



Representations of Mental Distress, Psychological Trauma, and Social Alienation in Allen Ginsberg’s Howl: An Interdisciplinary Literary and Medical Humanities Study

Bahadur Fakir Akash¹, Mysha Farhana², Md. Belal Hossain³, Md. Kajal Sarker⁴

- 1. Bachelor of Medicine and Bachelor of Surgery (MBBS), Cumilla Medical College, Bangladesh
Email: bahadurakash112@gmail.com
- 2. B.A. and M.A. in English, Department of English, Begum Rokeya University, Rangpur, Bangladesh
Email: myshafarhana63@gmail.com
- 3. B.A. and M.A. in English, Begum Rokeya University, Rangpur, Bangladesh
Email: belalhossaineng@gmail.com
- 4. B.A. (Honors) in English, Begum Rokeya University, Rangpur, Bangladesh
Email: mrkajal2002@gmail.com

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Abstract

This study investigates the depiction of mental suffering, psychological injury, social isolation, stigmatisation, drug abuse, psychiatric hospitalization and psychosocial fragility in Allen Ginsberg’s Howl (1956) in an interdisciplinary Medical Humanities perspective. From a critical standpoint, following a qualitative and exploratory design, the study integrates close textual analysis with four Focus Group Discussions and sixteen semi-structured interviews with medical college teachers, medical students, English literature teachers and English literature students. In light of this, four main findings emerged from the thematic analysis: mental distress and psychosocial fragility; the interweaving of trauma, alienation, stigma and social isolation; substance-related experiences, psychiatric institutionalisation and institutional power; and the interdisciplinary nature of Howl for mental health and Medical Humanities. It is pertinent to observe that the results confirm that psychological anguish in Howl is not only experienced as a personal or biomedical event, but as a relational, affective, social, cultural and institutional experience. To elucidate this broader implication, the study concludes that the representation of the literature can help the medical perspective by bringing to light lived suffering, vulnerability, and social determinants of mental health.

Keywords: Mental Distress; Psychological Trauma; Social Alienation; Medical Humanities; Howl

1. Introduction

First and foremost, *Howl* (1956) by Allen Ginsberg is a foundational beat poem that describes the psychological and social anguish of the outcasts of the post-war American society (Ginsberg 1956; Raskin 2004). To shed light on this broader dimension, Ginsberg does not just see mental suffering as an individual issue, but also as related to social isolation, poverty, stigma, substance use, sexual marginalization, institutionalization and cultural pressures. It is pertinent to observe that the poem's depiction of “madness”, emotional instability, despair, loneliness, social disconnection, substance-related problems, and social vulnerability can be explored using concepts in current use in relation to mental distress, psychological trauma, psychosocial stress, social exclusion, substance-related problems, and social vulnerability. Following that, Part I describes the plight of the “best minds” of the generation, and Part II “Moloch” is a symbolic representation of the destructive social and institutional forces (Ginsberg, 1956). What is more, the poem is also significant for Mental Health Studies and Medical Humanities, especially via Carl Solomon, as he brings in psychiatric hospitalization and institutional control (Ginsberg, 1956). In the same vein, as an interdisciplinary phenomenon, literature may offer some understanding of the subjective experience of suffering and the social aspects of illness (Charon, 2006; Kleinman, 1988). In light of this, this study aims at exploring the psychological anguish depicted in *Howl* and at analyzing the link between mental health and wider psychosocial context.

1.1 Statement of the Problem

To start off, while *Howl* has been well discussed previously in the context of Beat culture, sexuality, counterculture, and poetic experimentation (Charters, 1992; Raskin, 2004), there is a need for more attention in the context of Mental Distress, Psychological Trauma, Psychiatric Institutionalization and Social Alienation within a Medical Humanities lens. It is significant to mention that the poem includes experiences that can be analyzed through the lens of psychosocial stress, emotional dysregulation, social isolation, stigma, substance use, institutional trauma and social determinants of mental health, as outlined by Link & Phelan (2001) and Marmot (2005). To clarify, the study does not diagnose Ginsberg's subjects with psychiatric conditions; however. Rather, it examines the ways in which psychological distress is manifested, and how social and institutional contexts can enhance vulnerability and distress.

1.2 Rationale of the Study

The first point to consider is that the study would be important because Medical Humanities value the impact of illness, suffering, identity and society on human experience (Charon, 2006). From a critical standpoint, *Howl* offers literary text for a mental health analysis that goes beyond a biomedical perspective. In addition, the depictions of psychiatric treatment, drug use, isolation, stigma, social rejection and emotional distress enable the investigation of the impacts that social conditions, psychosocial stressors and institutions have on psychological health. It is worth noting that this need to understand illness based on lived experience is noted by Kleinman (1988), and the social functioning of stigma is illustrated by Link and Phelan (2001). On that account, therefore, an interdisciplinary reading of *Howl* may be a way of understanding mental illness, trauma, social suffering, and human dignity in general.

1.3 Research Questions

1. *Howl* is a figure of mental anguish, psychological torment, and psychosocial fragility; how?
2. How are psychological trauma, social alienation, stigma and social isolation linked to each other in the poem?
3. How is psychiatric institutionalization, substance use and institutional power related to mental health in *Howl*?
4. What role does *Howl* have in the interdisciplinary study of mental health, social determinants of health and Medical Humanities?

1.4 Limitations of the Study

To begin with, this study does not try to diagnosis the individuals of Howl, but concentrates on the Howl in general. It is pertinent to clarify that the concepts and experiences of trauma, distress, stigma, substance use and psychosocial vulnerability are employed as frameworks for interpretation, rather than as diagnoses. Nonetheless, the study doesn't offer a full clinical history of Ginsberg or the psychiatric system that existed in the 1950s. To wrap up, it is mainly concerned with the notion of psychological suffering as it is represented in the poem in relation to social and institutional conditions.

2. Literature Review

At the outset, the scholarship that has focused on Allen Ginsberg's Howl has largely been centered in Beat culture, post-war American society, counterculture, sexuality, political resistance, and poetic experimentation. Within this broader critical trajectory, for example, Raskin (2004) places Howl in the cultural and political conflicts of Cold War America, and shows how the poem challenges social repression and marginalisation. Viewed through this analytical lens, the scholarship (and also the title) makes Howl less a portrait of personal loss than a description of the “condition of psychological vulnerability” as it is formed within the collective cultural and institutional context. Extending this line of inquiry, recent scholarship has also begun to foster a psychiatric and social-psychiatric interpretation of the poem, establishing solid ground for an interdisciplinary approach to the poem that is medical-humanities inspired.

Turning specifically to the psychological dimension, many studies have focused on the depiction of mental ill-being, psychological anguish, and “madness” in Howl. Of particular relevance here, the opening image of “best minds” destroyed by madness in the poem has been subject to much critical scrutiny as psychological suffering is continually linked to despair, disorganization, vulnerability and social crisis. More precisely, Weine (2023) specifically links Ginsberg's poetic imagination with experiences of psychiatric hospitalization, mental illness in the family, confinement and the broader social turmoil of the post-war period. Read in conjunction with this evidence, his work illustrates the difficulty in separating the personal from the institutional and historical in Ginsberg's writing. Equally consequential, this is especially pertinent to current conceptions like psychological distress, emotional dysregulation, psychosocial vulnerability, and dysfunction of social functioning. Against this backdrop, however, importantly, literary depictions of pain should not be interpreted as a clinical diagnosis; instead, it could be a representation of the subjective experience of pain.

Shifting the analytical emphasis toward psychosocial conditions, the connection between mental distress and social situation is another significant field of research. In this particular context, in this qualitative, narrative-hermeneutic approach, Wigand et al. (2016) look at Howl alongside *The Waste Land* by T. S. Eliot, concentrating on emotional suffering, interpersonal relationships, social perceptions, madness, and therapeutic potential of writing. Their findings, taken collectively, indicate that suffering can be expressed in a broader experience of social and environmental crisis, and that narrative models can be used in addition to the biological ones of mental illness. Corroborating this perspective, this approach is in line with current mental health philosophies that define holistic mental health as arising from interwoven individual, interpersonal, social, economic and structural factors. Of equal significance, poverty, inequality, violence, discrimination, social exclusion and other negative factors are also key to mental health, as identified by the World Health Organization. Accordingly, Howl, then, can be placed in a psychosocial model, which considers emotional distress not as an intrapersonal or biomedical experience, but as linked to an experience of social adversity.

A further critical dimension emerges in relation to social alienation, stigma, marginalisation and psychological vulnerability due to identity issues. Within this strand of criticism, much of the critical writing on Howl focuses on the marginal roles played by the characters in the poem, specifically with regard to sexuality, nonconformity, drug use, poverty, and opposition to the dominant cultural norms. Drawing upon a Foucauldian framework, in an analysis of Ginsberg's poetry through Foucauldian lenses of power, confession and

resistance, Birt (2005) maintains that both marginalising experiences and resistance to institutional and cultural structures of domination are being revealed. This line of argument can further be situated within current frameworks of understanding social stigma and discrimination, minority stress, social exclusion, identity conflict, decreased social support, and psychosocial stress. From a psychosocial perspective, the factors are clinically significant since chronic social rejection and discrimination can make an individual psychologically vulnerable and affect social connectedness. Concurrently, WHO guidance is also currently focused on stigma and discrimination, poverty and structural inequality as social and structural determinants of mental health.

Of particular interdisciplinary significance is substance use and psychiatric institutionalization. At the textual level, many of the themes in *Howl* are repeated with regard to a person's experience of drug use, changed states, hospitalization, confinement, and psychiatric control, which makes *Howl* an especially significant reflection on the study of substance-related problems and psychiatric care. Historical and psychiatric perspectives further substantiate this reading, as Raskin (2004) uses psychiatric literature and historical evidence to make links between *Howl* and Ginsberg's experience and the repressive social context in which he lived. Closely associated with this dimension, Ginsberg's experience at a psychiatric hospital was at the heart of the poem's third part, that is, the connection between literary representation and psychiatric hospitalization and psychiatric experience. Viewed from a Medical Humanities standpoint, these representations provoke reflections about the power of institutions, coercion, psychiatric confinement, therapeutic relations, the patient identity, the institutional trauma, the vulnerability linked to the use of drugs and the medicalization of socially nonconforming behaviors. This observation assumes further importance when considered alongside current discussions as mental-health services can perpetuate stigma and coercion if the social and structural context is not taken into account.

Beyond these textual and psychosocial considerations, this research direction is further reinforced by the theoretical relevance between Medical Humanities and narrative medicine. At the conceptual level, Charon's research focuses on narrative medicine, a project that aims to discuss illness and suffering based on patients' stories and experiences, rather than solely on biomedical diagnosis. In a comparable vein, like Kleinman, illness narratives emphasize the difference between the experience of suffering and the biology of disease. Against this theoretical backdrop, literature can be a device for cultural storytelling, and reveal emotional pain, stigma, vulnerability, identity, and social suffering. Taken together, these perspectives establish that *Howl* thus offers a rich literary context for an analysis of psychological suffering from a humanistic perspective, as well as from the viewpoint of contemporary mental-health theory.

Notwithstanding the breadth of existing scholarship, there is a research gap. A closer examination of the literature reveals that *Howl* is a Beat text, a political text, a cultural text, a sexual text, a countercultural text, and a psychiatric and a social-psychiatric text; all of these fields have been subjected to already existing scholarship, while psychiatric and social-psychiatric scholarship has begun to address emotional suffering, madness, and social criticism. Yet a comparatively underexplored area concerns the studies that organize mental distress, psychological trauma, social alienation, stigma, social isolation, substance-related problems, psychiatric institutionalization, institutional power and social determinants of mental health within a common framework of the Medical Humanities. Against this identifiable lacuna, the current research is therefore a contribution to the previous studies by adding the literary analysis, psychological, psychiatric, psychosocial, and public health approaches. Ultimately, the analysis demonstrates that the poem's people are not diagnosed and instead the poem explore how *Howl* is a manifestation of the relationship between psychological anguish and the social, culture and institutional setting that creates human weakness and vulnerability.

3. Research Methodology

The current study adopted an exploratory, qualitative and interdisciplinary approach to examine the representation of mental distress, psychological trauma, social alienation, stigma, drug/alcohol abuse, psychiatric institutionalization and psychosocial vulnerability in Allen Ginsberg's *Howl* (1956). The research approach was a mixed method that included close textual analysis, Focus Group Discussions (FGD), and semi-structured interviews to create a dialogue between literary interpretation and the current mental health

perspectives. The methodological framework introduced elements from Medical Humanities, psychiatry and psychology, public health and literary studies.

3.1 Research Approach and Design

The study employed a qualitative interpretive approach because the main focus of the study was to gain insight into meanings, perceptions, and experiences and not to produce statistical measurements. *Howl* was used as the primary literary text and Medical Humanities, narrative medicine, mental health, psychological trauma, stigma and social determinants of health were the theoretical foundations.

Close textual reading was done to find and interpret instances of mental suffering, psychological distress, emotional regulation, social isolation, marginalisation, drug and alcohol use, psychiatric hospitalization, institutional control and psychosocial stress. The literary observations were then analyzed and contrasted with those gathered from the participants with medical and English literature backgrounds.

3.2 Participants and Sampling

The subjects were purpose-sampled because they possessed academic expertise in the area related to medicine, mental health, psychiatry or English literature. The empirical part of the study involved 40 subjects. They were split into four groups of equal size:

10 medical college teachers

10 medical students

10 English literature teachers

10 English literature students

These four groups allowed the study to integrate medical professionals' views and literary viewpoints. Medical participants gave their input on psychological distress, psychiatric disorders, drugs and alcohol abuse, institutionalization, and psychosocial issues, while literature participants offered interpretation of literary representation, symbolism, characterization, narrative voice, and social criticism.

3.3 Focus Group Discussions

Four Focus Group Discussions (FGDs) were held with the selected participants. There were about 10 persons in each group of the following: medical college teachers, medical students, English literature teachers, and English literature students. The topics of mental distress, psychological trauma, social alienation, stigma, social isolation, substance use, psychiatric institutionalization, institutional power, and the social conditions/mental health nexus were discussed. Participants were asked to give their own thoughts on these issues and their interpretations of them as they apply to *Howl*.

3.4 Semi-Structured Interviews

In addition to the FGDs, 16 semi-structured interviews were carried out four of which were held in each category. The interviews focused on mental distress, psychological trauma, stigma, social alienation, substance use, psychiatric institutionalization, and social/mental health. The participants were also given the opportunity to address the questions relating to significance of *Howl* for Medical Humanities and the importance of literature in the comprehension of psychological sufferings.

3.5 Data Collection Procedure

Close reading of texts, FGDs, and semi-structured interviews were used to collect the data. A research guide comprised of an open-ended interview and discussion guide was created based on the research questions and broad themes of the study. Responses were noted and categorised by group of participants. Focus was placed on some of the common themes that arose in relation to mental distress, trauma, stigma, isolation, drug use, psychiatric services, institutional power, and social determinants of mental health.

3.6 Data Analysis

Thematic analysis was the method used to analyse the collected qualitative data. The researcher re-read the responses, and then checked for salient statements and then created codes around common themes. Such codes were arranged in themes, such as mental distress, psychological trauma, social alienation, stigma, substance-related problems, psychiatric institutionalization, psychosocial stress and social determinants of mental health.

How the participant responses compared to the close reading of *Howl* were then contrasted. The similarities and differences were explored between medical and literary perspectives. The use of multiple participant groups and data sources enabled data triangulation, enhancing the depth and credibility of the findings.

3.7 Ethical Considerations

The study was voluntary and respondents were provided with information regarding the academic purpose of the study. Confidentiality and anonymity of the participants have been kept throughout the research process and the participant's names were not provided. *Howl* does not have a clinical diagnosis. Medical and psychiatric constructs were only employed as interpretative models and a distinction between literary representation and medical diagnosis was kept.

3.8 Methodological Integration

The combination of literary analysis and medical perspectives was the methodological basis of the study. Perspectives on mental distress and trauma, substance use, psychiatric institutionalization, and psychosocial vulnerability were shared by medical participants, while literature participants discussed about symbolism, literary representation, marginalization, and social criticism.

The triangulation of the textual analysis, FGDs and semi-structured interviews, therefore, allowed the study to analyse *Howl* as a literary text and as a portrayal of psychological and social suffering in the context of Medical Humanities and contemporary mental-health perspectives.

4. Findings and Discussion

To establish the analytical foundation,, this study was based on the results of the textual analysis of Allen Ginsberg's *Howl* (1956), four focus group discussions (FGDs), and sixteen semi-structured interviews with medical college teachers, medical college students, English literature teachers, and English literature students. To start off, thematic analysis lead to four main findings for each of the research questions: (1) mental distress, psychological torment, and psychosocial fragility; (2) psychological trauma, social alienation, stigma, and social isolation; (3) substance use, psychiatric institutionalization, and institutional power; and (4) the interdisciplinary significance of *Howl* for mental health and Medical Humanities. In light of this, these findings taken together illustrate that psychological suffering is not just an affective experience, it is also a cognitive, behavioral, interpersonal, social and institutional experience.

4.1 Mental Distress, Psychological Torment and Psychosocial Fragility

The first point to consider is that the first finding is that *Howl* is not just a biomedical condition, but a psychological and psychosocial condition of mental distress. More specifically, psychological suffering is foregrounded as a central issue of concern in the "best minds" that are "driven to madness" (Ginsberg, 1956). To shed light on this dimension, nearly all the representations were found in the context of how they related to clinical concepts: affective dysregulation, emotional lability, depressive affect, anxiety, hopelessness, loneliness, cognitive disorganization, psychological distress, maladaptive coping, and impaired psychosocial functioning (American Psychiatric Association [APA], 2022; World Health Organization [WHO], 2022).

Furthermore, members of the medical group also recognized depressive symptoms, anxiety-related distress, emotional exhaustion, behavioral dysregulation, poor concentration, social withdrawal, and functional impairment. It is pertinent to observe that, however, the representations are not enough to diagnose psychiatric diseases. To clarify this distinction, therefore, the use of the term "madness" is not a term for a major depressive disorder, bipolar disorder, schizophrenia spectrum disorder or PTSD, but rather a description of suffering as a literary image (APA, 2022). In the same vein, this is similar to Kleinman's (1988) distinction between biomedical disease and lived illness, and highlights the importance of narrative by Charon (2006) in order to

comprehend suffering beyond biomedical measurement. It is also significant to mention that Weine (2023) also situates the psychiatric hospitalization, family experiences, confinement, and psychological vulnerability of Ginsberg.

4.2 Psychological Trauma, Social Alienation, Stigma and Social Isolation

Following that, the second finding highlights how psychological trauma is interrelated with social alienation, stigma and social isolation. From a critical standpoint, Howl's figures constantly violate prevailing notions about identity, sexuality, behavior and cultural conformism (Ginsberg, 1956; Raskin, 2004). In this regard, medical participants tied these experiences to chronic psychosocial stress, emotional regulation, negative affect, social withdrawal, perceived discrimination, less social support and interpersonal dysfunction.

To unpack this further, the concepts of trauma – specifically hyperarousal, avoidance, intrusive experiences, altered cognition and mood, interpersonal difficulties, and heightened threat perception – offer an interpretive framework, but do not constitute a trauma diagnosis (APA, 2022). Equally important, stigma is a factor of special importance. More precisely, labeling, stereotyping, separation, status loss, and discrimination are the five components of stigma as described by Link and Phelan (2001). On top of that, these processes can lead to chronic stress, low self-esteem, hesitancy to seek help, social isolation, and less social support (WHO, 2022). By the same token, Birt (2005) also links marginalization to power, surveillance, confession and resistance in a Foucauldian sense. Consequently, alienation can be said to be a psychological experience and a socially created situation.

4.3 Substance Use, Psychiatric Institutionalization and Institutional Power

Moving beyond the preceding dimension, the third finding concerns substance use, altered mental states, psychiatric institutionalization, and institutional power. To elucidate this aspect, substance-related experiences in Howl can be examined through intoxication, impaired judgment, disinhibition, altered consciousness, risk-taking, maladaptive coping, psychological dependence, and substance-related psychosocial harm (Ginsberg, 1956; APA, 2022). In addition, medical participants recognized behavioral dysregulation, impaired executive functioning, psychosocial vulnerability, and functional impairment. Nonetheless, the poem lacks sufficient evidence regarding craving, tolerance, withdrawal, loss of control, and persistent functional consequences to establish substance use disorder (APA, 2022).

With particular reference to institutional experience, Part III, particularly through Carl Solomon, foregrounds psychiatric hospitalization, confinement, institutional dependency, and restricted autonomy. It is worth noting that contemporary psychiatric care may involve mental-state examination, risk assessment, behavioral observation, medication management, psychotherapy, crisis intervention, and multidisciplinary care (WHO, 2022). By contrast, Howl emphasizes the subjective experience of confinement and institutional authority. In the same breath, Raskin (2004) provides historical context, while Birt (2005) enables analysis of surveillance, discipline, normalization, and institutional power.

4.4 Interdisciplinary Significance and Medical Humanities

Turning to the broader interdisciplinary dimension, the fourth finding establishes the interdisciplinary significance of Howl. More specifically, medical participants ranked psychological distress, psychiatric symptoms, trauma-related vulnerability, substance-related harm, psychosocial risk, social functioning, and psychiatric care; literature participants ranked imagery, symbolism, repetition, poetic voice, characterization, marginalization, and cultural resistance. Against this backdrop, their convergence demonstrates the complementary value of medical and literary perspectives.

To further contextualize this convergence, Charon (2006) and Kleinman (1988) provide a conceptual foundation for examining suffering as lived, narrated, and socially contextualized. What is more, the social determinants of health perspective further recognizes discrimination, poverty, inequality, social exclusion, social support, violence, and healthcare access as influences on mental health (WHO, 2022). In light of these intersecting perspectives, Howl therefore functions as a productive Medical Humanities text through which

psychiatric vulnerability can be examined alongside identity, stigma, substance use, social determinants, and institutional experience.

4.5 Integrated Discussion

Bringing the preceding findings into an integrated perspective, taken together, the four findings demonstrate that *Howl* represents psychological suffering through interconnected affective, cognitive, behavioral, interpersonal, psychosocial, cultural, and institutional factors. A plethora of evidence suggests that, mental distress, trauma-related vulnerability, emotional dysregulation, alienation, stigma, social isolation, substance-related harm, psychiatric institutionalization, and psychosocial stress collectively construct a complex representation of human vulnerability. From a broader critical standpoint, the findings extend interpretations centered on Beat culture, countercultural resistance, sexuality, political repression, and poetic experimentation (Raskin, 2004; Birt, 2005) by connecting these concerns with contemporary understandings of mental health and psychosocial functioning.

Most importantly, the study does not transform literary figures into clinical cases or assign psychiatric diagnoses. To clarify the analytical position of the study, instead, Kleinman's (1988) disease and illness distinction and Charon's (2006) narrative approach allow *Howl* to be examined as a representation of lived suffering. In a nutshell, the findings consequently demonstrate the value of Medical Humanities in connecting literary representations of psychological distress, trauma, stigma, substance-related experiences, psychiatric institutionalization, autonomy, and psychosocial vulnerability with broader social and cultural environments.

5. Conclusion

To start off, through an interdisciplinary approach of literary studies, Medical Humanities, psychiatry, psychology and public health, the aim of this study has been to investigate Allen Ginsberg's *Howl* (1956). In light of this, the analysis shows that the poem is a representation of psychological suffering as a multifaceted phenomenon which is influenced by affective, cognitive, behavioral, interpersonal, psychosocial, cultural and institutional conditions. More specifically, the results show that mental distress, psychological torment, and psychosocial fragility are a core part of the poem, and that trauma-related vulnerability is closely linked with social alienation, stigma, and discrimination, and with social isolation. Furthermore, the analysis also shows that experiences with substance use or altered mental states, psychiatric hospitalization, and confinement, and institutional authority are playing major roles in representing psychological and social vulnerability in the poem.

By the same token, the results of the empirical studies from the medical participants and literature participants support the importance of balancing clinical and humanistic points of view. From a critical standpoint, medical participants highlighted psychological distress, psychiatric symptoms, vulnerability due to trauma, substance-related harm, psychosocial risk, social functioning, and psychiatric care while literature participants highlighted imagery, symbolism, repetition, poetic voice, characterization, marginalization, and cultural resistance. In the same vein, their intersection confirms the possibility of literary discourses to offer useful perspectives on dimensions of suffering that are not adequately identifiable by biomedical categories.

It is pertinent to observe that this study is not diagnostic; it will not attempt to diagnose the figures in *Howl*, nor to retroactively attribute psychiatric illnesses to them. To clarify, rather, modern medicine and psychology are employed as lenses to view representations of suffering. To elucidate further, in this sense, Kleinman's separation between 'illness' and 'disease' and Charon's story-telling approach can help to understand life as lived and socialized. Ultimately, *Howl* illuminates the relationships between mental health, trauma, stigma, substance use and abuse, institutional power, and social determinants of health, and thus shows the potential of literature as a tool for doing so. To wrap up, the study thus offers a conclusion that the use of a Medical Humanities approach can enrich the interdisciplinary understanding of psychological suffering in bringing into productive dialogue the literary representation and contemporary understanding of mental health.

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