

A Stand of Psychological Issues: Manifestation of Compulsion Obsessive Disorder in John Green's *Turtles All the Way Down*

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Abstract

*Individuals with psychological disorders are unable to live a normal life. Compulsion Obsessive Disorder (OCD) is among disorders that impairs daily activities and break individual's progress. Individual with OCD is exposed to more distressing situations that provoke the anxious obsession, while being prevented from relieving the worry through the performance of a compulsive response. The present study gives a psychological reading to John Green's *Turtles All the Way Down*. As the novel persists in the domain of young adult literature, it takes a complex psychological turn in which Green tries to create a young adult tale based on psychological manifestations that incorporate psychoanalytic techniques' intuitions. The novel traces Aza Holmes who suffers from OCD. As a protagonist of the novel, Aza's mental disorder stems from two causes which are her obsessive thoughts and compulsive behavior. Feeling of obsession begins from the beginning of the novel, as the obsessive thoughts inter into her mind. In this novel, Green was skillful to illustrate how negatively Aza's mental illness impact on her personal life and how she struggles to overcome his illness in different ways.*

Keywords: Psychological disorder, OCD, John Green, *Turtles All the Way Down*.

1. Introduction

According to American Psychiatric Association, Obsessive Compulsive Disorder (OCD) is a crucial mental and behavioral disorder that is primarily diagnosed based upon the presence of obsessions and/or compulsions. The obsession is characterized with "recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted" and compulsions as "repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly". When obsessions or compulsions feel excessive or illogical, create a substantial deal of anguish, require a considerable amount of time, or interfere with everyday duties (American Psychiatric Association, 2013, p. 237).

The crucial period and the gender issues related to this disorder are still controversial. However, according to Torresan et al., it typically begins during adolescence or early adulthood, but it can also begin during childhood. Childhood onset of obsessive-compulsive disorder is more prevalent in boys than in girls. The average beginning period for females is later than for males, so the disease is equally prevalent among adult men and women (Torresan et al., 2009, p.63).

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Neil et al. hold that obsessive thoughts are usually followed by ritualized mental or motor actions aimed at neutralizing the obsessive contents or preventing feared consequences. Thus, most individuals with obsessions take part in excessive rituals, or compulsions. These compulsions do not supply pleasure, but they can make individuals feel less anxious or uncomfortable. Compulsions can be quite rigorous and require complex procedures. They are either unrealistically tied to what they are intended to prevent, or they are irrationally extreme (Neil et al. 2001, p.4).

Obsessions and compulsions, like various other cognitive processes and behaviors, can be considered detrimental only when they are excessively and unreasonably pursued, persist for an extended duration, cause significant distress to the individual, or impede their ability to carry out daily activities. The phenomenon is characterized by the repetitive and enduring manifestation of obsessions and/or compulsions, which are sufficiently severe to consume a considerable amount of time and cause significant distress or impairment to an individual. The individual proves a conscious recognition of the extent to which these behaviors are excessive. OCD can be distinguished from other mental health conditions such as generalized anxiety disorder, panic disorder, phobias, compulsive personality disorder, hypochondriasis, and depression. A number of these syndromes are distinguished by the presence of intrusive thoughts. However, "depression is the most frequent complication of OCD" where most OCD patients suffer from a lifetime depressive episode (Griez et al., 2001, p.12).

Obsessive-compulsive people are linked to different types of phobias, believing that even a one-in-a-million chance of anything dreadful happening means that it will happen to them. Patients with OCD, often fixate on the unlikelihood of happenings that the rest of normal people would dismiss out of hand. Thus, the majority of OCD sufferers experience panic attacks. They, thus, repeatedly, create panic episodes that are result from their irrational worries, such as touching poisonous substances or carrying out tasks that they believe would endanger someone they care about (Rasmussen and Eisen 1992, p.10).

Abramowitz et al. emphasise that compulsions are functionally related to obsessions in that they are performed intentionally to neutralise obsessional thoughts, prevent or eliminate the feared consequence, or alleviate obsessional distress (2010, p.180). Additionally, Abramowitz et al. observe that obsessions, compulsions, and avoidance tactics are thematically varied and typically represent the individual's extremely distinctive concerns. Obsessive-compulsive disorder is characterized by persistent, unwanted, and seemingly strange thoughts, impulses, or doubts that generate affective distress. For Abramowitz et al., there are four common types of OCD that have strong impact on individual's life : "cleaning ,responsibility for harm others ,checking and ordering/arranging" (Abramowitz et al., 2010,p.181).

Frost and Steketee list specific schemas that are hypothesized to be associated with OCD . The first schema , among OCD patients ,is an overestimation of danger . Overestimation of danger, conceptualized as an exaggerated evaluation of the likelihood of danger in general and one's own vulnerability to danger, includes an overestimation of the costs of negative experiences. In such situation , "beliefs indicating an exaggerated estimation of the probability or severity of harm". Second , Patients with OCD would demonstrate an exaggerated sense of responsibility for negative outcomes, which would also explain their frequently intense feelings of remorse. Inflated responsibility, defined as the belief that one is responsible for preventing damage to oneself or others, has been associated with OCD symptoms. In particular, those in the low responsibility group experienced reductions in distress and impulses to ritualize, whereas those in the high responsibility condition experienced the opposite effect, although the latter failed to reach statistical significance . Accordingly in "Such beliefs may pertain to responsibility for doing something to prevent or undo harm, and responsibility for errors of omission and commission" (Frost and Steketee, 2002, p. 6) .

Frost and Steketee list over-importance of thoughts as the third and fourth schema relating to OCD patients. Individuals who have OCD are believed to view their intrusive experiences as profoundly meaningful. The intrusions may be interpreted as portending self- or other-inflicted injury for which the victim believes they will bear personal responsibility. Here, people with OCD often believe that their thoughts and actions are entangled with “beliefs that the mere presence of a “bad” thought can produce a “bad” outcome” (p.7). Beliefs about the importance of controlling thoughts are the fourth schema. It refers to the belief that exerting complete control over intrusive thoughts, images, or impulses is both possible and desirable. These beliefs include those about the necessity of preventing negative intrusions. In addition, individuals who try to control their thoughts through rituals or thought control techniques, such as anxiety or thought suppression, are likely to experience an increase in intrusive thoughts in the future. The fifth and sixth schemas are the perfectionism and intolerance of uncertainty. Perfectionism, which is defined as the maladaptive belief that one must meet exceedingly high standards, is characterized by an excessive fear of making errors, which are viewed as deficiencies to be avoided. In contrast, intolerance of uncertainty denotes anxiety in response to ambiguous or unpredictable circumstances (Frost and Steketee, 2002, p. 7).

2. Turtles All the Way Down: A Psychological Reading

John Green is an American writer of Young Adult Novels who depicts mental illness in a unique manner. Intelligently depicting human health in his novels, he ushered in a new era for contemporary and realistic fiction, which contributed to his precipitous rise to prominence. The publication of his (2017) novel *Turtles All the Way Down* demonstrates the extent of his literary evolution. *Turtles All The Way Down* is one of the psychological novels that address Obsessive Compulsive Disorder which is one of the most prevalent psychological disorders among young adults. As a person who has had OCD in the past, the author is in a unique position to provide a narrative that is sufficiently capable of establishing a rather detailed and accurate description of the linked symptoms of such a mental condition on the patient's inner thoughts and actions. He, thus, associates the picture of mental illness drawn from real personal experiences to reflect the real story of his life, as Green similar to 16-teen Aza Holmes, suffers and struggles with acute anxiety and OCD.

Turtles All the Way Down is the narrative of how a mental disorder could destroy one's life. As the novel persists in the domain of young adult literature, it takes a complex psychological turn in which Green makes an effort to create a young adult tale based on psychological manifestations that incorporate psychoanalytic techniques' intuitions. For this demand, he states in his interview with Megan Mccluskey in *Time Magazine* that “one of the main things I wanted to do in the book was to get at how isolating it can be to live with mental illness and also how difficult it can be for the people who are around you because you're so isolated” (*Time* , 2017,p. 3). Green has dealt with OCD, anxiety, and misery for the most majority of his life and has been honest to transfer his experiences with other people by narrating the sufferings of his protagonist, Aza Holmes. He has specifically remarked on the isolating effect of mental illness and how it removes a person from the experience of the rest of the world, as well as how it is typically misunderstood by other people. Green provides a clear interpretation of the psychological characteristics associated with OCD by mimicking his own experiences in the process of developing his Aza Holmes character. In reading Green's story, it is clear that he presents a one-of-a-kind and detailed portrayal of the overwhelming inner thoughts that coexist with OCD in such a manner that could only be represented by an individual who had the same fears. This is something that could only be expressed by an individual who went through the same struggles.

In this novel, the external conflict is juxtaposed with the protagonist's inner struggle with her OCD. This putting of two conflicts, as Richmond states, makes "Green's novel interweaves Aza's difficulties with "driving the bus of her consciousness" predominantly because of her symptoms of obsessive-compulsive disorder with an adventure of searching for the missing father of her childhood acquaintance Davis Pickett, with help from her best friend, Daisy Ramirez" (Richmond,2019 ,p.107) . However, Aza's mental illness does not only impact her personal life, but also has a negative impact on her relationship with others around her . In this regard, *Turtles All the Way Down* can also be analyzed through a disability framework that expands beyond the traditional medical vs. social conversation. This may meet with Hughes's argument that "within disability novel, the author makes efforts to explore the outcomes of normalcy and to present a more expansive understanding of disability" (Hughes, 2017, p.196).

From a strictly psychological perspective, it is discovered that OCD's associated by key characteristics that "are the repeated occurrence of personally distressing or functionally impairing obsessions and/or compulsions (Clark,2020, p. 5) . It is noticed that OCD is unconsciously linked to Aza's identity. From the first page of the novel, Aza questions if she or her compulsions are in control. Then, she questions herself if she is in fact or fictional space, as she reflects: "I might be fictional" and "that your life is a story told about you, not one that you tell" (Green, 2017,p. 11). As the novel progresses, Aza's OCD conflict remains intrinsic to her identity. She not only feels peculiar but also as if she is a passenger in her own body and a slave to her abnormal thoughts. Aza's emotions dominate her attention and interactions with her mother Ms. Holmes, her best friend Daisy, and her boyfriend Davis. She is frequently only present in person, with her mind elsewhere.

Green makes her narrative delve deep into Aza's mind, as the protagonist cannot control her own thoughts, in that, "the protagonist's/narrator's illness experiences allow the reader to draw parallels between her life and experiences and those represented in the narrative" (Monaghan, 2016, p.39). The story opens in a high school cafeteria, where Aza is experiencing what she calls a "thought spiral" (Green,2017, p.12). This is because when she starts to obsess about something, it starts off with small thoughts and quickly the thoughts take over her mind and this is a typical symptom of having OCD.

The narrative introduces Aza in a psychological framework, specifically focusing on her experience with OCD. Aza initially grapples with a psychological conflict between her conscious and unconscious mind, which later evolves into a metaphysical state characterized by contemplation of existential and ontological questions surrounding existence and reality. This led her to admit "I might be fictional" and "that your life is a story told about you, not one that you tell" (Green,2017 p.11). Rendering these thoughts, Aza comes to manifest her futile existence which is determined "by forces so much larger than (herself) that (she) couldn't even begin to identify them" (Green, 2017 p.12). All of her actions and decisions were dictated by superior forces, which also foresaw the outcomes of alternative choices. Eventually, the insistent thoughts continue as Aza observes her classmates while consuming lunch in the cafeteria and begins to visualize them, and describes her insistent inner thoughts: "I thought about how we all believed ourselves to be the hero of some personal epic, when in fact we were basically identical organisms colonizing a vast windowless room that smelled of Lysol and Large" (Green, 2017 p.9).

Although Aza's friends are attempting to strike up a discussion in the cafeteria, she is unable to participate since she is preoccupied with her own thoughts. She is hopelessly disoriented in her head. Here, Green's portrayal of Aza's intrusive thoughts as "invasive" (Green ,2017, p.36) that present throughout the entire novel. Her intrusive thoughts even become so extreme, that she even convinces herself that drinking hand sanitizer will save her from death by C-DIFF. She attempts to be rational, reminding herself that hand sanitizer will damage her liver. She constantly washes her hands, always singing the

ABC's and making sure she scrubs for at scrubs for at least twenty seconds. She also changes her band aid anytime that is becoming dirty or soiled in any sort of way, and must always have extra band aids on her person. Anytime her thoughts begin to spiral, she looks up a Wikipedia article named "Human Microbiota" (Green, 2017 p.12) that she has read all the way through over and over again. Despite her attempts to control her thoughts, her intrusive thinking overwhelms her, and she ends up drinking it regardless of the potential of bodily harm. Aza's inability to rationalize or control her thoughts shows that she truly has OCD. Aza, the protagonist, is unable to find a cure for her psychogenic disorder, and her struggle worsens before she finds respite. To counteract her intrusive thoughts, Aza engages in frequent rituals that serve to soothe her negative thoughts.

Aza finds herself trapped within a cyclical pattern of her internal ruminations, which progressively constrict her cognitive processes, leading her from one thought to another. Ultimately, this process redirects her emphasis towards the act of ingesting food. Aza confesses "I find the whole process of masticating plants and animals and then shoving them down my esophagus kind of disgusting, so I was trying not to think about the fact that I was eating, which is a form of thinking about it" (Green,2017 p. 9) and that:

I was playing host to a massive collection of parasitic organisms, but I didn't much like being reminded of it. By cell count, humans are approximately 51 percent microbial, meaning that about half of the cells that make you up are not yours at all. There are something like a thousand times more microbes living in my particular biome than there are human beings on earth, and it often seems like I can feel them living and breeding and dying in and on me(Green,2017, p.10).

As it is common for most of OCD patients, Aza's mental disorder stems from two causes which are her obsessive thoughts and compulsive behavior. Feeling of obsession begins from the beginning of the novel, as the obsessive thoughts enter into her mind , she reflects that "I don't follow how that would make you fictional. I mean, I don't control my thoughts, so they're not really mine. I don't decide if I'm sweating or get cancer or C. diff or whatever, so my body isn't really mine. I don't decide any of that—outside forces do. I'm a story they're telling. I am circumstances" (Green, 2017,p.109).

Alongside her OCD, Aza experiences symptoms of anxiety. She describes her spiraling anxiety as impossible to stop once it has begun to attack:

But it's not about dying really—like, if I knew I was dying, and I kissed you good-bye, literally my last thought wouldn't be about the fact that I was dying; it would be about the eighty million microbes that we'd just exchanged. I know that when you just touched me, it didn't give me a disease, or it probably didn't. God, I can't even say that it definitely didn't because I'm so fucking scared of it. I can't even call it anything but it, you know? I just can't. I feel like a noose is tightening around me and I want out, but struggling only cinches the knot. The spiral just keeps tightening, you know? (Green, 2017, p. 235)

As a reaction to her excessive obsessions, Aza's compulsive behavior arises to calm down her intrusive thoughts. She states the ritualistic nature of this act and reacts in her life:

Since my early childhood, I have habitually applied pressure from my right thumbnail into the finger pad of my middle finger, resulting in the formation of an anomalous callus over my fingerprint. After a prolonged duration of engaging in this activity, I have acquired the ability to effortlessly create a fissure in the epidermis. Consequently, I opt to employ a Band-Aid as a preventive measure against potential infection. However, there are instances where concerns arise over the presence of an existing infection, prompting the need for drainage. This necessitates the reopening of the incision and applying pressure to expel any blood that may be present. Once the contemplation of dividing the dermis arises, I find myself unable to abstain from engaging in the action. I regret the presence of a double negative in the statement, as it creates a position in which negating the negation is the sole means of resolving the predicament. In the course of my actions, I

developed a desire to experience the sensation of my thumbnail penetrating the epidermis of my finger pad. Subsequently, I proceeded to exert pressure with my thumbnail onto the hardened dermal tissue until I perceived a fissure forming. (Green ,2017, p.11).

In *Turtles All The Way Down*, Green vividly depicts the life of a person with mental illness by dramatically contrasting Aza's extreme anxiety and OCD. Green's intention is to bring some of these issues to light and to present a protagonist who is not the stereotypical teenaged savior found in most young adult novels. He also intends to tell a story with an unsatisfying conclusion. This story is sometimes real, raw, and painful because it is based on the author's own experiences. This realization is critical to the way Aza lives. Her unpleasant feelings result the main character in endangered and threaten and affect the main character cannot socialize with the environment and do daily activities as a normal person. Green's emphasis is on mental illness and the face of adversity that Aza is provided with no hope and a sense of belonging in the sociological and psychological aspects.

3. Conclusion

Turtles All The Way Down is a psychological narrative in which the protagonist's plight is emphasized by descriptions of impact from mental disorders. The novel culminates in a reflection on the permanence of the person's mental illness which is declared to interfere with the remainder of her life concisely. Thus, in *Turtles All The Way Down*, Green can delve into the anxieties of the main character. Her experiences with OCD are expressed in a literary manner, and this portrayal directly correlates with research in clinical psychology on OCD and related disorders. Aza has several indications of anxiety, obsession, and compulsive behavior. She is actively attempting to suppress the desires and intrusive thoughts that are driving her intrusive obsessions with bugs, pathogens, and contamination, which are entirely consistent with OCD. She has compulsions that she uses to try to cope with the distress brought on by her obsessions, including self-harm and a ritualistic pattern for caring for the wound that never heals. Through the lens of her OCD, Aza views the world, from which she frequently feels removed, as well as her bodily and psychological selves, from which she frequently feels estranged and whose reality she occasionally doubts. Instead of portraying things as they are, she illustrates them as she sees them. These breakdowns, then, are useful in giving an insight into the psychological decline when individual that under the effects of mental illnesses tends to lose dignity and a sense of stability.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. Arlington: American Psychiatric Publishing.
- Abramowitz, J. S., Deacon, B. J., Olatunji, B. O., Wheaton, M. G., Berman, N. C., Losardo, D., and Hale, L. R. (2010). Assessment of obsessive-compulsive symptom dimensions: development and evaluation of the Dimensional Obsessive-Compulsive Scale. *Psychological assessment*, 22(1), 180-188.
- Frost, R. O., and Steketee, G. (Eds.). (2002). *Cognitive approaches to obsessions and compulsions: Theory, assessment, and treatment*. Elsevier.
- Ferrão, Y. A., Miguel, E. C., and Torres, A. R. (2009). Sex differences in the phenotypic expression of obsessive-compulsive disorder: an exploratory study from Brazil. *Comprehensive psychiatry*, 50(1), 63-69.
- Griez , E .L. (2001)*Anxiety disorders :An introduction to clinical management and research*. John Wiley and Sons ,Ltd.

- Hughes, C. (2017). The " words inside": " disabled" voices in contemporary literature for young people. *Journal of Literary & Cultural Disability Studies*, 11(2),pp. 187-203.
- Monaghan, A. S. (2016). Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chbosky's *The Perks of Being a Wallflower*. *Enthymema*, 16, 32.
- Neil , C. A., Kaur, N. and Stein, M. B. (2001). "Childhood trauma and Obsessive-Compulsive Symptoms". *Depression and anxiety*, 25(9), 742-751.
- Richmond, K. J. (2019). *Mental illness in young adult literature: Exploring real struggles through fictional characters*. ABC-CLIO.
- Rasmussen, S. A., and Eisen, J. L. (1992) "The epidemiology and differential diagnosis of obsessive compulsive disorder" . *Obsessive-Compulsive Disorders New Research Results* pp. 1-14 .
- Torresan, R. C., Ramos-Cerqueira, A. T. A., Shavitt, R. G., do Rosário, M. C., de Mathis, M. A., Miguel, E. C., & Torres, A. R. (2013). Symptom dimensions, clinical course and comorbidity in men and women with obsessive-compulsive disorder. *Psychiatry research*, 209(2), 186-195.