

Sane or Insane? A Psychoanalytic Study of Antoine Roquentin

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Abstract— *Jean-Paul Sartre's Nausea breaks stereotypical assumptions about the semantics of novel formation in multiple ways. An introspective narrative which deals with strong incidences of uncanny experiences that the protagonist terms as "nausea", it is a true "writerly" novel. Roquentin is a character that challenges the boundaries of the socially accepted norms of sanity at every step. His diary entries are in many ways the best possible way of understanding his disturbed self, and may be comprehended as confessional writing, making the novel as much a psychological novel as philosophical. The paper uses the praxis of Psychiatry, particularly the diagnostic criteria of Borderline Personality Disorder to unravel the aporia that Antoine Roquentin in particular and modern man in general poses.*

Keywords— *Psychology, Psychoanalysis, Phenomenology, Borderline Personality Disorder, Modernism.*

Jean-Paul Sartre's *Nausea* (2010 edition, first published 1938) is considered a revolt in traditional novel writings. The novel starts with, "The best thing would be to write down everything that happens from day to day. To keep a diary in order to understand. To neglect no nuances or little details, even if they seem unimportant, and above all to classify them." (9) It has often been called an anti novel and more than a novel, it gives the appearance of a journal. It also raises questions about the genre of autobiographical fiction. In the "Introduction" to the 2000 edition of Penguin Publication of *Nausea*, James Wood calls it a "logical exploration of a world without meaning" and says that the resulting "self-exhortation is the literary achievement". This is the effort of a human to understand his consciousness and strip the perceived objects of all their preconceived notions, an effort belonging to the works of Brentano, Husserl, and Heidegger in the philosophical tradition, thus earning for itself the title of "philosophical novel". In one of the earliest criticism and a classic: *Sartre: Romantic Rationalist* (1999), Iris Murdoch writes, "*La Nausée*, Sartre's celebration of the horror of the contingent, is one of the very few unadulterated and successful members of the genre 'philosophical novel'". (12)

But if there is a "self exhortation" and a "horror of the contingent" which leads to the protagonist Antoine

Roquentin's episodes of nausea, doesn't this also make *Nausea* a psychological novel? The philosophical realization of the "horror of the contingent" and the nothingness that pervades all existence has equally strong psychological affects. Psychologists since Freud working on abnormal psychology have pointed out that mental experiences of anxiety, paranoia, dissociation with reality, interpersonal relationship and relationship to the outside world are criteria that fit some major psychotic disorders. In the episodes of nausea that Antoine Roquentin goes through, the papers intends to study the characteristics of Borderline Personality Disorder (referred as BPD henceforth). It provides an alternate reading of *Nausea* as a confession of a BPD patient who finds a resolution of his psychic conflicts in creative arts.

Using as a foundation the nine point diagnostic criteria (DSM-V-TR) of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association), which reveal themselves in patients with BPD, of which five need to be confirmed to make a diagnosis of BPD, the paper intends to study the character of Roquentin. In "Borderline Personality Disorders: An evidence based guide for general mental health professionals" (2013), Bateman et al quotes them:

A pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety

of contexts, as indicated by five (or more) of the following:

(1) frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.

(2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.

(3) identity disturbance: markedly and persistently unstable self-image or sense of self.

(4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.

(5) recurrent suicidal behavior, gestures or threats or self-mutilating behavior.

(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days.)

(7) chronic feelings of emptiness.

(8) inappropriate intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights.)

(9) transient, stress-related paranoid ideation or severe dissociative symptoms. (7)

Individuals who demonstrate characteristics of BPD are grouped in three categories: Emotion Group, Impulsivity Group and Identity Group. Emotional group is characterized by a high sensitivity, extreme emotional reactions and a lack of stable relationships, Impulsivity group by sudden actions of reaction denying logic like self-abuse and substance abuse and Identity group by a feeling of emptiness, meaninglessness of life and a fluctuating self-image. The disturbance in the construction of the self remains a critical point in DSM V as well as in World Health Organisation ICD-10 (1992).

On the structure laid by these nine characteristics and three groups, an enquiry in the mental health of Antoine

Roquentin may be done. His stress on the nothingness and absurdity of life makes him fall under the "Identity Group". Out of the nine criteria, it can be argued that he fulfills the following five:

1. unstable interpersonal relationships,
2. lack of and disturbance in the formation of identity and the image of self.
3. emotional instability, episodes of anxiety or depression,
4. emptiness and,
5. dissociation- incidents like panic, paranoia and numbness.

The study of a psychotic disorder in Sartre's work is not an abrupt enquiry as Sartre himself took a deep interest in psychiatry. He wrote his thesis on the dissolution of the self and translated Jaspers' *Allgemeine Psychopathologie* (1927) with his friend Paul Nizan. He regularly attended the annual seminars at the Saint Anne Hospital in Paris and visited a mental asylum at Rouen. And he was not an isolated figure to be interested in psychiatry and mental patients. With Sartre things took a personal dimension as he feels that he was neurotic since his childhood. In his famed autobiography *The Words* (1964), he recalls,

Things had a horrible underside. When one lost one's reason, one saw it. To die was to carry madness to an extreme and to sink into it. I lived in a state of terror; it was a genuine neurosis. If I seek the reason for it, I find the following: as a spoiled child, a gift of providence, my profound uselessness was all the more manifest to me in that the family rite constantly seemed to me a trumped-up necessity. I felt superfluous; therefore, I had to disappear. I was an insipid blossoming constantly on the point of being nipped in the bud. In other words, I was condemned; the sentence could be applied at any moment. Nevertheless, I rejected it with all my might. Not that my existence was dear to me; on the contrary, because I wasn't keen on it: the more absurd the life, the less bearable the death. (96-97)

In the same book, his autobiography, he further says that when he was nine years old, he started living the fact that he was a prince: "I had taken myself for a prince; my madness lay in my being one. A character neurosis, says an analyst friend of mine. He's right: between the summer of 1914 and the autumn of 1916, my mandate became my character; my delirium left my head and flowed into my bones." (230) and finally at the last page of the book, he points out how this "madness" has made him unique in his own way: "What I

like about my madness is that it has protected me from the very beginning against the charms of the "elite": never have I thought that I was the happy possessor of a "talent"; my sole concern has been to save myself—nothing in my hands, nothing up my sleeve—by work and faith." (255) His tendency to see himself as unique and dismissal of the traditional social norms as an adult can be seen as a BPD case. Moreover, in 1948, at Saint Anne Hospital in Paris, Sartre also injected himself under medical supervision with Mescaline, a hallucinatory drug which made him psychotic and have long term hallucinations. He thought that he might be suffering from "chronic hallucinatory psychosis". Later, in *Talking with Sartre* (2009), a series of interviews edited by his godson John Gerassi, in the May 1972 entry, Sartre admits that he used to take Mescaline often and that he enjoyed it: "I think that's how I first started hallucinating my crabs and lobsters. But it wasn't nasty. They would walk along with me, on my side, but not crowding me, very politely, I mean, not threatening. Until one day I got fed up. I just said, OK beat it, and they did. I liked mescaline a lot." (193-194) The imagery of crustaceans is a recurring motif in Sartre's work as it represents contingency itself. It is hard and brittle on the surface, the non-proliferating, static existent part and pulpy, soft and gummy on the inside, which represents the latent but dynamic infinite potential of proliferation. In the beginning of the novel, this realization of contingency of the existents and the nothingness pervading them leads Roquentin in *Nausea* to severe anxiety bouts in which he starts having episodes of instability and dissociation. These can be studied as making a case for him being a patient of BPD.

The first criteria that is seen in *Nausea* is the second of BPD (DSM V): "a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation." In the novel, we can see this in his relationship with the Autodidact with whom he corresponds regularly. At times he admires the Autodidact and at others he disgusts him. When he suddenly sees that the Autodidact is studying in an alphabetical order, he writes: "I contemplate him with a sort of admiration. What willpower he must have to carry out, slowly, stubbornly, a plan on such a vast scale!... His eyelids are lowered and I can study at leisure his beautiful curved lashes- a woman's lashes" (*Nausea* 48-49) His admiration for the Autodidact is not just intellectual but also physical. But as he comes to Roquentin's home to see his travel pictures, he is visibly upset to the point of saying "Damn

him". After this visit when the Autodidact asks Roquentin about his adventures, he has an episode. Later, while sitting in a café together, when the Autodidact keeps on pushing his idea of humanism and the compulsive need to love all humans, Roquentin gets angry: "Anger passed through me like a whirlwind, my conscience, effort to react, to fight against this lowered temperature caused something like a tremor to pass through me. Vain effort: undoubtedly, for nothing. I would have rained down blows and curses on the Self-Taught Man or the waitress." (*Nausea* 166) And then, as he keeps on putting questions to Roquentin, trying to prove his point on humanism, Roquentin says that a façade was suddenly pulled off: "His veneer of gentleness and shyness has peeled off; I don't recognize him anymore. His features reveal a massive obstinacy; he is a wall of complacency." (*Nausea* 170) But again, towards the climax of the novel, when the autodidact is apprehended red handed in the library, trying to approach young school boys, Roquentin becomes enraged and for the first time in the novel, shows an extreme emotion and reaction: "I shook with rage. I went round the table and grabbed the little Corsican by the neck and lifted him up, trembling: I would have liked to break him over the table. He turned blue and struggled, trying to scratch me; but his short arms didn't reach my face. I didn't say a word, but I wanted to smash in his nose and disfigure him." (*Nausea* 238) With the other characters in the novel too he is distanced, coldly distanced to the limit that he appears non-human. In *Borderline Conditions and Pathological Narcissism* (2004), Kernberg explains this in a systematic manner. Introjections and identifications by libidinal drive derivatives and those by the aggressive drive derivatives (positive traits and negative traits, value judgements of right and wrong) are initially developed individually and separately from each other. As a child grows up, they amalgamate in the ego. But in a disorder, or in particular unusual cases, this unification does not happen due to a need to counter anxiety. An individual then may lose her ability to synthesize the good and the bad characteristics of herself as well as of others, which leads to an unstable self or identity.

The individual's relationships are then, as a defense mechanism, characterized by what DSM V defines as a criterion for BPD, "extremes of idealization and devaluation" and is called "splitting". In *Borderline Conditions and Pathological Narcissism* (2004), Kernberg says that, "... splitting protects the ego from conflicts by means of the dissociation or active maintaining apart of introjections and identifications of strongly conflictual nature, namely, those

libidinally determined from those aggressively determined, without regard to the access to consciousness.” (25-26) By keeping the contradictory ego states apart from each other, the individual is protected from overwhelming anxiety. But the unification of these states is a crucial step in the development of the ego, because of which splitting leads to a weak ego: “Splitting, then, is a fundamental cause of ego weakness, and as splitting also requires less counteractiveness than repression, a weak ego falls back easily on splitting, and a vicious circle is created by which ego weakness and splitting reinforce each other.” (29) Even with Françoise, he says that they made love on an “*au pair*” basis and that “I purge myself of a certain nostalgia the cause of which I know too well. But we hardly speak. What good is it? Every man for himself...” (17) He is inconsistent about the duration he has spent after his former lover Anny left, alternating between four, six and eight years. But he feels like he has now stopped thinking about her. He says,

In the past- even long after she had left me- I used to think about Anny. Now, I don't think about anybody any more; I don't even bother to look for words. It flows through me, more or less quickly, and I don't fix anything, I just let it go. Most of the time, because of their failure to fasten to words, my thoughts remain misty and nebulous. They assume vague, amusing shapes and are then swallowed up: I promptly forget them. (17)

In this phenomenological rumination on Anny, he seems capable of distancing himself of Anny's thoughts as well and forgetting them. But later in the novel, when he is sitting for lunch with the Autodidact in the café, he suddenly has an existential crisis and thinks of Anny:

In four days I shall see Anny again: for the moment, that is my only reason for living. And afterwards? When Anny has left me? I know very well what I am secretly hoping: I am hoping that she will never leave me again. Yet I ought to know that Anny would never agree to grow old in front of me. I am weak and lonely, I need her. I would have liked to see her again while I was strong: Anny has no pity for flotsam. (*Nausea* 150)

Seeing her is suddenly his sole reason for living. Thus, in his fluctuating, alternating interpersonal relations, Roquentin fulfills the first criteria for BPD.

The second criteria is “Identity disturbance: markedly and persistently unstable self-image or sense of self.” This is an important criteria which is a crucial feature of Modern Literature and Modern man and has a long history

of psychiatric research. V. Tausk in 1919 brought to the field of psychoanalysis the word “identity”. Psychoanalysts like Freud didn't use the word “identity” a lot, and according to E.H Ericson (1958), only mentioned it once. Freud's term for talking of self or identity was *das Ich* which translates in the term ego and not identity. This was probably because it shared strong connections with the socio-cultural field as well and wasn't pure psychoanalysis. In “The problem of Ego Identity.” (1956) Ericson used the term “identity ego” and defined it as, “both a persistent sameness within oneself (self sameness) and a persistent sharing of some kind of essential character with others”. (12) He later dropped the suffix ego and worked with the term identity. He studies identity from three angles:

I can attempt to make the subject matter of identity more explicit only by approaching it from a variety of angles- biographic, pathographic, and theoretical; and by letting the term identity speak for itself in a number of connotations. At one time, then, it will appear to refer to a conscious *sense of individual identity*; at another to an unconscious striving for a *continuity of personal character*; at a third, as a criterion for the silent doings of ego *synthesis*; and, finally, as a maintenance of an inner *solidarity* with a group's ideals and identity. (56)

Thus, there are for Ericson four angles which determine identity: 1. “Conscious sense of individual identity”, 2. “Continuity of personal character”, 3. “Ego synthesis” and, 4. “Solidarity with a group's ideals”. He considers the age of adolescence to be the time when these four factors get consolidated and one's identity is formed. It is in adolescence that he sees an effort to synthesize the past personal events and knowledge, present experiences and future expectations and projects in a meaningful constitution of the self. When this fails to happen cohesively in adolescence, Ericson finds this to lead to a disintegrated subjective and social sense of identity and calls it “identity diffusion”. He explains the clinical symptoms of this diffusion as: “...impaired capacity for intimacy and mutuality, diffusion of time perspective, diminished sense of workmanship, hostility toward roles offered as desirable by one's family, and pronounced conflicts regarding one's ethnic origins.” (*Broken Structures* 30) In his “Factors in the Treatment of Narcissistic Personality Disorder” (1980), Otto Kernberg says, “it is the presence or absence of identity diffusion that most clearly differentiates borderline from non-borderline conditions” (14) Kernberg summarizes these features as being representative of identity diffusion:

All of this also represents what Erikson has called identity diffusion; namely, the lack of an integrated self concept and an integrated and stable concept of total objects in relationship with the self. Actually, identity diffusion is a typical syndrome of the borderline personality organization, which is not seen in less severe character pathology and neurotic patients, and which is a direct consequence of active splitting of those introjections and identifications of which the synthesis normally would bring about a stable ego identity. (39)

While “identity diffusion” as a psychological condition finds its genesis in adolescence, Borderline Personality Disorder is a psychiatric condition diagnosed in adults. Roquentin has an identity diffusion which is evident throughout the novel. *Nausea* is his effort to write all his experiences down to confirm that he is not insane. In the first entry titled “Undated Sheet”, he writes, “The odd thing is that I am not at all prepared to consider myself insane, and indeed I can see quite clearly that I am not: all these changes concern objects. At least, that is what I would like to be sure about.” (*Nausea* 10) The immediate next entry begins with, “Perhaps it was a slight attack of insanity after all. There is no longer any trace of it left. The peculiar feelings I had the other week strike me as quite ridiculous today: I can no longer enter into them.” (10) In the comfort of the everydayness and predictability of life he feels fine and thinks that he has now recovered from the mental ailment that was troubling him: “... what is there to fear from such a regular world? I think I am cured... I am going to bed. I’m cured, and I’m going to give up writing down my impressions, like a good girl, in a nice new notebook.” (11) The diary proper, that begins on 29th January, 1932, starts with:

Something has happened to me: I can’t doubt that any more. It came as an illness does, not like an ordinary certainty, not like anything obvious. It installed itself cunningly, little by little; I felt a little strange, a little awkward, and that was all. Once it was established, it didn’t move anymore, it lay low and I was able to persuade myself that there was nothing wrong with me, that it was a false alarm. And now it has started blossoming. (*Nausea* 13)

There is “identity diffusion”, and Roquentin is aware of this. He sees himself clearly as losing perspective. He remembers an old man who he used to fear as a child, an insane person who was alone and fears that he might be on the way to that insanity. He too is losing a coherent self and wonders aloud, “For the first time it disturbs me to be alone. I should like to

talk to someone about what is happening to me before it is too late, before I start frightening little boys. I wish Anny were here.” (*Nausea* 20) His self image is disturbed even in one of the most basic ways one sees herself- mirror imaging. There is an object relation with one’s self in consciousness as a stable entity when one looks in the mirror, but Roquentin, as a BPD patient lacks it. He finds it impossible to comprehend one’s own image. In an episode he calls being in the “mirror trap”, he says,

On the wall there is a white hole, the mirror. It is a trap. I know I am going to let myself be caught in it. I have. The grey thing has just appeared in the mirror. I go over and look at it, I can no longer move away.

It is the reflection of my face. Often, during these wasted days, I stay here contemplating it. I can understand nothing about this face. Other people’s faces have some significance. Not mine...

... My gaze travels slowly and wearily down over this forehead, these cheeks: it meets nothing firm, and sinks into the sand. Admittedly there is a nose there, two eyes and a mouth, but none of that has any significance, nor even a human expression... what

I can see is far beyond the monkey, on the edge of the vegetable world, at the polyp level... The eyes, the nose, the mouth disappears: nothing human is left... I can’t say that I recognize the details. But the whole thing gives me an impression of something seen before which numbs me: I slip gently into sleep. (*Nausea* 30-31)

He has trouble recognizing his own face. His sense of self is so fractured that he is having problems connecting with himself on an organic psychological level. He can’t find any meaning in his face and can only think of it as being there, as existing without any essence. It’s a phenomenological reduction that he is going under, without having any object relation with his own self. He tries to get it together, like a person trying to wake himself up from sleep, he slaps himself in case he wakes up from this trance like depersonalization, but in vain:

I should like to pull myself together: a sharp, abrupt sensation would release me. I slap my left hand against my cheek, I pull the skin; I grimace at myself. An entire half of my face gives way, the left half of my mouth twists and swells, uncovering a tooth, the eye-socket opens on a white globe, on pink, bleeding flesh. That isn’t what I was looking for: nothing strong, nothing new; soft, vague, familiar stuff! I’m going to sleep with my eyes open; already

the face is growing larger, growing in the mirror; it is an immense, pale halo slipping in the light... (*Nausea* 31)

It's important to notice there that he was "looking for" something by slapping himself, something strong and new. He wanted some stability, he might be a BPD, but just like the effort to write this journal, he is constantly struggling to bring sanity in his life. At a point in the novel he confesses, "I wanted the moments of my life to follow one another in an orderly fashion like those of a life remembered. You might as well try to catch time by the tail." (*Nausea* 63) But as he sees the familiar stuff in his face, soft and viscous, he is disappointed. His desire and expectation of a hard, lasting, concrete existence does not match with the soft, supple, fluid reality he encounters. This act of slapping oneself, a tendency of self harm is also an element of abnormal psychology, an action not considered sane and hinting at the BPD Roquentin might be facing. This episode then relates to the first criteria of BPD, unstable interpersonal relationships as Roquentin reflects: "Perhaps it is impossible to understand one's own face. Or perhaps it is because I am a solitary? People who live in society have learnt how to see themselves, in mirrors, as they appear to their friends. I have no friends: is that why my flesh is naked? You might say-yes, you might say nature without mankind." (*Nausea* 32) He sees his fractured sense of self as resulting from a breakdown from the society at large.

The third criteria is, "Affective instability due to a marked reactivity of mood (e.g, intense episodic dysphoria, irritability or anxiety usually lasting for a few hours and only rarely more than a few days.)" The episodes of nausea that Roquentin has fit this criterion and is the most distinguishing feature of Roquentin's BPD. Roquentin has five such episodes, which he calls as "nausea". These episodes as he comes to realize eventually are his vision of the world "as it exists", free from the meaning we have given to it. He realizes the superfluity, contingency and absurdity of the world as we know it, as he sees the flux and dynamism underlying all existence and the structures we define it by. He says, "... the diversity of things, their individuality, was only an appearance, a veneer. This veneer had melted, leaving soft, monstrous masses, in disorder- naked, with a frightening, obscene nakedness." (*Nausea* 183) The diary describes these experiences in temporal episodes like, "Perhaps it was a slight attack of insanity after all. There is no longer any trace of it left." (10) "Then the nausea seized me, I dropped on to the bench, I no longer even knew where I was; I saw the colors slowly spinning around me, I wanted

to vomit." (33) "A really bad attack: it shakes me from top to bottom. I had seen it coming for the last hour, only I didn't want to admit it." (176) "How long did that spell last? I was the root of that chestnut tree... Time had stopped: a black pool at my feet; it was impossible for anything to come after that particular moment." (188) Roquentin has these episodes which become better after a while, during which, philosophically; he has these moments of awakening, similar to the religious/spiritual trance people go under. Psychologically, these are akin to a psychiatric episode, a "panic attack". Towards the end of the novel, he realizes that these aren't just occasional happenings, they are a part of his life: "The nausea is giving me a brief respite. But I know that it will come back: it is my normal condition." (223)

The "revelation" that Roquentin goes under has been studied as panic attacks by Eric H. du Plessis in "Sartre, Existentialism and Panic Attacks" (1992). Since panic attacks also last for a limited duration and are characterized by a heightened anxiety, disillusionment and break with reality, they can be seen as a supportive criteria to BPD. He studies this in light of DSM III and proves seven, not the mere minimum four criteria for diagnosing panic attacks in Roquentin's personality. They are:

An absolute panic took hold of me. I no longer knew where I was going. I ran along the docks . . . I kept saying to myself in anguish: "Where shall I go? Where shall I go? Anything can happen" (p. 115) [unexpected onset of panic with sensation of impending doom.]

I feel like vomiting, and all of a sudden there it is: The Nausea. A really bad attack, it shakes me from top to bottom. I had seen it coming for the last hour (p. 176). [abdominal distress, nausea, preceded by anticipatory anxiety.]

Nothing looks real; I feel surrounded by cardboard scenery which could suddenly be removed (p. 113). [Dissociation and derealization.]

With my heart pounding wildly, I would suddenly swing around: What was happening behind my back? (p. 115). [Tachycardia]

I should so like to let myself go, to forget, to sleep, but I can't: I'm suffocating. (p. 181) [Neurogenic dyspnea and shortness of breath.]

Everybody is looking at me . . . I get up, everything spins about me. (p. 117) [Dizziness].

I was surrounded, seized by a slow, colored whirlpool and I couldn't see why it was there or why it was like that. I felt myself being pushed forward. I floated along ... Madeleine came floating up to me to take off my overcoat: I didn't recognize her. (p. 32) [Feelings of unreality and depersonalization.]

Well? What's the matter with him? Why is he shrinking back into his chair? Do I frighten people now? They aren't completely wrong to be frightened. I can feel that I could do anything. For example plunge this cheese-knife into the Autodidact's eye. (p. 177) [Fear of going insane or doing something uncontrolled.] (64-65 This edition of *Nausea* is a 1983 edition.)

Plessis makes a detail study of Sartre's personal history of mental illness and the addiction he developed to prescription drugs and argues that at the bottom of Sartre's existentialism lies his struggle with panic attacks. While this may not be the only generative cause of the philosophy, a dissociative tendency denoting BPD lies central to Roquentin's phenomenological and existential ruminations.

The fourth criterion is "Chronic feelings of emptiness". This criterion is one of the themes of the existential philosophy called Alienation. Sartre had originally titled the novel as *Melancholia*. It was later, at his editor Gaston Gallimard's suggestion, that he changed it to *Les Aventures Extraordinaires d'Antoine Roquentin*, and finally decided on *Nausea*. *Melancholia* or Melancholy, emptiness and loneliness can be seen as the founding conditions of *Nausea* and a dominant theme of Modernism. He then tries to understand what happened and sees objects and things- all existents as existing in moments and disappearing without any meaning, seemingly empty: "All of a sudden they existed and then, all of a sudden, they no longer existed: existence has no memory: it retains nothing of what has disappeared; not even a recollection. Existence everywhere, to infinity, superfluous, always and everywhere; existence- which is never limited by anything but existence." (*Nausea* 190) He is confounded by the immense proliferation of things and finds so many things "sickly". He questions these existents, all of which have no essence, and are devoid of any meaning, any reason to exist- superfluous: "'But why,' I thought, 'why so many existences failed and stubbornly begun again and once more failed- like the clumsy efforts of an insect which had fallen on its back? (I was one of those efforts). That abundance did not give the impression of generosity, far from it. It was dismal, sickly, encumbered by itself.'" (*Nausea* 190) He fails to see any grandiosity or noble

plans or functions in existents. Rather the existents reveal weaknesses to Roquentin and as a result he sees the trees as collapsing instead of thrusting upwards. He sees them as existing only because not-existing was out of their control, it had to be an external force. He paints a bleak picture of existence, outlining the meaninglessness of it:

They did not want to exist, only they could not help it; that was the point. So they performed all their little functions, quietly, unenthusiastically, the sap rose slowly and reluctantly in the canals, and the roots penetrated slowly into the earth. But at every moment they seemed on the verge of dropping everything and obliterating themselves. Tired and old, they went on existing, unwilling and ungraciously, simply because they were too weak to die, because death could come to them only from the outside: melodies alone can proudly carry their own death within them like an internal necessity; only they don't exist. Every existent is born without reason, prolongs itself out of weakness and dies by chance... existence is a repletion which man can never abandon. (*Nausea* 191)

Roquentin feels that there is no sense or higher purpose in existence or being. Being itself is all there is. But he does not see it as something frightening that he can quit. Though he sees that it is "repletion", he still does not wish to abandon it. When Roquentin is about to leave Bouville, he sees himself as being empty, hollow, a nobody. He sees himself as an abstraction which can pale and not exist:

Now when I say "I", it seems hollow to me. I can no longer manage to feel myself, I am so forgotten. The only real thing left in me is some existence which can feel itself existing. I give a long, voluptuous yawn. Nobody. Antoine Roquentin exists for Nobody. That amuses me. And exactly what is Antoine Roquentin? An abstraction. A pale memory of myself wavers in my consciousness. Antoine Roquentin... And suddenly the I pales, pales and finally goes out. (*Nausea* 241)

The fifth and final criteria that helps prove Roquentin's BPD is "Transient, stress reacted paranoia ideation or severe dissociative symptoms." It is explained by Bateman and Krawitz (2013) as, "Dissociation may take milder forms of detachment—"feeling numb" or "switching out," where the person is simultaneously aware of dissociating—or more extreme forms where the person has no awareness of dissociating and has memory absences for event/s and periods of time." (13) This too happens with Roquentin during his episodes of nausea. During the nausea

episodes, he switches out of his material surroundings. Its onset is described as, “Then the nausea seized me, I dropped on to the bench, I no longer even knew where I was; I saw the colours slowly spinning around me, I wanted to vomit. And there it is: since then, the *Nausea* hasn’t left me, it holds me in its grip.” (33) There is a strong bodily dissociation/detachment in Roquentin with his physical sensations. He is so dissociated with himself that doing physical harm also does not affect him, it has “stopped being me” as he says: “My penknife is on the table. I open it. Why not? In any case it would be a change. I put my left hand on the pad and I jab the knife into the palm. The movement was too sudden; the blade slipped, the wound is superficial. It is bleeding... there is this little pool of blood which has at last stopped being me” (146) In another episode he sees his hands as crabs, he differentiates between the existence of his hands as crabs, a recurring motif in the novel and himself, the I. He says, “It is me. Those two animals moving about at the end of my arms. My hand scratches one of its paws with the nail of another paw; I can feel its weight on the table which is not me. It’s long, long, this impression of weight, it doesn’t go. There’s no reason why it should go. In the long run, it is unbearable...” (144) Added to the physical sense of dissociation with the self is a bifurcation between the self and the external environment, the “World” in *Nausea*. As he reflects on his nausea episode in the park, he writes,

Did I dream it up, that huge presence? It was there, installed on the park, tumbled into the trees, all soft, gumming everything up, all thick, a jelly. And I was inside with the whole of the park? I was frightened, but above all I was furious, I thought it was so stupid, so out of place, I hated that ignoble jelly... I was no longer at Bouville or anywhere, I was floating. I was not surprised, I knew perfectly well that it was the World, the World in all its nakedness which was suddenly revealing itself, and I choked with fury at that huge absurd being. (*Nausea* 192)

Towards the end of the novel, having discarded his project of the Marquis, Roquentin sets off to Paris to start anew. But he has realized that the nausea is now a part of him, accepting his disorder it seems. By fulfilling these five criteria of a BPD patient, Roquentin faces his ontological reality.

Conclusion: To conclude, the present study asserting that Antoine Roquentin may be read as a character with symptoms of BPD is not a radical, alternate reading of the philosophical text, rather an accompaniment to the conditions of the modern world that *Nausea* is set in. The modern world, reeling in the aftermath of the catastrophic

world wars was not a world with people who fit the socially acceptable norms of “normality”, there were humans who were psychologically scarred. This study helps us delve deeper in the mind of the character of Antoine Roquentin. If existential philosophy asks the ‘why’ of existence, psychoanalysis turns the table on the character and studies the ‘why’ of the philosophical whys. Thus, the novel’s philosophical background and interpretation of nothingness is accentuated by a psychological understanding of the effect of this nothingness- the Borderline Personality Disorder which births the nausea.

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