

Reframing Mental Health: The Role of Memoirs in Challenging Stigmas in India

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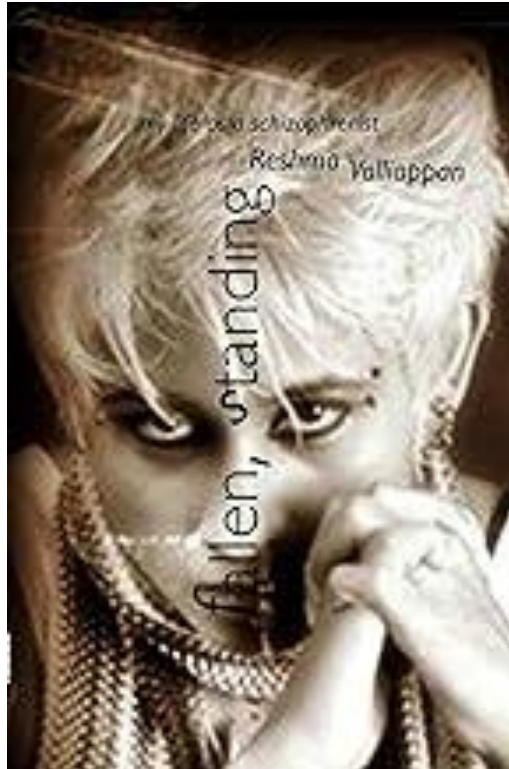
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Abstract

The prevalent narrative surrounding mental health conditions in India often perpetuates harmful stereotypes, linking mental health conditions with madness. These persistent misconceptions are reinforced through numerous literary texts and films, profoundly

influencing public perceptions of mental health conditions in negative ways. In addition to these cultural representations, supernatural explanations further compound the understanding, attributing mental health conditions to factors like evil, spirit possessions, or a consequence of past misdeeds. In response to these challenges, life writing emerges as a powerful tool for marginalised voices to reclaim their narratives and provide a more nuanced understanding of the daily experiences of an individual with mental health conditions. By employing close reading and interpretive analysis, this study attempts to explore Reshma Valliappan's memoir *Fallen, Standing: My Life as a Schizophrenia* (2015) to understand the way it challenges and counters the dominant discourse surrounding mental health conditions within the cultural context of India.

Keywords: Reshma Valliappan, *Fallen, Standing: My Life as a Schizophrenia*, mental health, schizophrenia, culture, media presentations.

Introduction

Mental Health narratives are crucial in shaping how societies understand and approach mental health conditions. These narratives are deeply embedded in culture, media, literature and daily discourses and can either help dismantle stigma or perpetuate harmful misconceptions about mental health. Arthur W. Frank argues that narratives are crucial in shaping public perception because they provide frameworks through which illness is understood and communicated (13). Mental health issues in many cultures are associated with deep-rooted taboos, and the prevailing narrative often links mental health conditions with notions of madness, danger, and weakness, contributing to a widespread culture of fear and misunderstanding.

In India, the narrative surrounding mental health conditions remains particularly fraught. The cultural understanding of mental health conditions in Indian society remains deeply rooted in an archaic and stereotypical manner. Sahi and Bhagat highlight that mental health conditions are frequently associated with madness, with derogatory terms such as 'pagal' (mad) and retard used indiscriminately (172). This association stems from the fact that Indian cultural and religious traditions have long intertwined illness and disability with moral failings or spiritual disturbances, and mental condition is no exception to this. Indian films have often depicted individuals with mental health conditions as either violent and dangerous or tragically comedic figures. Such type of representation reinforces a fear-based narrative that does not

reflect the lived realities of mental issues and often perpetuates stereotypes and marginalisation of individuals. The persistent narrative is particularly harmful given the high prevalence of mental health conditions in India.

According to the National Mental Health Survey conducted in 2015-2016, approximately 193.7 million people are grappling with mental issues, and every sixth person in the country needs help (Murthy 21). Despite these staggering numbers, awareness and understanding of mental health remain limited. Several studies have shown that the stigma surrounding mental health in India leads to a vicious cycle of shame and social exclusion, where individuals are reluctant to seek help for fear of being labelled as mad or ostracised by society (Lauber and Rossler 159).

The societal expectations and family honour further compound the problem, as people with mental illness are often viewed as disgracing their families, leading to forced isolation and mistreatment. This reluctance to seek professional help further entrenches the stigma around mental health, perpetuating a cycle of suffering in silence. The stigma surrounding mental health is not just a cultural one but also a public health crisis.

In this context, the memoir and other personal narratives are potent means of challenging these narratives. Life writing, particularly memoirs by individuals who have experienced mental health challenges, offers an intimate and personal insight into the realities of living with mental health conditions. Unlike the fictionalised or stereotyped portrayal, memoirs present a more authentic and humanised narrative that can shift public perception, foster understanding, and break down the stigma surrounding mental health.

G. Thomson Couser highlights how the first-person voice in a memoir can humanise medical conditions and dismantle the impersonal, dehumanised approaches often seen in popular media and culture (79).

The memoirs written in India are especially significant given the persistent stigmatisation of mental conditions in the country. Narratives that recount personal struggles with mental health allow for a reframing of mental health as a legitimate concern rather than a source of shame.

This study analyses the memoir of Reshma Valliappan's *Fallen, Standing: My Life as a Schizophrenist*, published in 2015, which offers a narrative that counters the damaging

stereotypes surrounding mental health conditions prevalent in Indian culture. It delves into her diagnosis and acceptance of schizophrenia and the social stigma she faces in her daily life. Valliappan also explores the complex intersections between gender and mental health, addressing the unique challenges that women with mental health conditions face in Indian society. The memoir engages with broader social and medical issues, including the inadequate mental health care system in India.

Throughout the memoir, Valliappan challenges the dominant cultural narrative that has long framed mental illness as something shameful and a personal failing. This paper explores how the memoir challenges and counters the dominant discourse surrounding mental health conditions in India. By employing close reading and interpretive analysis, this study aims to examine how personal narratives like Valliappan's memoir provide a nuanced understanding of mental health, especially schizophrenia.

Review of Literature

Memoir as a genre has increasingly emerged as a powerful tool for challenging and reshaping societal constructions of mental illness, offering nuanced representations that disrupt dominant cultural narratives. Scholars such as Barbara Stone explore how memoirs can provide a unique platform for individuals to voice their experiences with mental health, enabling them to reframe their identities against the stigmatised labels often imposed by society. Stone's work *How Can I Speak of Madness? Narrative and Identity in Memoirs of 'Mental Illness'* highlights the capacity of memoirs to articulate complex personal narratives that defy the reductionist views of mental health conditions commonly portrayed in popular media and culture. By using first-person accounts, these memoirs challenge the pathologizing labels of 'madness' and create space for authentic representation of mental health.

Similarly, E. Young's *Memoirs: Rewriting the Social Construction of Mental Illness* emphasises that memoirs can serve as a form of social critique, rewriting the dominant narrative that has historically framed mental health as a purely medical issue or a moral failing. Young argues that memoirs push back against the clinical gaze that tends to define individuals solely by their diagnosis. Instead, they offer alternative constructions that emphasise personal agency, resilience, and the broader sociocultural context in which mental narrative exists. This shift is significant in deconstructing the social stigmas attached to mental health conditions and in facilitating greater public empathy and understanding (Young 114).

Memoirs address the social and cultural dimensions of mental health and intersect with other critical issues, such as migration and identity. In *Migration and Mental Health in Two Contemporary Memoirs*, L. Englund examines how experiences of migration compound mental health struggles, adding layers of cultural dislocation and alienation. Englund's analysis highlights how memoirs by migrant authors navigate both mental health issues and challenges of assimilation, reflecting on the impact of cultural identity and geographical displacement on mental health. These narratives provide insight into the intersectionality of mental health experiences, complicating the often monolithic portrayal of mental health by incorporating factors such as ethnicity, migration and social belongings.

The visual forms of life writing, such as graphic memoirs, further enrich this discourse by embodying illness experiences that challenge normative health and wellness ideas. In *Representation of Health, Embodiment, and Experience in Graphic Memoir*, C Donovan explores how graphic memory visually depicts the embodiment of mental health. The medium of graphics memoir allows authors to convey the often intangible and interior experience of mental health struggles through visible metaphors and fragmented narratives, providing readers with a more visceral understanding of the condition.

The text highlights that the visual representation contributes to a deeper, more embodied engagement with the experience of illness and wellness, challenging dominant narratives that prioritise linear recovery and coherence. Memoirs also play a therapeutic role, as discussed by Baines and Dwyer in their study *Memoir Writing as Narrative Therapy*. They argue that memoir writing allows individuals to reframe their experiences and reclaim the agency over their narratives, making it a powerful form of narrative therapy. This process of writing about one's mental health journey fosters self-reflection. It can contribute to personal healing by allowing individuals to confront and make sense of closure or empowerment that counters the societal stigma attached to mental health conditions.

K.M Greif's article *This Muddled In-between: A Case Study of Innovative Contemporary Women's Mental Health Memoirs* explores the innovations in form and content that characterise contemporary mental health memoirs. These works often blur the boundaries between genres and challenge traditional narrative structures, reflecting the fragmented nature of mental health itself. He further argues that these innovative forms are particularly effective

in representing the non-linear, unpredictable experiences of mental health conditions, allowing for more honest and complex portrayals of mental health struggles.

Indian memoirs have also contributed to this growing body of work, addressing the unique challenge of mental health care in the Indian context. MS and Das, in their study *Mental Healthcare Spaces, Ambivalence of Caregiving, and Indian Memoirs of Psychiatric Patients*, highlight how Indian memoirs bring attention to the complexities of mental health care in a society where stigma and a lack of resources create significant barriers to treatment. These memoirs reflect on the ambivalence of caregiving and the challenges faced by both patients and caregivers in navigating a fragmented and often dehumanising mental healthcare system (MS and Das 87).

Human rights and medical ethics are two significant aspects of memoirs dealing with mental health, as explored by N. Sundaram in the *Human Rights and Medical Care Narrative*. He highlights how memoirs can serve as critiques of mental health care practices that infringe on individuals' autonomy and dignity.

G. Thomas Couser, in *Signifying Bodies: Disability in Contemporary Life Writing*, brings these themes together by emphasising the role of memoir in challenging the medicalisation of illness and advocating for a more humanised and narrative-based understanding of disability and illness. Couser highlights how memoirs can serve as a site of resistance against the dominant medical models of disability and illness, offering more personal and nuanced accounts of individuals living with mental conditions. The existing literature highlights the role of memoirs in breaking stereotypes surrounding mental health.

In this context, this paper attempts to explore Reshma Valliappan's memoir to understand the complexities of living with schizophrenia and the societal stigma associated with it.

The Cultural Discourse of Mental Health Conditions in India

The discourse surrounding mental health conditions is profoundly influenced by socio-cultural, religious, and historical factors, which have led to stigmatisation and marginalisation. Despite the global focus on mental health, discussion in Indian society is still met with discomfort and silence. According to the National Mental Health Survey of India, more than 10% of the Indian population suffers from mental health conditions such as anxiety, depression,

bipolar disorder, and schizophrenia. However, the treatment gap remains alarmingly high, with estimates ranging from 70% to 92%. This highlights that the majority of individuals with mental health conditions do not receive appropriate care and support. Several factors contribute to this care gap, including limited access to mental health services, a shortage of mental health professionals, and deeply ingrained societal stigma. India has a population of over 1.4 billion people, but only one psychiatrist per 100,00 people is available in the country; this is far below the World Health Organisation's recommendation (World Health Organisation). Moreover, most mental health services are concentrated in urban centres, leaving rural populations, who constitute the majority, remain significantly underserved.

One of the significant barriers to mental health care in India remains the stigma associated with mental health. This stigma is manifested through derogatory language, social ostracisation and misrepresentation in media and popular culture. In general, the term 'pagal' (mad) is used to refer to these individuals, further reinforcing the negative stereotypes. Mental issues are often associated with beliefs in Karma and divine retribution. As a result, families may turn to religious or traditional healers rather than medical professionals when dealing with mental health issues. The social impact of this cultural discourse is profound. The individuals face shame, isolation, and discrimination upon revealing mental health conditions. Several studies also reveal that people with mental illnesses often struggle with marriage, employment, and social relationships due to these negative perceptions. Women, in these cases, are doubly marginalised by societal expectations that stigmatise mental illness as a failure to adhere to traditional caregiving roles.

The representation of mental health in media also contributes to this problematic discourse; Indian films and television programs often depict individuals with mental health conditions as violent or irrational. For instance, movies like *Kartik Calling Kartik* and *Bhool Bhulaiya* exoticise and dramatise mental illness without offering insight into the lived experiences of those affected. Such repetitive portrayals perpetuate fear and misunderstanding rather than fostering empathy and awareness.

In response to these issues, the Indian government enacted the Mental Healthcare Act of 2017, a significant milestone in mental health legislation. The act recognises mental health as an integral part of well-being and asserts that every person has the right to access mental health care without facing discrimination. However, the condition remains unsatisfactory in the

country, and cultural misconceptions persist. In this challenging environment, memoirs and other personal narratives serve as critical tools for reframing mental health narratives.

Countering the Narrative: An Analysis of *Fallen, Standing: My Life as a Schizophrenist*

Reshma Valliappan's memoir is a pivotal text in the landscape of Indian mental health narratives. The memoir offers a counter-narrative to the stigmatised and often dehumanising portrayals of mental conditions that pervade Indian society. The central focus of the memoir is on Valliappan's journey with schizophrenia- a condition that dramatically alters her perception of reality. By using the term 'schizophrenist,' Valliappan resists the label of 'schizophrenic,' emphasising her active engagement with the condition rather than passively accepting a mental diagnosis. The reclamation of identity and agency serves as a critical intervention against the traditional mental health discourses that often reduce individuals to their illnesses.

Schizophrenia, in the context of Indian society, is frequently shrouded in fear, misunderstanding and superstition. Individuals diagnosed with this condition are often regarded as unstable, which reinforces negative stereotypes that perpetuate stigma. Valliappan's memoir directly confronts these stereotypes by portraying schizophrenia not as an alien force that takes over her life but as one of the many facets of her complex existence. Her narrative subverts the binary between madness and sanity, rejecting the cultural notion that mental health condition is something to be feared. Instead, she positions herself as an individual navigating the challenges posed by her mental health conditions while refusing to be defined by them.

The memoir's significant contribution lies in its exploration of the complex relationships between schizophrenia, identity, and agency. Valliappan does not frame schizophrenia solely as a burden but rather as an element of her life that she must negotiate on her terms. This reframing of schizophrenia counters traditional medical narratives that treat mental illness as a condition to be cured or eliminated. In *Fallen, Standing*, schizophrenia is something Valliappan lives with - something that she integrates into her life, using it to reshape her identity in ways that are empowering rather than limiting. She thus opens up a space for individuals with mental health conditions to view themselves not as passive sufferers but as active participants in their own lives.

This memoir is also a profound critique of the Indian mental healthcare system. She describes instances where her voice and experiences were dismissed by medical professionals

who regarded her condition only through the narrow lens of pathology. This reflects Arthur W. Frank's observation that traditional medical narratives often silence patients, positioning them as objects of medical knowledge rather than individuals with an identity. The memoir challenges this power dynamic by centring Valliappan's voice and emphasising the importance of listening to the perspectives of those with mental conditions. Her memoir calls for a re-evaluation of mental healthcare, one that recognises the importance of patient agency and lived experience alongside medical expertise.

By telling her own story, Valliappan resists the objectification that often accompanies mental health diagnoses. The theme of reclaiming narrative agency is one of the most powerful elements of her memoir. As such, the memoir functions as a form of resistance to the dominant narratives that pathologise and dehumanise people with mental conditions. Additionally, Valliappan foregrounds the intersection of mental health and gender, offering a feminist critique of how women with mental health conditions are treated within patriarchal societies. Valliappan addresses the additional societal burdens placed on women in India, who are often expected to serve as caretakers and emotional anchors for their families. Mental conditions can be perceived as a failure to fulfil these roles, leading to further marginalisation and stigmatisation. Her narrative highlights how these gendered expectations exacerbate the stigma surrounding mental health, placing women in a particularly vulnerable position. The memoir also sheds light on the importance of support systems in the lives of individuals with mental health conditions. Valliappan details the role of family, friends, and therapy in helping her manage her schizophrenia. This emphasis on support networks challenges the notion that mental health conditions must be dealt with in isolation. Instead, Valliappan advocates for a more holistic mental health care that recognises the importance of community and emotional support in addition to medical treatment.

Conclusion

Reshma Valliappan's *Fallen, Standing: My Life as a Schizophrenist* exemplifies the potential of memoirs to challenge and reshape the cultural discourse surrounding mental health in India. By reclaiming her identity and resisting the reductionist labels often imposed by society, Valliappan offers a counter-narrative to the stigmatising portrayals of mental health conditions that pervade Indian culture. Her memoir demonstrates that mental condition is not a singular, defining aspect of a person's identity but rather a facet of their lived experience. Her

redefinition of schizophrenia empowers individuals to negotiate their conditions on their terms, disrupting the medical and cultural narratives that traditionally marginalised them. Through Valliappan's memoir, this paper also highlights the inadequacies of the mental health care system, particularly how it silences patients and fails to address their needs.

Memoirs like *Fallen, Standing: My Life as a Schizophrenist* is vital in the ongoing effort to destigmatise mental conditions and foster a more inclusive understanding of mental health in India. By portraying the daily experiences, they challenge harmful stereotypes, offer a new perspective on mental health and encourage society toward greater acceptance and support for individuals with mental health conditions.

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