

'Is she *alive*? Is she dead?'
Representations of Chronic Disorders of Consciousness
in Douglas Coupland's *Girlfriend in a Coma*

Dr Matthew Colbeck
Honorary Research Fellow
Department of English Literature, Language and Linguistics
The University of Sheffield

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ABSTRACT

Depictions of coma have come to dominate literary and filmic texts over the last half-century, a phenomenon coinciding with advancements in medical technology that have led to remarkable increases in the survival rates of patients within chronic disorders of consciousness. Authors of coma fiction are preoccupied with the imagined subjective experience of coma, often creating complex, dream-like worlds from which the protagonist must escape if survival is to be achieved. However, such representations appear to conflict with medical case studies and patient narratives that reveal that most often, survivors of coma have no recollection of the coma itself. Providing a close reading of Douglas Coupland's *Girlfriend in a Coma* (1998) against the context of medical literature and diagnoses, this article examines how the coma patient is represented, often depicting the realities of a prolonged vegetative state, in contrast with other popular representations of coma. It explores how the author develops a work of 'fantastic' fiction (a genre defined by the structuralist critic Tzvetan Todorov), using the condition of coma as a metaphor for a postmodern existential crisis, whilst simultaneously employing mimetic techniques that raise important medical, ethical and philosophical questions surrounding the ontological status of the comatose patient. It is argued that coma fiction, even in its misrepresentation of the condition, can help us to engage with and interrogate how we think about chronic disorders of consciousness, thereby providing a valuable insight into our attitudes towards illness and mortality.

THE COMA METAPHOR IN LITERATURE: AN INTRODUCTION

The image of the chronic disorder of consciousness, coma, has pervaded literary and filmic texts over the last fifty years, leading to the production of a genre that I will refer to as 'coma fiction'. The genre itself can be split broadly into two categories: interior and exterior coma narratives. Whereas the interior coma narrative focuses upon the imagined subjective experience of the coma patient, exterior coma fiction either represents the patient still within coma and the strains his condition has upon the personal relationships that he has outside of unconsciousness, or upon the survivor, and his reintegration into the world outside of coma. These sub-categories of coma fiction are not necessarily mutually exclusive with authors combining them in certain cases. In Liz Jensen's *The Ninth Life of Louis Drax*, for example, the split-narrative depicts both the interiority of the eponymous hero's coma alongside the attempts of his physician (in the world outside of coma) to bring Louis back to consciousness.[1]

Frequently, interior coma fiction equates the medical condition with a sleep-state, from which the patient most often 'awakes' with cognition and motor functions immediately intact, despite the fact that, in many of these fictions, the coma has lasted for a significant period of time: the 'wiggle your big toe' approach to coma recovery, to refer to The Bride's mantra of rehabilitation in Quentin Tarantino's *Kill Bill*.^[2] Indeed, many of these narratives depict highly complex dreamscapes from which the protagonists must move beyond if they wish to emerge from coma: Iain Banks's *The Bridge*,^[3] for example, or Irvine Welsh's *Marabou Stork Nightmares*.^[4] In discussing his novel *The Coma*, Alex Garland outlines his literary agenda very clearly: that he wanted to create a text in which 'dreams' were presented in a 'less naff' way,^[5] further illustrating this conflation of coma with sleep common within our culture. And yet coma has no sleep/wake cycle, therefore constituting a state of unconsciousness during which, as Plum and Posner observe, there is 'the total absence of awareness of self and environment even when the subject is externally stimulated'.^[6] Furthermore, as the prominent neuroscientist Antonio Damasio notes through his own clinical observations, the coma survivor 'can recall the descent into the nothingness of coma' but 'nothing at all' of the coma itself, going onto assert, succinctly, that coma 'may look like sleep, it may sound like sleep, but it is not sleep'.^[7]

The Olympic rowing champion, James Cracknell, in discussing his emergence from coma following a serious biking accident, makes the distinction between coma and the 'lightening' stage of coma prior to regaining full consciousness. The dream-like memories he possesses (what he and his physicians refer to as 'islands') are products of his gradual return to consciousness and the cognitive confusion that this creates, not products of his coma; they are, he asserts, 'breakthroughs of conscious memory, in what is otherwise a total blank'.^[8]

It seems clear, then, that interior coma fiction is not concerned with representing the realities and trauma of the medical condition. On the surface, and as some authors have suggested, it seems that such narratives use coma merely as a convenient plot device.^[9] However, examination of this device can reveal cultural and social attitudes to coma (and other chronic disorders of consciousness), alongside collective fears of mortality. As I argue elsewhere, perhaps the void in consciousness of coma is representative of the void of consciousness that may come with death. Authors of interior coma fiction, therefore, attempt to navigate through an incomprehensible concept (a void in consciousness) by equating it with a vastly more comprehensible concept (a semi-conscious state – sleep/dream), in an attempt to work through and 'contain' the fear of death.^[10] In short, the medical condition of coma has made the transition into an 'illness metaphor' and as Susan Sontag discusses in her essays on the metaphors of tuberculosis, cancer and AIDS, the use of the illness metaphor is crucial for the denial of death within modern culture.^[11] In this way, despite

speaking for coma patients (who are themselves ‘voiceless’), much of coma fiction constitutes approximations of Arthur Frank’s ‘restitution narrative’ of illness, with authors exhibiting the meta-control that, Frank argues, arises from the process, adopted by many real-life survivors of medical trauma, of turning illness into story in an attempt to forestall the intimation of mortality.[12]

But what of exterior coma narratives and their use of the coma metaphor? Can these also inform us of the ways in which coma is perceived, and can they help to reveal our deepest existential fears? To examine these questions, I now turn to Douglas Coupland’s 1998 novel, *Girlfriend in a Coma*, [13] a work of fiction that, whilst using coma as both a plot device and as a metaphor for postmodern, capitalist society (we are all, in effect, ‘living in a coma’), simultaneously encourages us to question how we think about and represent coma and those within coma. But before looking at the novel more closely, I would first like to outline a brief synopsis.

THE STORY OF *GIRLFRIEND IN A COMA*

Girlfriend in a Coma is centred upon the fate of Karen Ann McNeil who, after consuming a concoction of alcohol and Valium one night at a party during the late-1970s, subsequently collapses into coma. As I will discuss later, Coupland assimilates factual details from the real-life case of Karen Quinlan, a casualty of a chronic disorder of consciousness who was very much in the public eye during the 1970s and 1980s. In Coupland’s novel, prior to becoming comatose, the fictional Karen reveals to her boyfriend, Richard, a prophetic vision she had of a ‘dark...Future’ where her friends all seemed normal but had ‘eyes... without souls’. She also predicts her own departure, and even her return from ‘wherever it is’ she will go (p.11, p.28).

Eventually, and as predicted, Karen emerges from her seventeen-year coma to find that the world has changed, dominated by new technologies, greed and social dysfunction – the dystopia of postmodernity. Richard, her once-teenage lover, is an alcoholic and failed father to her ‘miracle’ daughter (born whilst Karen was still in coma); her friends, Pam and Hamilton, are successful yet vacuous, hooked on heroin, which they treat as a recreational drug of the middle classes; and Linus remains unchanged from high school but stagnating, unable to translate the intellectual promise he exhibited as a teenager into a career that is worthy of his talents.

Karen’s post-coma prophetic predictions of an apocalypse turn out to be not just satirical representations of her ‘postmodern’ friends, but of a literal, global apocalypse. The world’s population (with the exception of Karen and her companions) succumbs to a sleeping sickness pandemic which causes the victim to drift into a somnolent state, shortly after which they die. This cataclysmic event is described, significantly, as the ‘whole world [going] into coma’ (p.229). Despite this apocalypse, Karen’s friends still fail to change their selfish and materialistic lives. The novel then takes a fantastical

direction: Karen (together with the ghost of her dead high-school friend, Jared) proclaim to their friends that it is within their power to restore the world to its former pre-apocalyptic state. All they have to do is to alter their shallow existence and promise to do everything in their power to change the ways of the world by forever challenging the iniquities of modern society. But there is a catch. In order for this to happen, the ultimate sacrifice has to be made: Karen has to return to her comatose state. In this way, Karen is granted Messianic status by acceding to her fate in order to save mankind.

AGAINST 'SLEEPING BEAUTY'

Coupland's novel is perhaps most informative in the representation of the coma patient herself. In his physical descriptions of Karen's body and the impact that a prolonged state of unconsciousness has upon it, the author notably avoids the depiction of what Eelco and Coen Wijdicks have termed the 'Sleeping Beauty phenomenon', a common trope that they discovered when analyzing the representation of coma in 30 feature films released between 1970 and 2004. As they discuss, patients in prolonged coma are depicted frequently as if they are merely asleep, with relaxed facial expressions and 'normal, muscular and tanned appearance', thereby 'trivializing' coma as a form of sleep-state (p.1301).[14]

However, despite often using the language of sleep to describe Karen's disorder of consciousness (in fact, at the point of Karen's emergence from coma, Coupland writes, 'after 6,719 days of sleep, she had just awakened' (p.107)), the author takes particular care in describing the degradation of the coma-body. Immediately after going into coma, Coupland begins to dehumanize Karen, encouraging the reader, through figurative techniques, to confront the catastrophic effects of coma and put aside any preconceptions of the condition being comparable with a state of deep sleep:

Ever-shrinking hands reduced to talons; clear plastic IV drips like boil-in-bag dinners gone badly wrong; an iceberg-blue respirator tube connected to the core of the Earth hissing sick threats of doom spoken backward in another language; hair always straight, combed nightly, going gray with the years, and limp as unwatered houseplants.(p.23)

This depiction of Karen, focalized through her boyfriend Richard, is a relentless deconstruction of her humanity and identity, emphasized by the absence of pronouns to describe her. Each image compartmentalizes and objectifies parts of her body and its functions that can no longer operate independently of mechanical support; Karen seems to have become another being entirely, even speaking her own language through the proxy of her respirator tube, an alien, robotic tongue. The

organic now depends upon the synthetic for survival and yet despite the fact that the IV drips and breathing apparatus preserve life, they simultaneously appear to accelerate a degradation of the body, disconnecting Karen from the world in their very connection to her body. This notion of physical wastage, not least the muscle atrophy that occurs with patients in prolonged vegetative states, becomes a preoccupation for Coupland. Karen's hands become hardened and animalistic, almost threatening; later in the novel, in a description focalized, again, through Richard (who holds vigil by his lover's bed) Coupland describes Karen's stomach bulging 'like a goiter on a crone's neck', her body 'withered and shrunk to skin and bones, [appearing] more like a yellow leather hide stretched over bone drums' (p.46, p.62). Coupland continues to use animal metaphor to illustrate the on-going dehumanizing effects of coma, but where before Karen's hands were described as the talons of a living creature, now her body is likened to the skin of a dead animal: she becomes an incarnation of the living-dead.

Coupland's imagery clearly moves away from the traditional 'Sleeping Beauty' trope popularized by coma fiction and much lamented by the Wijdicks who assert that the lack of representation of, for example, muscle atrophy, bowel/bladder incontinence and bed sores reveals the need to sacrifice medical fact and the realities of coma in the name of entertainment,[15] thus leading to a proliferation of misinformation and confusion surrounding disorders of consciousness. Coupland's representations of the coma-body, on the contrary, provide the reader with an insight into the mechanics of muscle atrophy (the process of 'going fetal' (p.62)) and even examines the long-term effects of this; Karen's body is 'pretzeled in a wheelchair' (p.74), her limbs desiccating and curling in on themselves, and even after emergence from coma, Coupland draws attention to the long-term physical impact of profound and prolonged unconsciousness: Karen's 'brittle bones; atrophied limbs' (p.136). In this way, Coupland begins to address the permanence of physical degradation caused by coma, and the long road of rehabilitation that the emergent patient must take. This seems to be in direct contradiction to, for example, the character of Alicia in Pedro Almodóvar's 2002 film, *Habla con Ella (Talk to Her)*[16] who, her flawless and fetishized body virtually untouched by the vagaries of physical deterioration, emerges from a 4-year coma and reintegrates herself into the ballet-world after only eight months of rehabilitation.

COMA AND THE 'FANTASTIC' TRADITION

When considering Coupland's overall creative agenda, the absence of a Sleeping Beauty archetype represents an interesting dichotomy within the novel: the rejection of a typical fairy-tale motif within a narrative that itself can be considered as a contemporary fairy-tale. Indeed, despite the depth of medical detail used by Coupland to describe Karen's coma, the novel may be seen as an exponent of what Todorov termed 'fantastic' literature.

The fantastic, Todorov asserts, is a literary genre in which a character is confronted by seemingly supernatural events. Both the character and reader is uncertain whether these events have been artificially created through illusion or trickery (in which case, the laws of nature remain unbroken), or whether these events have truly taken place (in which case, there is an acceptance of extant laws that are unknown to us). It follows that the fantastic occupies this duration of uncertainty.[17] It is usual, Todorov goes on to discuss, that at the end of a story, the reader ceases to hesitate and comes to a decision, whether the character does or not. If he decides that 'the laws of reality remain intact and permit an explanation of the phenomena described', then the narrative belongs to the sub-genre of the 'uncanny'. However, if he decides that the events truly are of the supernatural order, then the narrative slides into another sub-genre: the 'marvellous'.[18]

On first glance, it would seem that Coupland's novel is an example of what Todorov would term the marvellous in its 'pure state', [19] whereby the reader accepts immediately the events as being of the supernatural order. After all, Coupland, from the outset, suggests that the novel is truly 'marvellous' by creating a first chapter narrated from the point of view of a ghost: Jared. It is also Jared who picks up the narration in the last section of the novel, directly influencing Karen and her friends in what they must do to save mankind from the apocalyptic plague of sleeping sickness. We can see that Coupland's use of coma begins to move beyond an attempt to represent the harsh realities of the condition; it becomes, as Mark Forshaw discusses, an 'Irving-derived device' that allows the author to critique 'a world of dehumanising and, ultimately, pointless accelerated capitalism' (p.46).[20] Making reference to Washington Irving's satirical 'The Tale of Rip Van Winkle', [21] Forshaw suggests that Coupland, like Irving nearly two hundred years earlier, uses the deep-sleep metaphor as a springboard for critiquing the society of the day. Coupland's detailed, realist descriptions of Karen's physical wastage whilst in coma, discussed earlier, can therefore also be viewed through the lens of this metaphor, the novelist voicing a subtle criticism of the obsession with the image in contemporary society. Prior to going into coma, Karen speaks of her need to be able to consistently fit into her 'size-five bikini' (p.18), and the Valium that she ingests prior to falling unconscious seems to be at least one method of suppressing her appetite. Whilst in coma, and as Jefferson Faye observes, Karen is finally able to achieve her supermodel physique,[22] Coupland both presenting the physical implications of long-term disorders of consciousness whilst simultaneously exploiting the coma device to satirize postmodern society and the existential crisis of those who inhabit it.

In the end, Karen's coma is revealed to be a 'marvellous' phenomenon, a motif of the curse of deep sleep so common in fairy-tales that, Todorov posits, are a further sub-genre of marvellous fiction. Moreover, Karen's descent into and return from coma can be likened to mythological tales of the katabatic hero who descends into the underworld on the quest for, as Northrop Frye explicates in his

analysis of mythological archetypes, forbidden esoteric knowledge and often, ‘knowledge of the future’.[23] Karen is granted such a knowledge: prophetic visions of an impending apocalypse. Returning once more to the earlier description of Karen whilst in coma, then, Coupland’s description of her respirator tube ‘hissing sick threats of doom’ not only serves to subvert the Sleeping Beauty archetype but also embodies the ‘marvellous’ function of her character – her precognitive powers and Messianic status that she finally attains. It is a status that is similarly granted to Johnny Smith of Stephen King’s work of coma fiction, *The Dead Zone*. In this novel, Johnny emerges from a 4-year coma only to find that his prescience has been heightened, his visions revealing to him the nuclear winter that a future presidential candidate will be instrumental in causing.[24] Both Coupland’s novel, and King’s, employ a marvellous embodiment of coma, set against the backdrop of an impending apocalypse, thereby elevating each protagonist to the position of modern-day Messiah, with both Karen and Johnny ultimately sacrificing their lives to save mankind.

For Coupland, coma becomes the perfect device to allow Karen (described as a ‘time capsule’ (p.137)) to act as witness to late-twentieth century capitalism and the effects this has had upon her friends who have lost all sense of a cultural centre[25], caught within a metaphorical coma (interestingly, at one point Coupland describes Linus’s increasing introspection as his ‘venture into nothingdom’ (p.76), mirroring ‘the darkness’ (p.135) of Karen’s ‘dreamless’ coma). Yet these multiple layers of metaphor within a marvellous narrative does not prevent Coupland from examining deeper ethical issues, in particular the ontological status of the ‘neomort’ (a term coined by Willard Gaylin in his controversial article for *Harper’s* magazine, ‘Harvesting the Dead’.[26]) Literally meaning the ‘new dead’, the neomort constitutes any person within a chronic disorder of consciousness, a phenomenon, as Gaylin asserts, that is a direct correlate of the advancement of modern technology. Certainly, the development of life support machines, CT, and MRI scans led to the possibility of identifying primary and secondary brain injury, a key contributing factor towards the increase in survival rates for coma and brain injury patients.[27] This is a reality that Coupland is very much aware of, with his character Linus directly musing upon the fact that comas are ‘a byproduct of modern living’ (p.62). Throughout the novel, Coupland interrogates the ontology of the neomort: the ambiguity of where exactly the comatose patient is positioned on the spectrum of life and death, consciousness and unconsciousness. This question is raised directly when, after discovering that her daughter has gone into coma, Karen’s mother immediately asks, ‘Is she *alive*? Is she dead?’ (p.26, original italics). Later, similarly contemplating the nature of his girlfriend’s condition, Richard refers to Karen as ‘neither alive nor dead’ (p.74). Coupland therefore deliberately evokes, within a work of fantastic fiction, the ontological dilemma of chronically unconscious patients, a dilemma that lies at the centre of bioethical debates over how we should regard such individuals.[28]

GIRLFRIEND IN A... *COMA*?

To recap, despite his creative agenda, developing a coma narrative within the fantastic tradition, Coupland repeatedly returns to issues surrounding the wider crises of the comatose patient and their loved ones, thus allowing this work of fiction to grant a deeper understanding of disorders of consciousness, alongside the ethical and existential dilemmas to which these medical conditions can lead. One particular area of interest for Coupland is the media obsession with so-called ‘miracle awakenings’ of those in vegetative states, even though Karen, herself, is depicted as ‘miraculously’ emerging from prolonged coma with cognition and brain-function immediately intact: as if (like her fairy-tale ancestors, Snow White and Sleeping Beauty) awaking from a deep sleep. Despite this fictional device, Coupland takes care to paint a vivid picture of the media frenzy that his heroine’s emergence from coma generates, with one TV reporter, in a desperate bid to intensify the sensationalism of her profile of Karen, asking, ‘How does it *feel* to be a modern Rip Van Winkle?’ (p.166). In this, Coupland makes open reference to the eponymous hero of Irving’s satire of post-revolution America, but it is also interesting to note that it is a comparison that has been likewise used in real-life tales of ‘miracle recoveries’, most notably in the case of Jan Grzebski, who emerged, in 2006, from a 19-year coma to find that Poland was no longer under the rule of the Soviet Union or a communist president, that the Berlin Wall had fallen, and that the world had become a slave to unrecognizable technologies and consumer culture, dominated by mobile phones and iPods.[29] This media obsession with miraculous ‘fairytale’ endings, fictionalized by Coupland, seems consistent with the media coverage of ‘coma’, with one study that analyzed the headlines of American newspapers from 2001 to 2005 discovering that stories of ‘miracle awakenings’ were most common and covered by multiple newspapers.[30] This use of the language of ‘miracles’ has similarly been explored by Samuel and Kitzinger in their extensive analysis of the media reporting of ‘breakthrough’ technologies that promise the ability to determine whether there is any awareness for the patient in the comatose state.[31]

However, there is one very clear confusion within *Girlfriend in a Coma*: setting aside the fact that Karen’s condition has a ‘marvellous’ causation (a revelation that doesn’t appear until the last quarter of the novel), it becomes clear that Coupland’s heroine isn’t actually in a coma. This is implied very early on in the novel when Karen’s physician explains to her parents that, ‘Karen will have sleep and wake cycles and may even *dream*’ (p.26). As discussed earlier, in coma there is no sleep-wake cycle, with patients lacking both wakefulness and awareness.[32] At the point in the novel whereby Karen ‘moves her head’ and ‘her eyes flicker’, allowing her to see ‘for three seconds’ the ‘sky and the clouds’ (p.74), it becomes clear that rather than being in coma, Karen is actually within a persistent vegetative

state, this moment in the novel exhibiting the capacity for spontaneous or stimulus-induced arousal within the PVS patient.[33] In fact, Coupland is quite overt about his heroine's disorder, with the character Dr Menger announcing to her friends, 'It doesn't give me any pleasure to tell you, kids, but your friend, Karen, is in what's known as a persistent vegetative state'. Distinct from coma, PVS was first identified in 1972 by the two neurologists, Fred Plum and Bryan Jennett. It is a chronic disorder of consciousness in which patients who were previously in coma have progressed to a state of wakefulness without detectable awareness.[34] Coupland, seemingly appropriating information directly from medical literature, develops this revelation regarding his heroine's condition with Menger asserting that Karen 'is completely unaware of either herself or her environment', lacking any 'high brain function' despite having 'sleep cycles and awake cycles' (p.41).

At the heart of this novel, then, lies a puzzling situation whereby Coupland knowingly conflates coma with the persistent vegetative state, a fault common in media reportage that often contains 'mismatches between the descriptions of [the patient's] state and the medical terms used to characterize it' (p.964).[35] We may argue that this confusion over Karen's condition can be attributed to the fact that it has been induced supernaturally ('marvellously'), perhaps leading us to the conclusion that Menger is trying to provide a medically rational explanation for the inexplicable. Yet at this early stage of the novel, despite the marvellous nature of the narrative, the revelation of supernatural influences has not occurred; all Menger has to go on is the facts that led up to Karen's coma: her ingestion of a cocktail of alcohol and prescription drugs that he can only assume are the only true cause of her condition. Furthermore, even when the actual cause of her coma is discovered, it is only revealed to a handful of characters, namely Karen herself and her close-knit circle of friends. In short, this work of marvellous fiction engages with complex and deeply nuanced medical and philosophical questions, asking the reader to confront and explore these issues, whilst simultaneously (through the ongoing development of the coma metaphor) obfuscating the spectrum of consciousness, the divisions of which are already profoundly unclear and ambiguous. However, even in this deliberate confusion of disorders of consciousness, Coupland, perhaps unknowingly, adds depth to our understanding of how we think about these disorders, or more specifically, how we *wish* to think of the spectrum of consciousness and the implications it has for the definition of the thresholds of life and death.

In an article for the Toronto *Globe and Mail* from 1998, Coupland, discussing his inspiration for the novel, commented, 'I like the notion that comas can allow a person to radically reinvent themselves upon awakening. I think we all want to do that – radically reinvent ourselves – I think it's our deepest need'.[36] The optimistic and affirmatory tone of this assertion is somewhat unnerving, with Coupland blurring the line between what coma can 'offer' us in reality and what it offers us figuratively within our imaginations (and through the imagination of the writer of coma fiction). The implied notion of 'choice'

and 'opportunity' of a reinvention of selfhood that coma can grant us is complicated to a greater degree when we consider Coupland's source material for the novel alluded to earlier: the high-profile case of Karen Quinlan.

In 1975, Quinlan, after ingesting a combination of alcohol and sedatives, suffered a heart attack which caused massive brain damage, leaving her in a permanent vegetative state. In 1976, her father's application to remove his daughter's ventilator was granted by the New Jersey Supreme Court. However, once removed, Quinlan survived for another nine years in a vegetative state, drawing to the attention of the public the fact that 'VS patients breathe spontaneously' (p.6).[37] The parallels between this case and Coupland's novel are immediately clear: both patient and fictional counterpart enter coma after ingesting a cocktail of alcohol and Valium; both were in the habit of taking prescription drugs as part of an extreme dietary regime; both enter coma, and shortly thereafter, a prolonged vegetative state, maintaining and sustaining autonomous aspiration; the full name of Coupland's character is Karen Ann McNeil, the fictional equivalent of Karen Ann Quinlan. This is complicated by the fact that Coupland's novel is clearly a work of marvellous fiction and one might argue that the author does not purport to represent realistically a medical condition since Karen's coma, in the end, is revealed to be a supernatural phenomenon and not a biomedical reality. This being said, the circumstances leading up to the coma, alongside the description of the ensuing PVS, are entirely based upon a biomedical reality: on the medical history of Karen Quinlan. Even Jared himself, when explaining to Karen why she was 'chosen' as apocalyptic prophetess, admits that the *cause* of her coma was a biomedical inevitability when he says, 'You were taking all those diet pills and starving yourself' (p.212), further indicating the author's use of mimesis within a work of marvellous fiction. Indeed, on closer inspection of the novel's structure, I would argue that there is nothing to overtly suggest that her coma has been supernaturally induced, up until the point whereby Jared re-emerges in the final section of the novel and explains what her function has been (and will be) in the salvation of mankind. This leads us to re-evaluate the sub-genre of fantastic literature into which *Girlfriend in a Coma* can be placed. Granted, Jared's initial narration immediately signifies to the reader that the text is a work of marvellous fiction, seemingly in its 'pure state', yet for the characters, it is only really their direct encounter with Jared towards the end of the novel that confirms this. It follows, therefore, that up until this point, they are caught within the 'fantastic-marvellous', a class of narrative, as defined by Todorov, that present themselves as fantastic but that end with an acceptance of the supernatural.[38] Thus, the characters (and, by implication, the reader) encounter fantastic events (Karen's coma; the miracle birth of her child; her miracle 'awakening' with cognition intact; her prophetic visions) that *could* have rational explanations, but in the end are revealed to be truly marvellous. Baldly, I suggest that despite Jared's initial narration from the grave, Karen's coma could still be real, and this illusion of reality is generated

and sustained precisely because of Coupland's use of mimetic techniques (descriptions of medical processes, definitions of disorders of consciousness, evocation of real-life patient case studies), an element of the author's style that Robert McGill has referred to significantly as his 'trademark slacker realism'. [39] The critic Louis Greenberg has similarly pointed towards Coupland's use of mimesis and tendency towards assimilating factual details of socio-historical events into his fiction, most notably, his 'direct rewriting of the Columbine shootings' in his novel *Hey Nostradamus!*, [40] a companion piece to *Girlfriend in a Coma* through its use of mimetic techniques within a similarly 'fantastic' narrative (*Hey Nostradamus!* also employs narrations from the perspective of a ghost). [41]

Coupland's creative agenda, then, is a highly complex one, complicated further by the fact that the author, clearly taking inspiration from the Quinlan case, still discusses the 'potential' that 'coma' has to offer for the shaping of a new identity whilst fully aware that Quinlan had no such opportunity, raising an ethical question over how authors appropriate illness narratives of patients for their fiction, even if that fiction is 'fantastic' in its form. Yet it is within the complexity of Coupland's agenda that we may find the clues to understanding, further, our relationship with and attitudes towards the chronic disorders of consciousness that challenge our notions of life and death. Coupland's 'deepest need' is perhaps not so much the need to radically change ourselves, and the opportunity for this that coma 'offers' us, but the need to *think* that this is what coma can offer us. Using this logic, our deepest need is the need to think and work through the fear that chronic disorders of consciousness create in us by producing what Dominick LaCapra terms 'optimistic, self-serving scenarios'. [42] As previously discussed, the restitution narratives of interior coma fiction, with their creation of dreamscape psychologies, likewise constitute such scenarios, thus betraying our need to contain and overcome the fear of death. In this way, by engaging with works of coma fiction and examining how the condition is being represented, we can begin to interrogate our subconscious attitudes to disorders of consciousness, alongside our wider concerns surrounding illness and mortality.

Competing Interests None

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