

## Psychological Conflicts in Jodi Picoult's *My Sister's Keeper*

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### Abstract

*My Sister's Keeper* (2004), by Jodi Picoult, looks at deep psychological problems in the Fitzgerald family. The story is about Anna Fitzgerald, who was conceived through IVF to be a match as a donor for her sister Kate, who has leukaemia. Using Freudian psychoanalysis as a guide, this study looks at the real sacrifices Anna makes, like donating bone marrow and drawing blood, compared to the less tangible losses of her childhood and freedom, which leads to her suing for medical emancipation. Sara, the mother, deals with problems that many moms face. Her id makes her feel like she has to save Kate, but her ego reminds her that she is ignoring Anna and Jesse. At the same time, her superego makes her feel guilty for crossing ethical lines. Anna's broken mind causes identity crises, anger, and hate because the pleasure-seeking id, or bodily freedom), the duty-based ego, and the moral superego are all in conflict. Familial relationships add to the stress, with Jesse's leaving bringing to light the emotional needs that aren't being met during the illness. The story is a criticism of bioethics, and it has the themes of strong mental balance and determination. Picoult's multi-perspective structure makes these problems more human, mixing self-preservation and charity and bringing up questions about the rights of individuals and families in medical emergencies.

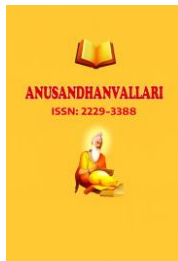
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### Introduction

Jodi Picoult's *My Sister's Keeper* (2004) is a great example of a work of fiction that looks at the mental health problems in the Fitzgerald family, where medical needs clash with personal freedom. The story is about a 13-year-old girl named Anna Fitzgerald. She was born through in-vitro fertilisation (IVF) to be a 'saviour sibling' for her older sister Kate, who has acute promyelocytic leukaemia. Anna's repeated gifts—blood, bone marrow, and now a kidney—show how she is sacrificing things in both physical and emotional ways that hurt her youth, her identity, and her sense of self. This leads to her bold lawsuit for medical emancipation, which challenges her parents' power and causes fights in the family.

Sara Fitzgerald is a loving mother who shows the classic example of a mother who will do anything for her child. She is so desperate to keep Kate alive that she doesn't realise how much she is hurting Anna and their oldest son, Jesse. Freud's psychoanalysis explains these problems: Anna's id wants to be free and keep herself safe, Anna's ego has to deal with the hard truth of her family, and Anna's superego tells her what moral responsibilities she has to help others. Sara is the embodiment of this three-way struggle. She is in denial because of her id, and her superego is making her feel guilty about the ethical problems of "designer baby" engineering.

Picoult's novel is told from the points of view of Anna, Sara, Kate, Jesse, and lawyer Campbell. This lets her explore tensions both inside the characters (man vs. self) and between the characters and their families (man vs. family). She combines deep personal stories with bioethics. This study looks at how chronic sickness



can make identity crises and resentment worse and how it can make people stronger. It also talks about the problems with society's ideas about family loyalty and self-rights. The novel deals with big questions like, "Where does parental love end and child exploitation begin?"

### Objective

The objective of this study is to look at the mental issues in Jodi Picoult's *My Sister's Keeper* (2004) in a structured way, using Freud's theories as the main focus. The primary objective is to look at the internal and external conflicts faced by important characters, like Anna Fitzgerald's fight for independence against her role as a giver, and Sara Fitzgerald's problems as a mother trying to balance her desire to help with the possibility of going too far.

Some of the things that will be looked at are: (1) how Anna's id, ego, and superego worked when she faced real sacrifices, like medical procedures, and losses that she couldn't see, like losing her identity. This led to Anna's lawsuit for medical freedom. (2) Sara's psychic fractures, where her need for Kate to live makes her ignore her family and feel guilty. (3) the way siblings and parents interact with each other shows bigger ideas of strength, resentment, and bioethics; and (4) how Picoult's use of different points of view makes these problems more human and gives us a better understanding of mental health when dealing with chronic. By achieving these goals, the paper bridges between literature criticism and psychology, illuminating the novel's commentary about individual rights versus family duty.

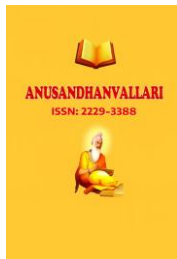
### Research methodology

This paper uses qualitative study methods, especially textual analysis and close reading of Jodi Picoult's *My Sister's Keeper* (2004), to look at psychological conflicts in a literary way. Freudian psychoanalytic criticism is the main theoretical framework. It looks at the id-ego-superego dynamics of characters like Anna Fitzgerald, who fights for her own freedom, and Sara, who feels guilty for being a mother, by using important text materials like dialogues, internal monologues, and multi-person narratives as primary sources. This study looks at how Picoult's narrative framework helps to show psychological depth. This interpretive technique is methodologically strict in literary psychology and recognizes the limits of subjectivity through intertextual validation without needing quantitative metrics.

### Anna's struggle for autonomy driven by her id

Anna Fitzgerald's ID reflects her basic, instinctual urges for freedom and self-preservation. These urges are in conflict with her made-up role as Kate's donor. Anna was born through IVF as a 'saviour sibling'. She has to make real sacrifices that go against her own happiness, like getting her blood drawn, having her bone marrow taken out, and now giving a kidney. "They don't really pay attention to me, except when they need my blood or something. I wouldn't even be alive, if it wasn't for Kate being sick". (Picoult, 2004, p. 17). Here, Anna sees herself as a worthless tool instead of a kid, showing her deep-seated anger.

Freud's id theory says that people have desires that aren't controlled by morals. Anna's fantasies show this conflict. She says, "Because . . . it never stops" (Picoult, 2004, p. 19), which shows how she imagines a life free from Kate. She emphasizes that she is constantly being invaded and that her body is not her own. In Chapter 17, Lit Charts says that she has two conflicting wants: she wants to keep her sister alive, but she also



wants to stop being a donor. This rebellion ends with her case for medical emancipation, a desperate attempt to satisfy her id while feeling guilty about her superego.

Academic studies in psychoanalysis show that this kind of thing happens with donor brothers. Real physical pain leads to mental rebellion, which changes passive compliance into active defiance. Anna's ID screams for normalcy-sleepovers, rebellion-denied by chronic medical rituals? She has a broken sense of self, saying, "I have a feeling that if I really try to figure out who I am without Kate in the equation, I'm not going to like who I see" (Picoult, 2004). So, the id makes the story's tension and gives Anna's quest more depth than just wanting to do good.

### Ego Therapy

Anna's ego is like a referee between her wild id urges and the harsh facts of life. It enforces the reality principle by keeping the peace and making excuses. Jesse perceptively describes her role, "Don't mess with the system, Anna. So, we've all got our scripts down pat. Kate plays the Martyr. I'm the Lost Cause. And you-you're the Peacekeeper". (Picoult, 2004, p. 14). Anna's scripted ego function hides her deeper problems as she goes back and forth between revolt and duty.

Psychoanalytic theories focus on how the ego defends itself. For example, Anna tries to make sense of sacrifice by studying medical records in a cold, detached way. But the stress of the courtroom breaks this balance. She tells Julia, "I don't want to do any of this anymore", (Picoult, 2004), admitting that her ego is overloaded. Brian sees her anxiety not as strong will but as being overwhelmed, which shows how weak ego's treatment can be. Sara's ego is like this, justifying Kate's importance, "I think half the battle is figuring out what works for you, and I am much better at being a mother than I ever would have been as a lawyer" (Picoult, 2004, p. 34). She puts aside her old lawyer's logic in favour of a practical approach to life, and this hurts Jesse and Anna. Ego defences like denial keep the family image up even when things fall apart.

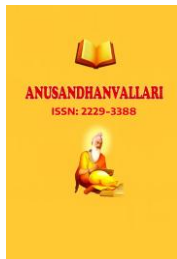
Picoult's multi-perspective story shows ego cracks where each character's logic makes it okay to hurt others. Anna's identity problem gets worse, and her ego integrity goes down. She says, "As we got older, I didn't seem to exist, except in relation to her" (Prologue). Scholarly content analysis shows that ego neutralization happens in crisis families where mediation doesn't work under long-term stress.

### Societal morals

The superego is a social force that enforces societal morals and parental goals. It makes Anna feel like she has to be altruistic, which makes her rebellion seem monstrous. She is filled with self-hatred and thinks, "I am a monster, self-loathing in her willingness to prioritize self over Kate". Freud's morals principle puts her in a box, "Either this girl loses her sister. . . or she's going to lose herself" (Picoult, 2004).

Studies show that many donors who are seen as 'superheroes' are actually not like that, but Anna is. Her superego is making her feel angry and confused about her identity. Sara's guilt is a sign of her superego. She says, "For the first time in my life I begin to understand how a parent might hit a child-it's because you can look into their eyes and see a reflection of yourself that you wish you hadn't", (Picoult, 2004). This is similar to her unethical behaviour in IVF research.

Kate's speech makes superego binds more relatable, "You don't love someone because they're perfect, you love them in spite of the fact that they're not" (Picoult, 2004). Familial superegos fight, making people feel



guilty as a group. Psychoanalytic theories say that these kinds of relationships are caused by the kind of power that comes from being able to balance and integrate different parts of yourself.

Interactions with siblings and parents make tripartite conflicts even worse. Jesse's misbehaviour is a clear example of an id that is ignored. Sara's desperation, "She's making Anna do all this because she knows she's not gonna survive another operation", shows the overall level of stress in the system. Picoult says that the ethics of 'designer babies' are based on 'superego altruism' which is a way of hiding taking advantage of people. The multi-perspective structure shows how the characters interact with each other. For example, Kate's remission joy, 'It doesn't hurt', reveals the exchange of minds. 'It feels good', goes against Sara's refusal. This novel looks at the conflict between parental love and abuse, which can help people find mental balance.

### Conclusion

Jodi Picoult's *My Sister's Keeper* is a great example of the Freudian psychological conflicts in the Fitzgerald family. Anna's id-driven desire for freedom is in conflict with family tasks that are mediated by the ego and selflessness that is imposed by the superego. Anna's real sacrifices (her blood, marrow, and kidneys) and the loss of her identity are used to show mental fractures in the novel. Her primal rage and desire to be separate drive medical freedom, but her guilt makes her seem like a 'monster'.

Sara's ego denial and superego regret make her maternal id desperate to keep Kate alive. Jesse's ignored 'Lost Cause' part and Kate's quiet strength make family problems clearer. This shows how bioethics can be taken to extremes when it comes to designer siblings. In the end, Picoult encourages mental strength, and a balanced id-ego-superego helps people get through health crises. The multi-perspective narrative makes these conflicts more human and makes people think about autonomy vs. collective duty. This analysis is a mix of literary criticism and psychology. It talks about how hard it is to deal with human morals and says that you can only really heal if you recognize each person's rights within family bonds.

### Work Cited

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