparent help – although there is hidden help the whole time-. In the journey, the hero experiences soul-searching, catharsis, and in some cases,

even death – temporary or partial -. At the end, the hero achieves some sort of breakthrough: special wisdom or power. Once it happens, the hero may well even withstand returning. However, once again, there is a guidance to the hero's return journey by the hidden help.

From this moment on, it could be asserted that there is a growing tendency to personal katabasis. It could be the case of Carl Jung's *Red Book* (2009). Between 1914 and 1930, this author writes and draws about his own and the world descent and dark experience during the WWI. He makes a self-examination, what he calls "confrontation with the unconscious". His main objective to write was his personal saving. In his work, he eventually finds some help from beings he discovers in his mind that may well be parts of himself or archetypes.

Finally, another instance of journey through the underworld would be the work that is going to be analysed and related further on in this tesina: *Just Checking: Scenes from the Life of an Obsessive-Compulsive* by Emily Colas.

4. Main aspects of descent into the underworld related to madness

On this point, what we could be wondering is what madness is; how to define a concept that has been debated in all aspects of human life: political, social, medical, religious and personal. According to Lillian Feder, author of *Madness in Literature*, madness could be defined in the following words:

State in which unconscious processes dominate over conscious ones to the extent that they control them and determinate perceptions of and responses to experience that, judged by prevailing standards of logical thought and relevant emotion are confused and inappropriate. (*Madness in Literature*, 7)

From the very first records of madness issue to the most current confessions and literary fiction, drama and poetry, the concept of madness symbolically depicts people's concern with their own psychological operation. Human ambiguity towards the mind itself could be shown in the approach of madness in literature: presentation of the framework of dream and fantasy, of unreasonable dreads and odd wishes usually unknown by the surrounding environment and by the conscious itself.

Therefore, throughout all history of madness, central resemblance could be found in the sorts of responses to craziness. In the Ancient Greek society, insanity is regarded as a blessing. The very first classification of mental illness is carried out by Hippocratics, which compile epilepsy, mania, melancholia and paranoia. It is treated as both divine influence and illness. All this can be confirmed by classical figures such as Dionysus, Pentheus, Agave, Orestes and Cassandra, that portrayed by a Greek writer of the fifth century B.C., express the mental and emotional reality of humankind in much prior stages of social and religious development.

Several centuries later, with the fall of the Roman Empire, the rational concept of insanity is replaced biased on religious "demonology", that is, insane people are suspected of having been invaded by a spirit or devil. Already nearing the end of The Middle Ages, this concept turns even more radical with the trials for witchcraft, commonly known as "witchhunts". They are judged as witches – particularly if women – and burnt as such. Two of the most significant writers of this epoch are Shakespeare and Cervantes. Shakespeare feels a special fascination for madness. For him, rejected or dissatisfied lovers are believed to be at risk of breakdown. Especially melancholy feeling is an illness to which writers and academics are prone. Shakespeare is very concerned with relationships and sexuality and this may well be the reason why he is conscious of possible confusion of infatuation with insanity. This idea can be seen, for instance, in the character of Theseus in a *Midsummer Night's Dream*:

Lovers and madmen have such seething brains,
Such shaping fantasies, that apprehend
More than cool reason ever comprehends.
The lunatic, the lover and the poet
Are of imagination all compact. (5.1.4–8)

Moreover, Shakespeare examines another kind of insanity: age-related dementia. The agitation and the decay into what early modern people already call "second childishness" can be seen in *King Lear*, when Lear admits his feeling of vulnerability:

I am a very foolish, fond old man,
Fourscore and upward,

Not an hour more nor less; and to deal plainly,
I fear I am not in my perfect mind. (4.7.59–62)

Meanwhile, Cervantes, a Spanish writer, creates one of the most worldwide known work: *The history of the valorous and wittie Knight-Errant Don-Quixote of the Mancha*. Its main character, Don Quixote, is also known due to his insanity, as he sees in his imagination unreal things, some kinds of hallucinations in which real objects and even events are distorted, as seeing giants instead of windmills. That is, Don Quixote trusts his imagination over his perception, and his invention is nourished by the values of chivalry books and his obsession with knighthood. Quixote is persecuted by a priest and a barber, some kind of "witchhunt", as it is explained above, as an attempt to recover his insanity.

Later, from eighteenth century and especially in nineteenth century, the concept of mental illness experiences medical and social changes. Now, institutions and hospital systems determine that psychologically damaged people need medical attention; therefore, the spread of madhouses takes place. Furthermore, the Industrial Revolution contributes to the production of devices that aim at shocking and frighten. Charles Darwin's grandfather, Erasmus Darwin, for instance, suggests the usage of a swinging chair, while Benjamin Rush, the American mad-doctor, invents a special chair that "acts as a sedative to the tongue and temper as well as to the blood vessels. I have called it a *Tranquillizer*". There could be chosen a huge amount of works that address madness in this period; however, some of them could be highlighted. This is the case of Charlotte Brontë's *Jane Eyre*. The character of Bertha Madson is the "madwomen in the attic"; however, the concept of insanity appears in the main characters Jane and Mr. Rochester as well, but in a different way. Jane seems to get mad at the start of the novel when she is inside the Bed Room, and Mr Rochester, for his part, has an unpredictable and even dangerous temper. In addition, the Mad Hatter, of Lewis Carroll's *Alice's Adventures in Wonderland* is one of the most known mad characters in the history of literature. Even there is a very common phrase in Carroll's time that referred to it: "mad as a hatter". In this case, the origin of this insanity surely comes from the mercury poisoning that hatters suffers. Finally, another author that employs madness in his works is Edgar Allan Poe. Maybe, two of his most representative stories about this topic would be *The Tell-Tale Heart* and *The Black Cat*. In both, the narrator's lack of coherence and mental instability are seen; for instance, with paranoia, murders are committed. In *The Black Cat*, the narrator even admits his madness: "The fury of a demon instantly possessed me. I knew myself no longer" (*Black Cat* 65). The opposite happens in *The Tell-Tale Heart*, where insanity is symbolized by the protagonist's satirical scarcity of consciousness of his own madness.

To conclude this part, some reflections about madness by Michel Foucault will be done. Foucault is an important post-modernist historian of ideas, psychologist, social theorist and philosopher. He is the author of *Madness and Civilization*, in which he analyses the concept of madness as something dependent on society. That it, for Foucault, insanity may well not be a constant and typical thing; it might be determined by the current society instead. Several factors, such as culture and intellectual or economic structures decide what exactly insanity is and how it is known. Therefore, as Foucault asserts, each society creates its own experience of insanity.

5. Emily Colas' Biography

Emily Colas is the author of *Just Checking: Scenes from the Life of an Obsessive-Compulsive*. She was born in July 12th 1965 in New York City and she is currently living in Los Angeles. She studied Psychology at Duke University and later she got an Early Childhood Education degree. She used to work as a substance abuse counsellor before being a housewife and stayed at home to raise her two children. Years later, she wrote her main work, and this was followed by several articles. She is currently working as a nanny and she is interested in progressive politics too.

She decided to write *Just Checking: Scenes from the Life of an Obsessive-Compulsive* in order to be able to understand and manage her Obsessive-Compulsive Disorder, that is, to try to sort out through the noise in her brain and organise her thoughts. It could be understood as a way of lessen the power of her fears from her head, which means that her work is full of personal and intimate details. Once she got the material, she hired a local writing teacher to guide her in the process.

Emily Colas asserts to have suffered from fears since she was a child. Later on, at college, she underwent an intense depression and other issues told in her book. However, as she expresses in the interview she has given for the present project, it was in her 7th month of her first pregnancy (when she was 25) when OCD got profoundly bad for her and her life started an incredible change due to her illness, as she was unable to enjoy any aspect of her life neither leaving her house because of the feeling of being always endangered.

As a result of all the problems that this disorder would cause on her life, especially her separation from her husband, she decided to visit a specialist and begin with a treatment. Again, as she states in the conversation, although she felt unlucky with therapists and psychiatrists, she got an amazing improvement thanks to the medication. Now, despite the fact that she has still obsessions, they do not overwhelm her life. She is currently able to have healthier and more trusting relationships as well as carry out a job and function rather well, and what is really important in this cases, she can now ask for help when she needs it.

Although she states not to have been conscious of her contribution to the genre creation of "Narrative Medicine" in the last decades, a new genre which uses storytelling as medical practice in the way patients give voice to their experiences, it could be affirmed that her work *Just Checking: Scenes from the Life of an Obsessive-Compulsive* belongs to this field and that Emily Colas is a pioneer.

6. Obsessive-Compulsive Disorder in *Just Checking: Scenes from the Life of an Obsessive-Compulsive*

According to the National Institute of Mental Health, the Obsessive-Compulsive Disorder (OCD) could be defined in the following words: common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviors (*compulsions*) that he or she feels the urge to repeat over and over. (National Institute of Mental Health) And in Emily Colas words: "Recipe for a worry Take one pound morbid preoccupation and mix vigorously with one cup overactive imagination. In a separate bowl, add one part hypersensitivity to three parts increased hormone activity. Fold together and let stew for hours on end." (57)

Obsessions could be defined, again following the National Institute of Mental Health words as "repeated thoughts, urges, or mental images that cause anxiety." There is a little variety of kinds of obsessions; however, the main observed in our author is the dread of germs or contamination: "I was up the whole night certain I had lead poisoning, or worse, cancer." (26)

Emily Colas' worries are present in the whole journey through her own underworld due to her condition, especially her persistent panic of being infected with the most usual daily interactions with other people, as it can be seen in the following quote:

I learned all about the cold sore because of this old neighbour of ours. Chronologically old. She had one just below her lip and I was pretty certain I didn't want that in my family. So I did a little checking. Into the virus. (...) So the woman and her series of red bumps came over. My husband offered her a glass of lemonade because it was hot out. And she accepted (...) I try to be a good hostess, but it just doesn't seem kosher to have herpes on my stuff. (...) and I think she was able to sense my discomfort with the whole sordid affair. Maybe it was all the whispering I was doing to my husband. Then again it could have been the look of panic on my face or possibly just that I wouldn't let her anywhere near my daughter. (...) She suggested we just smash the glass and save the world from her plague. (...) but I can impose reason. I just left the glass on the table for three hours and then ran it through the dishwasher twice. (51-53)

Among all dreads our author suffers because of her OCD, her most present anxiety in her life is the instant infection she could get from the tiniest sample of blood:

Every step I took I was certain that I'd stepped on blood. I had to walk around all the reddish/brown spots on the floor and try to determine their exact color. Was it more of a brown hue? Probably coffee, Coke, or scuff marks. More orange? Maybe orange soda. Or more red? Candy. You'd think the floor of a hospital would be a little cleaner. (57)

Therefore, every event in her life could mean an infection that jeopardise both her and her family: "I was certain that the litter and all the germs contained in it were now a permanent part of my carpet" (61)

Furthermore, the National Institute of Mental Health describes compulsions in this way: "repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought." Among the range of compulsions that an Obsessive-Compulsive patient could have, Emily Colas particularly shows especially two. The first one would be the excessive cleaning and/or handwashing, carrying out by both herself and people that surrounds her, particularly her husband, because of her demands. This extract could be an example of this behaviour.

My husband and I generally kept a pile of about twenty garbage bags in one corner of our apartment. (...) but it was our trash and I knew nothing bad was in there. It was communal trash that made me shake. So when it was time to take the bags out to the dumpster, my husband had to follow a whole hygienic procedure. To keep the neighbors' germs out of our place. First the water had to be turned on and left that way because if he touched the garbage and then the spigot, the spigot would get contaminated. Next he'd take one bag in his right hand and open the door with his left. Then he'd shut the door behind him and lock it so that no one could get into the house. (...) He'd take the bag down, stand a few feet from the dumpster to be sure not to touch it, and throw the bag in. Then he'd unlock the door, open it, slip his shoes off, come inside, and wash his hands. He used a pump soap so that he could use his clean wrist to pump some in the palm of his hand and not contaminate the dispenser. The water would stay on, and he'd move on to the next bag. He went through this procedure twenty times, once for each bag, until they were gone. (70-71)

Moreover, the other compulsion shown in Emily Colas' condition and this that gives title to her work would be the repeatedly checking on things. This extract could be an evidence of this:

Every time I used the dryer and then the dishwasher, stove, disposal, blender, or any large appliance, I had to open and shut it countless times to make sure my cats weren't inside. This was made more difficult because I have two black cats who look remarkably similar. I'd shut the door to, say, the dishwasher and then look around the house for the cats. I'd see one, so I'd open the dishwasher to check for the other. I'd close it and then I'd see the other one. Or so I thought. I'd be about to turn it on when I'd begin to wonder if the first won't have jumped in. Or if the second one was the first one. I'd open it up again and check. Still empty of felines. I was getting headache. I came up with a solution. I found the two of them, place them in the bathroom, and shut the door. Then I went back to the kitchen checked the dishwasher, saw that it was empty and started it. Then I went back to the bathroom, did a couple headcounts and let the guys out. (45-46)

Apart from that, there are other idiosyncratic characteristics of an Obsessive-Compulsive person. They usually ponder constantly, that is, they are not usually able to control their ruminations or actions, even when they are conscious of the excess of them. Emily Colas asserts: "I'd have to go over the scene again and again in my mind until I could find the way to convince myself that I wasn't really in danger of getting a disease." (71) In her work, our author shows herself completely aware of her problem: "I worry obsessively all day" (112)

Another important feature to be highlighted would be the problems that all this ruminations and behaviours can lead to. In the case of Emily Colas, one of the worst consequences would be the separation from her husband: "I can't do this anymore" (78), her husband expresses after many years of worries. After this, she starts to scam him: "I was lying to my husband" (103). And she tries to find the reason why her husband is sick of these circumstances: "It was probably a lot of things. Not just one monumental event. Lots of little things that finally got him." (125). Due to this situation she shows nervousness: "I was little nervous about how the kids were going to take the idea of my husband and me separating." (126)

In addition, people with this condition do not usually reach satisfaction when performing the actions or rituals (compulsions); however, they can sometimes feel a short relief from the anxiety the ruminations cause: "(...) I didn't feel better. I couldn't make the thoughts go away" (77)

Emily Colas expresses her feeling of frustration and suffering as a consequence of the inability to manage her anxiety the whole day, even when she sleeps: "It's not like I don't want to stop. Well maybe there's a small part of me that doesn't, but for the most part, the biggest, hugest part, I do want to. (...) I have this general feeling of uneasiness. (...) So I stay anxious and distracted all day and then when I get to go to sleep, to possibly escape, I have nightmares." (106-107)

Once she becomes conscious of her problem, different feelings apart of that she already had start to emerge, as in the case of embarrassment: "I was a little embarrassed" (103).

6.1. The end of the journey

After our narrator gets separated from her husband, she realises that "(...) wanting my husband back." (128). That is the reason why she finally decides to go therapy and take the pills she needs. Then he comes back: "It's good to have him home" (136). After some time of treatment, we can observe little by little the effectiveness of it, as she affirms being not "so preoccupied with hygiene" (142). In this, the last part of Emily Colas' journey, there is a clear change and progress in her life and condition. She even becomes perfectly aware of her disorder: "Me, I'm just neurotic. I suppose you could go as far as calling me mentally disordered or, maybe, insane" (149).

However, all her progress and changes do not avoid the lack of communication between she and her husband and the tenseness they start to have at home. After some events, the couple gets definitely separated and she rents a house and starts to work, getting her independence.

In conclusion, it could be declared that Emily Colas lives her own hell due to the experience of her disease, as she herself expresses in this title of a vignette: "The Living Hell of Neatness". (89)

7. *Just Checking: Scenes from the Life of an Obsessive-Compulsive* as a pioneer of Narrative Medicine

As it is explained in Emily Colas' biography, *Just Checking: Scenes from the Life of an Obsessive-Compulsive* may well be classified in Narrative Medicine. According to Sayantani DasGupta, - MD (Doctor of Medicine), MPH (Master of Public Health) and teacher of the Master's Program in Narrative Medicine and co-chairperson in University Seminar-Narrative, Health, and Social Justice-at Columbia University - Narrative Medicine could be defined as "the clinical and scholarly movement to honor the central role of story in healthcare." This movement can be undergoing a great evolution, from the physician's narrative, as classical objective biomedical report, to increase of patient's narrative. Nowadays, it is seen as a helpful resource for comprehension of patients as individuals, that is, it could be used as a tool for better understanding patient-specific meaning of a disease, their personal perception of the illness. As Greenhalgh and Hurwitz - editors of *Narrative Based Medicine* - assert "Narrative provides meaning, context, perspective for the patient's predicament. It defines how, why, and what way he or she is ill. It offers, in short, a possibility of understanding which cannot be arrived at by any other means." An illness narrative tells about a particular medical case, that is, the depiction of the pathology, but what we concern more, it transmits the intense and authentic reality of the life of this person.

In Narrative Medicine, four genres may be distinguished:

The first genre gathers Patient Stories, where sick people express from inside their hell of suffering. They usually narrate their experience from a biographic and social context. The second would be Physician's Stories. These are autobiographical reports about life as a physician and the way they care their patients. Moreover, Physician's Stories manifest the great change that physician's comprehension of their professional role and their connection with their patients undergoes due to their illness experiences, which means a huge developing of empathy and understanding for their patient's situation. The third genre assembles Narratives about Physician-Patient Encounters, in which physicians interpret patient's symptoms thank to their medical knowledge. This usually results in a diagnosis and suitable and respective therapeutic intervention. This, in turn, may change the experience of patients in their narratives. Therefore, they show the way in which physicians may influence in the creation of patient's story. Finally, the last genre would be Grand Stories—Metanarratives that show sociocultural understandings of the body in health and disease. These narratives can influence the caregiver's as well as the patient's viewpoint of illness and of the diseased body.

Just Checking: Scenes from the Life of an Obsessive-Compulsive would fit in the first genre explained above: Patient Stories. As it has been expounded, Emily Colas expresses her own hell due to her obsessions and compulsions and the consequences of all this.

8. Analysis of *Just Checking: Scenes from the Life of an Obsessive-Compulsive*

Emily Colas' work is divided into four parts. The first three could perfectly represent her journey through the underworld, her personal hellish experience. As she tells in the interview, the division of these three are mainly geographical: the first one takes place in Durham, North Carolina, and when our author's first child is born; the second section starts when she and her family move to Los Angeles and she has her second child; and the third part is when they move to Ann Arbor, Michigan. In the fourth and last section, a clear change of our narrator is appreciated, as it has been explained above. After she commences the therapy, she progressively becomes a healthier woman, able to control thoughts, behaviours and fears.

Her story is narrated through snapshots or vignettes. In them, Colas goes from past to present -but there are also other temporal sequences- to tell her daily life, her anecdotes and also her fears, obsessions and compulsions. She uses a journal-like mode to express herself.

Despite the fact that Emily Colas lives a hell with her disorder, she never loses the humour. Throughout the whole work, amusing passages can be found, as in the case of the first erection of her son, in page 110.

Furthermore, she utilizes an ironic tone, which can contribute to the enjoyment of reading of this work, and gives to the seriousness of the problem a breezy touch. A clear instance of that would be her response when the first therapist proposes her a "systematic desensitization", which consists of "doing things that you're afraid of" (117): "Oh yeah. That sounds like an excellent idea. Maybe I can assist in a surgery, but without gloves. Then I'll be cured." (117)

Moreover, irony can be identified in titles, such as "Sweet Tooth", in page 159. This title precedes a not too pleased anecdote about the loss of a tooth while she is eating a piece of candy, and finds it, as she tells "in the mist of (her) chewing".

Another kind of humour that appears in this work would be the called black humour. One example of it would be Colas' dad's favourite joke:

"Second-grade teacher: Johnny, what does your dad do for a living?"

Johnny: My dad's a doctor.

Teacher: And Timmy, what does your dad do?

Timmy: My dad's a fireman.

Teacher: What about your dad, Joey?

Joey: My dad is dead.

Teacher: Well, what did he do before he died?

Joey: (clutching his chest and falling to the floor) AHHHHHHHHHHHHHH!" (161-162)

Although, as it is mentioned above, Colas uses a journal-like structure throughout the whole work, in two of the vignettes she expresses herself in a poetry manner. The two poems, curiously enough, represent two different moments of our author. The first one depicts, in an original way, her insanity:

"What Is Gross?"

Picking boogers from your nose
wiping them onto your clothes
hocking spit onto the ground
stepping on a slimy mound
hair where it shouldn't be
toilet seats covered in pee
dirty diapers, smelly gases, leaky holes, and
wiping asses
doing chores, clogged pores, oozing sores, sex
with whores
roaches, ants, and pesticides
toxic waste and cyanide
cum that's dripping down your chin
getting stuck with bloody pin
a witch's hex, a wart, a boil
anal sex, an unclean mohel
abscess, pimple, pustule, fester
dressing up in polyester
mental illness, medication
psychiatrists and sanitation
a lick, a suck, a fist, a bite
a discharge stain
insanity lite." (69-70)

The second one, in contrast, marks somehow the beginning of her change, being, in addition, the first page of part four:

"How To Be A Good Wife
Don't be insane, a pain, or vain
nor mundane, arcane, or plain.
use your brain

don't complain
no disdain
remain urbane.
Do not go against the grain.
Entertain in your domain.
Explain, sustain, and ascertain
all you find to be germane.
Clean a stain –
prepare for rain –
refrain, abstain, from the profane.
Maintain, obtain, have it pertain –
Tupperware and cellophane.
Try hard not to be a strain
pick your guy up at the train.
Wear a chain, eat chow mein, clean with Gain,
Don't do cocaine.
Have a nice walk down the lane
run your fingers through his mane
sometimes even snake a drain
never, ever be insane.
Make your love so high octane!
that his interest will not wane." (135-136)

9. Conclusions

In order to come to an end, some conclusions will be analysed. With this project, it has been demonstrated that throughout the whole history of humankind, mental illness has been very often interpreted as a journey through the underworld, in which sufferers find themselves out of reality and endure painful consequences that, moreover, can highly limit their lives. One proof of this is all the collection of literature that compiles this issue and in which metaphor of the descent and journey to hell has been always used to show the experiences and feelings that a sick person can undergo.

Specifically, Narrative Medicine is the genre that uses storytelling as medical practice in the way patients give voice to their experiences. This technique is a greatly useful method for both patients and professionals to go in depth with the illness. As it has been examined in this paper, this was the case of Emily Colas and her *Just Checking: Scenes from the Life of an Obsessive-Compulsive*, in which she expresses her more intimate obsessions and compulsions that made her feel a high level of distress.

Finally, it has been also observed how this method is hugely useful and productive for patients as Emily Colas that uses it as a way of understanding and catharsis, driving sufferers to a great improvement in their disease. As she claims herself in the interview that she gives to the present work: "I was just trying to sort through the noise in my brain." The best triggering of her decision to write her work is that, although there may well not be a complete cure for the OCD, as it is explained above, she reaches a great improvement and control of her own life, which means that she can now have a well-nigh normal life.

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Appendix

A CONVERSATION WITH EMILY COLAS on the Impact of Narrative Medicine in the Life of Patients and on their Readers.

First of all, I would like to thank you for your willingness to help me with my research project and for the closeness you have shown.

In the name of the Department of English Studies at Universidad Complutense de Madrid, I would like to transmit our best wishes to you, and our gratitude for your participation in this interview which will be published in the journal of the department.

May all the stars you count serve to illuminate your path.

1. Could you please give us a little information about yourself: where are you from, when and what did you study, where do you live currently, what are you working on at the moment?

I was born in New York City and currently live in Los Angeles. I went to Duke University and got my degree in psychology, but also studied early childhood education. Prior to writing the book, I worked as a substance abuse counsellor for a few years, but mostly stayed home and raised my two kids, who are now 26 and 25. After the book came out, I tried other writing projects, I wrote several articles, but mostly gave up writing a few years ago. I'm currently working as a nanny and am interested in progressive politics as well.

Clarification:

*When were you born?
July 12th 1965

2. When and why did you decide to write *Just Checking: Scenes from the Life of an Obsessive-Compulsive*?

I was never a big writer, I didn't keep journals or write in a diary, but when I wrote my personal statement for my law school applications (around 20 years ago), I really enjoyed the process of personal storytelling.

Clarification:

There wasn't really a moment I decided to write the book. It was a process. Applying to law school was the point I realized I enjoyed writing. And writing was something that I could do that didn't require me to interact in the world, which I had a really difficult time doing. At that point my kids were around 3 or 4 years old so I had been very ill for several years. And it took me about 2 years to complete the book.

What was the main reason or motivation?

I mostly started writing for fun. Jotting down anecdotes was a way for me to process what was going on in my life and also gave me a way to articulate my fears so they didn't have so much power in my head. And do it in a sort of teasing self-mocking way, which for me, made it all feel less dark.

Did anyone else guide you in the process?

When I had enough material that I felt it was possible to write an actual book, I hired a local writing teacher to give me advice. She suggested I needed a clear linear storyline because the vignettes bounced around so much without order. That's why the arc of the story starts with my meeting my future husband and then our marriage, kids and the worsening of my mental illness.

Was it difficult to write?

Only in so much as the process of writing is challenging. I wasn't concerned about sharing private details about OCD because I had spent so much time being ill that it was useful to have a way to explain my behavior. It's funny, at the time I really felt like I was being quite open, but now it's clear that I definitely held back more personal stuff than I would if I was writing the book now.

Was it difficult to publish?

It was pretty easy for me. I met these 2 women at the bar where I briefly worked and we hit it off. They ended up spending the weekend at my place. I told them about the manuscript and they took it home with them to read. A few days later, one asked if she could give it to her friend, an agent. I said yes. That agent ended up signing me shortly after that and the book sold pretty quickly.

3. Published by Washington Square Press in June 1, 1999, it is almost two decades since the volume saw the light. How would you describe the progress and changes in your life in this time? Did the publication of your personal struggle helped you or did it cause additional complications rather than benefits?

I'm a pretty private person for a memoirist, and the interviews and book tour were really challenging. Everyone was super kind and I've been able to meet amazing people who it seems like somehow shockingly I helped. Which feels great. Once the attention all blew over, I was relieved to go back to spending my time with my kids.

THE TREATMENT OF OBSSESIVE-COMPULSIVE DISORDER IN *Just Checking: Scenes from the Life of an Obsessive-Compulsive*

4. In page 92 of your self-narrative *Just Checking: Scenes from the Life of an Obsessive-Compulsive*, you talk about your obsessions with your brother, describing it as a sort of "backwards Oedipus thing" traceable to when you were a child. Do you remember to have had obsessions and compulsions all your life or do you recognize a concrete moment when these obsessions started?

I had fears as a child, but not really compulsions. I suffered from intense depression and other issues during college, but the OCD didn't get profoundly bad until the 7th month of my first pregnancy. That was a real marker for me and the start of my illness becoming life changing.

Clarification:

*How old were you in the 7th month of your first pregnancy?

25

5. When did you feel having hit the bottom in your life due to your condition?

There's a moment in the book, when I feared I might be infected from a character's blood on a TV show, that I was struck by how altered my life was due to my illness. I was unable to enjoy any aspect of life, never leaving my house, and being crippled by fear, feeling like nowhere was safe and there was no limit to how bad it all could get.

6. Would you consider that treatment for obsessive-compulsive conditions is effective? How could it be improved?

I can only speak to my own experience. I had terrible luck with therapists and psychiatrists, but the medication I took did an amazing job of quieting my brain.

7. Do you think that you made the right decisions? Would you have wished things to be otherwise?

I don't spend a lot of time wishing the past could be different because I can't make that so. I mostly try to be open and honest and take responsibility. It helps that I have a small circle of incredibly supportive people who recognize my limitations and help push me to be healthier.

8. In page 162, you assert: "I think there's a way in which what you do defines who you are." I completely agree. Could you talk about the big differences between who you were before and who you are now, according to the different acts you usually did and currently do?

I still have obsessions but they don't totally overwhelm my life. I'm able to have healthier and more trusting relationships, and I'm way more outspoken and good at standing up for myself and asking for help.

9. Could you please talk about the most relevant improvements you have noticed in your life after the treatment?

It's been 20 years so there's been a lot. I can leave my house now, hold down a job and function pretty well.

10. Do you think the Obsessive-Compulsive disorder has a complete cure or do you still count stars?

I don't think mental illness has a complete cure, but again I'm not an expert. I think there are times when symptoms are more pronounced and times when they are more easily managed. I do still count stars, but not as much. I've replaced that with other habits that seem to work better for me now.

11. Do you still consider in hindsight that the first time you separated from your husband it was not due to your constant worries?

There were a lot of reasons why we didn't belong together. Of course the worries played a role, but they were not the only reason for our split. I made a conscious decision though not to use this book as a weapon against my ex. This was my story about my mental illness and not the proper place to share any of his secrets.

12. I suppose you have thought several times the origin of your disorder, the eternal nature-nurture debate. Apart from that, in one vignette you talk about your mother, revealing a sort of similar behaviour. Have you reached any conclusions?

Again I'm not an expert and can only speak to my experience, but it feels pretty nature to me. That said, there were a lot of really damaging things that happened to me in my childhood, so I would find it impossible to determine what the ultimate causes were. I'm assuming some combination of both.

13. You also claim to have felt "frustrated" with your mum's standing at the door checking that the light was off. Has this feeling accompanied you or your relatives years later?

At the time I didn't know what she was doing or why, which is why it felt so frustrating to me as a child. Once I understood, I was able to have more compassion.

14. If not, what would be the word(s) that better describe your feelings or your relatives' emotions in your difficult times?

Mental illness is hard on everyone, it takes a lot of patience and understanding from the family. We all struggled, and thankfully we're in a better place now.

A PIONEER IN NARRATIVE MEDICINE: *Just Checking: Scenes from the Life of an Obsessive-Compulsive*

15. *Just Checking: Scenes from the Life of an Obsessive-Compulsive* would fit in the literary genre of Narrative Medicine, a new genre which uses storytelling as medical practice in the way patients give voice to their experiences. The practice of telling can also be helpful as an example to others.

Your narrative was pioneer in this field when it was published almost 20 years ago. How has your influence affected later writings in the field of Narrative Medicine?

I actually had no idea that was a genre or that I was a pioneer. I was just trying to sort through the noise in my brain.

16. It is clear that you have chosen vignettes structure to tell your story. This makes it extraordinarily original and visual. Furthermore, these vignettes appear to go from past to present. But there are also other temporal sequences. Please explain the purpose behind your peculiar narrative structure. Has this characteristic been imitated by followers?

As I mentioned earlier, I actually jumped around way too much originally and critics of earlier drafts felt it lacked a cohesive story, so I had to tie everything together with a more linear structure. It was just easier for me to tell individual stories or anecdotes that I found relevant or useful and then worry how to tie it all together at a later point.

17. The tone of your narrative is carefree, sometimes even comical and witty. These ironies contrast with the huge worries you have had. How do these narrative strategies meet the way you felt and expressed yourself in storytelling?

For me, humor is the way that I deal with hardship. It would have been impossible for me to be morose or maudlin because that's just not who I am. Part of the relief from telling the story was being able to take some of the severity out of it.

18. I think the titles in your story need highlighting. They are atypical, innovative and contain smart touches of irony and sarcasm that makes them amusing amidst the pathos and agony of your telling. Could you please say a little more about the titles and about your use of sarcasm?

One of the best compliments I get about the book is that I write like I talk. I tried to tell my story like I'm talking to a friend. As for the titles, I didn't decide to do that until way later in the writing process. It was almost like a break from the difficulty of writing, to just riff about the content of a vignette, find a way to encapsulate it and (hopefully) add some humor.

19. The book is divided into four parts. Could you please give me a word or short sentence that best describes each part?

I believe I made the choice mostly due to geography. The first section took place in Durham, North Carolina and the birth of my first kid, the second section started when we moved to Los Angeles, and I had my second kid and the third was when we moved to Ann Arbor, Michigan. The book used to end after section 3, but most people said there needed to be more, so I wrote section 4 which was life after meds.

20. How do the writing techniques you use evoke the complex emotions that emerge from the story? What is the role of concrete details underlined in the story and their impact on emotional immersion on the part of the readers? Would you elaborate a little more on the narrative strategies you use to engage readers? Could you add other kinds of writing techniques you have followed in your book?

I literally have no idea how to answer this question. I'm not a formally trained writer. I don't study the craft. It sounds silly, but I was very isolated when I was at my worst, and I partly used writing as a way to pretend I was telling a story to a friend. It felt really natural and there was zero social anxiety so it worked great for me.

21. Has the book and its reception help you and your medical condition?

Only in so far as writing things down is a way for me to organize my thoughts. I was lucky that the way I tell stories made sense and resonated with some people.

22. Do you think that Narrative Medicine is helpful for patients to come to terms with their problems and for their families and the public in general to understand what people suffering from such problems go through?

I think it's a really useful tool to understand what people are going through. And I suppose there's also benefits from not feeling like you're the only one.

23. Have you thought about writing a sequel to *Just Checking: Scenes from the Life of an Obsessive-Compulsive*? If so, how would it be entitled?

I tried many iterations of that. Like I said, there was a lot of information that I left out of the book and also lots that went on with trying to raise my children while I was suffering so profoundly. But ultimately, reliving the past felt pretty overwhelming and I never found the way in to make the writing feel more cathartic. I did have several titles though, the working one at the moment, for a time when I might be more open to writing again, is, "To Spite Your Face"

24. I am writing a research project on Narrative Medicine. If there is any additional information that you think it might be useful for my project, please indicate it below.

I don't know much about it, but I wish you the best of luck!

Again, many thanks for your time and sharing your story and your personal information with us.

This conversation will be published as an appendix to my research project, and it will appear in the journal <http://www.ucm.es/siim/journal-of-artistic-creation-and-literary-research>

Interview via e-mail on 8th May 2017.

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Bioprofile of the author: Victoria Pérez Fernández holds a Degree in English Studies from Universidad Complutense de Madrid. She is also completing a Degree in Psychology at Universidad Nacional de Educación a Distancia. Her research interests range from psychological approaches to literary analysis. The psychopathology of people, their feelings, their perspectives and the expression of how they cope with their problems has driven Victoria to work on Narrative Medicine, a genre that has aroused a deep interest in her. She is also passionate about poetic prose.

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