Literature as Cultural Therapy: Representing Bipolar Disorder and its Socio-Cultural Acceptance in Contemporary Indian English Fiction

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Abstract: What can a novel do that a psychiatric case report can't? It is the implicit question that underlies the present study, looking at the representation of the condition of bipolar disorder in two contemporary Indian English fictions. Both Life is What You Make It (2011) by Preeti Shenoy and Em and the Hoom (2012) by Jerry Pinto are in vastly different places on the literary map, but both are dealing with the same problematic terrain, that of living with and being shaped by a phenomenon that medicine could define, label and compartmentalize, but not exactly fit into. What these novels offer, what is argued here is 'cultural therapy' that is, a psychological reality that is marginalized in the broader sphere can be translated in these novels into a real representation which can be discussed by mainstream society and eventually accepted.

The study is based on an interdisciplinary approach of psychoanalytic theory, the critique of the psychiatric institution, which was developed by Foucault, the theory of stigma by Goffman, the narrative ethics developed by Nussbaum and the trauma theory developed by Caruth. Comparing two authors to extract the key elements of formal structure and revealed thought reveals that Shenoy adopts a linear first-person bildungsroman approach to draw the reader into direct identificatory engagement with the main character. In contrast, Pinto presents the mediated fragmented recollection that makes it difficult, if not impossible, to fully know another person's internal reality. All these three texts individually and collectively question clinical reductionism, lay bare the gendered aspects of mental illness in Indian society and illustrate how the narrative medium is itself a way of making psychological points.

Keywords: Indian English Fiction; Bipolar Disorder; Mental Health Stigma; Narrative Ethics; Cultural Therapy; Preeti Shenoy; Jerry Pinto.

Introduction

India and mental illness have an ambiguous relationship. In so many aspects, decades of psychiatric reform, successive programs under the National Mental Health umbrella and an increasing cadre of psychiatrists and activists have ushered forward some positive advances in the diagnosis and treatment of psychological conditions in India. On the other side, the social stigma of mental disorder continues to be determined by factors that clinical alleviation has hardly affected: family honor, community gossip, religious interpretation and a general silence that considers the breakdown as an unworthy and shameful phenomenon (Bhugra 1992; Thara and Srinivasan 2000). Bipolar disorder is a disorder characterized by extreme "ups" (mania) and extreme "downs" (depression) and as a result, is at the crux of these conflicting forces. It is noticeable, but not fully understood, so it cannot produce sympathetic responses (Goodwin and Jamison 2007);.

That's where literature comes on the scene. Fiction is what can do what clinical handbooks and awareness campaigns can't: it can make the inside of an experience. A textbook overview of the definition of a manic episode as a diagnostic tool; a book that explores what it's like to experience one, and what it takes

from a family to watch. Not a trivial distinction. If a character is psychologically alive and recognizable to readers, they are asked to expand their awareness in ways that may last a long time after bumping into this book. This is, as Nussbaum (1995) would term it, the moral role of the narrative imagination and is central to the argument that is developed here.

Two novels in Indian English have contributed significantly to the portrayal of bipolarity. Shenoy's Life is What You Make It is a first-person focus narration that takes a largely chronological look at the severe psychological crisis, hospitalisation and the painstaking road to recovery in the life of Ankita Sharma. Not Em and the Hoom, which has a very different approach to the protagonists, a woman called Em whose actions are consistent with a clinical picture of bipolar disorder, is never given the chance to tell the story. Instead, the novel is told by her grown-up son, who resorts to memory, discussion, and vivid gaps to be filled by choice to understand his mother's life. Though all these formal options contain a different understanding of what bipolar disorder is and what it means to represent it through language.

An interdisciplinary approach, using theoretical lenses, is used to read both novels in this paper, and an argument is put forth that literary fiction in contemporary India engages in counter-cultural labour that clinical discourse is incapable of doing. The idea of cultural therapy, as conceived in this work, is not of one person's bibliotherapeutic experience but of the therapeutic function of narrative fiction in making a stigmatised experience available to the community as shared cultural knowledge. The study brings into focus a facet of Indian English literature hitherto overlooked in critical investigation by paying attention to the way each novel tells the story of psychological instability, social relationships and the positioning of the reader with respect to the narrative.

This paper is organised as follows: Section 2 presents a survey of the pertinent literature. The methodological approach is presented in Section 3. Close readings of each novel in turn are offered in sections 4 and 5. A comparative analysis is developed in Section 6. The results are summarised and discussed in section 7. Section 8 concludes.

Literature Review

Madness has long been (or at least sometimes) a topic of literary consideration. Early twentieth century methods of analysing literature and psychology, which were in the psychoanalytic mode, focused on the Oedipus complex, or the dynamics between sons and fathers, represented by the interactions of various characters in the works, often using the characters as patients and texts as symptoms, and then decoding what the narrative was attempting to communicate in terms of wish-fulfilment, repression, and the dynamic itself (Freud 1908/1959). But this placed psychoanalytic criticism in a bad light because it had immense resources for interpretation of content, and minimal interest in form, overlooking the importance of how a story is told in helping to determine what it can mean (Brooks 1984). Similarly, Wright (1984) noted that most psychoanalytic studies of literature reduced literature to something more pathological than literary, thus depriving literary texts of their aesthetic quality as the reason for studying them.

However, Foucault's involvement in this field was different. Madness and Civilisation (1961/2006) was not a book about literary criticism, but it forever altered the way scholars look at representations of madness, thus establishing that madness itself has a ‘history'. There is no natural thing like ‘madness', ‘mad people' and institutions in their control over them. The asylum was not merely a place to treat mad people: it was a machine that created and managed a certain kind of social subject. For literary scholars, this perspective involved new types of questioning about the literary texts: Who appeared insane in a representation, which power relations were naturalised, and who was structurally voiceless? An investigation into women's writing by Gilbert and Gubar (1979) takes something like this approach to Victorian women's writing, revealing that the mad woman in the attic

was a discursive category imposed by patriarchy as well as a representation of the thrust of creative energy that was unable to be accommodated.

Stigma was then explained in a complementary sociological perspective provided by Goffman (1963). While Foucault focused on institutional, discursive formations at a macro level, Goffman at a micro level, focused on the processes in which stigma works during the day-to-day social interaction. His theory of spoiled identity refers to those who possess an attribute and label that is discrediting, such as a diagnosis of mental illness, and thus must resort to deviant strategies of disclosure and/or management of their identity as they struggle to be seen as normal or embrace their tarnished identity. Hinshaw (2007) took this analysis further to clinical and advocacy settings and reported on the measurable harm caused by stigma with respect to treatment-seeking, social participation and self-concept. Seeing beyond stigma: relation to experiences of recovery after severe mental illness (Whitley and Campbell 2014) highlights the impact that stigma has on social relationships and personal narrative, thus affecting recovery from severe mental illness.

But it's different with Nussbaum. Both Poetic Justice (1995) and Cultivating Humanity (1997) argue that "literary" reading, in addition to being aesthetically enjoyable, is a moral education. With a novel, one must approach the narrative from the characters' points of view, in their situations, their psychological state in accepting or resisting, and the values that underlie their doubts and fears are different from one's own. This imaginative exercise has been repeated many times in the course of a life of reading and a disposition to care for others and to feel with them is developed, a disposition that is ethically and politically necessary. Nussbaum's is a useful matrix that, for a study of mental illness in fiction, allows for fruitful questions to be asked about when literary representation allows for understanding, as opposed to the reader's comfortable assumptions about the text.

Caruth (1996) and Herman (1992) originally developed trauma studies to ponder trauma as a psychological disorder and its connection with the form of narrative. At the heart of Caruth's account lies its central principle, that the experience of trauma, as such, doesn't get registered in the usual way but will return later in fragmentary, intrusive and indirect ways, in ways that expose the event's incomprehensibility. The implications for literary works that rely on fragmentation, repetition, and a non-linear narrative to evoke psychological disorder, of course, can be understood only in light of what they do. While not necessarily just a trauma disorder, elements of trauma formalised as a mimetic narrative are readily apparent in the written experience of bipolar disorder, even more specifically in contexts suggestive of a challenging of the univocality of a single composing narrative voice.

In the field of literary criticism, the feminist approach has brought an especially gendered element in analysing mental illnesses in literature. In England between 1830 and 1980, the cultural definition of female madness was a means of satisfying male interests by pathologising behaviours of women that did not conform to the norms of femininity, according to Showalter (1987). More recently, Ussher (2011) borrowed this argument and gave its updated version by describing the distresses of women in typically gendered ways and reduced to individual and medical forms of distress in the current context; what they have in reality been are more social and structural crises. Adding to this debate, Donaldson (2002) adapted the terminology of disability studies theory, suggesting a sensitivity of the feminist criticism toward the complication of the concepts of bodily and psychological normativity due to chronic and mental illnesses.

In English literary texts in India, however, mental illness has seemingly not been as impactful as more complicatedly thought identity, migration, postcoloniality and gender. If at all there is a psychological disturbance in literature, generally it is considered as a dimension of colonial trauma or manifesting female oppression or social isolationism rather than an entity to be analysed in terms of psychological disturbance (Sanga 2001; Hashmi 2015). (Mehrotra 2003) observe that the categories of health and illness have not received adequate focus in Indian fiction. There are virtually no studies of BD as a theme as such, except as mental illness or madness and this is what the current study will attempt to rectify.

Methodology

This is a text-centered, qualitative study that employs the practice of close-reading that is known in literary studies. The method, "close reading," has the assumption that meaning is not something that can be discovered in the text, and rather something that emerges out of a type of engagement between a reader with a specific frame, and a text with a specific set of formal properties that enable and constrain something to happen. This route is suitable for an investigation that does not aim at assessing clinical accuracy of the fictional depictions of BD but at investigating the modes of their action, their possibilities and the things they close out.

Purposive selection of all primary literature was done. The selection of Life is What You Make It and Em and the Hoom was done with the conscious freshness afforded to considering the most sustained and seriously critical works of literature on BD in recent Indian English fiction; the formal differences between the works to go in the productive comparison; and, the social context of both these works is reckonable contemporary Indian social situation, making them relevant in raising questions on cultural specificity of representation. Both have connections in the world outside of literature, having been popularly talked, discussed and critiqued.

The theoretical approach is pluralist. The texts are interpreted in different ways according to a variety of theoretical points of view. The dialogue of internal conflict can be understood in the framework of the first narrator's approach, for which Shenoy's first voice is Freudian psychoanalytical theory. The institutional power Foucault talks about is relevant in the contexts of the means of psychiatric treatment present in Life Is What You Make It, and the informal institutional family role in Em and the Hoom. Goffman's stigma theory gives us a way to think about the stigmas and to analyse the interaction of stigmas between the two texts and to pay attention to the operation of social labelling, etc. This analysis involves exploration of reader positioning and readerly engagement employing Nussbaum's narrative ethics. Caruth's discussion of traumatic narration offers language to talk about the formal aspects of Pinto's disjointed form.

This analysis has been carried out in 4 stages. The major works were first read in their entirety to get a general impression of the preoccupations and approaches of the novel. The second reading, which was more systematic, focussed on those of the passages, which included descriptions of psychological states or the social implications of mental illness, being in the family, or being in institutions. Formal features (voice, temporal structure, genre and structures) were then used to analyse each text. Finally, a comparative reading created a conversation between the two readings, identifying: convergences and divergences; a difference in representational strategies and its implications. In all cases, efforts have been made to follow the text as the foundation for the interpretive statements, but also to note the differences between the text-proven and the inferred from a theoretical perspective that has been applied.

Textual Analysis: Life is What You Make It

4.1 The Retrospective Voice and What It Promises

“In my novel, The Worst of Inters partum, the worst has already passed. From the point of a now relatively secure stasis, Ankita Sharma tells the tale of her own days of psychological turmoil and a rather long recovery period. This retrospective design is working hard. It lets the reader know, even before reading any episodes, there is hope for survival and the capacity to tell the story of bipolar disorder, that somebody who has experienced it is still there to tell it. Previously acquired context is nothing insignificant but deeply affects the reading experience; without this context, readers who might have never encountered the condition would not be able to follow Ankita's struggles without hope.

Also, the formality of the distance between narrating Ankita and narrated Ankita is interesting. “I am not the same person as that young woman who survived hospitalizations and prescription drugs and was able to resume her everyday routine”. The retrospective voice suggests that the process of self-understanding has taken place it is something that has already been learned, and to which the psychological distance could be removed through the process of learning in the narrative. This, which

is a doubling of temporality well known from the Bildungsroman tradition, presents the possibility of the incorporation of madness into narratives of life rather than as a life-denying, life-shattering phenomenon.

4.2 Emotional Interior and Psychoanalytic Reading

The first-person point of view allows readers to explore Ankita's thoughts and emotions in a way they might not have been able to in another genre. They don't watch her from the outside, at least they are not following the logic of her mind, which often doesn't make logical sense to the reader. The euphoric effervescence of her booster times comes from within, from the heightened energy, and the distinct nature of depressive apathy of not trusting what you are seeing what you know is not what it is. Freud's story of the conflicts to which the unconscious drives and internalised social consciousness put the ego would provide a framework for reading the dynamics of these conflicts, but would not be the one used in the novel itself. What Freud's model makes salient is the kind of internal conflict that Ankita is having: it is not just that she feels bad and she wants to feel good, but the various versions of what she wants, what she fears, and what she imagines herself to be.

Shenoy takes care of the most difficult part of the novel, the hospitalisation sequence. The madhouse is depicted as neither simply rehabilitating nor simply repressive. It is a place of confinement that Ankita rebels against and then, as she becomes more at ease with it, realises she needs it; it is a form of order that she cannot impose on her own mind, just as she is unable to impose it on the other. Foucault (1961/2006) would interpret this ambivalence not as a coincidence, but as part and parcel of the institution: the psychiatric hospital can never but always has been a place in which the social control of the deviant happens in the guise of caring. Shenoy nowhere mentions this critique explicitly, but certainly the life inside the institution is portrayed in such a way that one wishing to be attuned to the critique could discover it.

4.3 Social Labelling and the Work of Identity

Mental illness doesn't occur in a vacuum. Of course, how people outside of Ankita perceive, name and react to her condition is as much a part of her condition as the condition itself. In this context, Goffman's (1963) concept of spoiled identity, or stigma, is directly applicable. Information about Ankita's diagnosis changes the way others perceive her: how you act and talk around her. Well-meaning concern of family members can be just as exclusionary as open hostility and judgmental elements within seemingly supportive answers have the potential to shame and label just as much as outright rejection. The novel documents this interpretive pressure with a very psychological degree of accuracy, and what it shows is the work that goes into the construction of a sense of self in the face of it.

This process is gendered and that is relevant. Ankita's emotionality is written upon by the people around her, by scripts that are as much about the ways Indian women are supposed to be as they are about clinical symptoms. As noted by Showalter (1987), throughout history, emotions expressed by female characters have been tied to mental illness, and this is precisely what occurs in Shenoy's current world. The experience of recovery is not only a medical process, but it is also a social process; the process of re-establishing authority over one's own interpretations against the flow of interpretation and readings imposed by others.

4.4 Reader Positioning and Narrative Ethics

Nussbaum (1995) claims that reading fiction closely requires empathy with the character, and that this develops the ability for empathy in actual social situations. Shenoy's first-person narration is carefully structured to achieve just that for the audience. Closely following Ankita's experience through an intimate lens stirs up the reader's emotions to such an extent that they may be unable to keep the necessary distance and maintain stigmatising attitudes. There will be no diagnostic boxes when the reader is in the worst state of Ankita that won't be dealing with anything other than a person the reader has come to know. This is no small feat. It is exactly this personalisation that stigma defies, the abstraction of the category, the specificity of the individual, which (literature) is ideally suited to do.

The ending of the novel is worth dwelling on. Shenoy's take on recovery is not achieving a goal, but rather an act. Ankita does not reach a final balance; rather, she reaches a balance between what she needs to do to control her condition and her capacity to do so. It is a denial of a triumphalist recovery story, psychologically realistic and ethically important, and thus it continues to assert that life lives up to its promise with bipolar disorder even when it is not "over.

Textual Analysis: Em and the Hoom

5.1 The Problem of Knowing Another Person

Pinto takes an entirely different point of view in his novel. That Em can't speak for herself is no indication of a lack of voice, rather it is a sign of the novel's narrative structure, which provides Em's voice to someone else. Her unnamed adult son tells her story, recalls his own memories, hears from the others in the family, sees what they did and have been trying to decipher as an adult. The image that emerges is a portrait that is both rich in detail and partial; both vividly real and endlessly open to interpretation. The son knows his mother in and out, yet he can't, not understand his mother.

This isn't a fault in the novel. It's its central understanding. There's an element of picking and choosing, that the formal rendering of Pinto's choice obscures; after all, mental illness from the outside, by people who do not suffer from it, but who live with people who do is basically a problem of interpretation. The family has only access to Em's inner world in terms of her behavior, or her words, or her moods, or the absence of the words that sometimes envelop them. They build their version of Em from these materials, creating one that is more influenced by what they need and fear and how they interpret it than by what Em does or says. Such an epistemological condition is an inherent feature of the novel, and it also bestows a philosophical dimension on Pinto's characterisation of BD that linear self-narration could not.

5.2 Fragmentation as Form and Argument

The plot of Em and the Hoom is not linear. At times it suggests itself connectively, moving in memory and reflection with those episodes recalled again and others looked at only from the side, leaving away certain places as if the reader is being nudged to make the connections on his or her own. Caruth (1996) pointed out that trauma is experienced in terms of resisting linear narrative: it keeps coming in bits, like a repetition, as if intruding upon what are seemingly stabile moments of today. But what's important is that Pinto's novel has nothing to say about whether Em's condition is a trauma disorder; as is the case with much of the novel, both the form and the content of the narration of traumatic events convey something true about how a son has lived his memories of Em. His biographical narration of Em does not turn out to be a coherent narration. It's a collection of intense experiences instead, out of place encounters that defy the more sequential stories of conventional life.

This formal quality suggests something about bipolar disorder that a more conventionally structured account could not. Life with and around the condition, as it is experienced on the outside, is not as dependent on a narrative arc as on recurrence: the return of what are in other respects familiar patterns, which are not quite the same twice. In a way, it's structurally honest, however, truthfully shown through the son, episodic and non-linear.

5.3 The Family as Institution and Interpretive Community

While Shenoy's novel is based largely on the psychiatric hospital as the institutional backdrop for her depiction of the disease of mental illness, Pinto's novel plays out almost entirely in the family. The father (Hoom) is a stabilising presence, his patience and consistency giving the family a certain fixed point. The kids switch from feeling protected to feeling lost to that kind of crazy tired you feel when you're raised in a world where normal is subject to negotiation. Of course, the family is not a simply therapeutic setting, but one of negotiation, where understanding and caring is incomplete, where management strategies are discovered as they go, where knowledge is acquired through training in negativity.

In the above context, Foucault (1961/2006) posited that mental disease was always an invention of particular social and institutional conditions which served to define and control what was involved.

The family makes many attempts to interpret Em's actions and events in the narrative – it makes up rules and explanatory frameworks for her actions, works out how to live with her fluctuations, and improvised stories that enable them to grasp her and understand her. Love and ignorance form these family created frameworks in about equal parts. Even if Pinto doesn't idolatries them, nor does he suggest that he does.

5.4 Wit, Irony, and the Refusal to Sentimentalize

What is most striking about Pinto's portrayal of Em, is that it's a break from the tragic register that images and portrayals of mental illness so often succumb to. Em is funny. She is inventive, associational and extremely alert in her speech, while her acumen in her observations on people and things around her is often superior to the rational people around her. The humor used in the novel does not mean that she's trivializing her condition. A means of proclaiming her total humanity, her complexity, her reflectiveness to any one description. Em isn't a patient or a sufferer or a burden, she is a person a very vibrant one.

The cultural implications of this are great. The rhetoric of popular depictions of mental illness in the Indian media is either tragicizing, as if to say, 'But for mental illness, all of this would be possible!', or it's the calculated 'But for mental illness he wasn't as predictable and dangerous!', a move used to generate suspense. Pinto does neither. He also maintains Em's wit and intelligence for the entire length of the novel, or refuses to make it her illness the only interesting aspect of her.

5.5 Gender, Mediation, and the Question of Voice

Em's gender is underscored by formal structures in the novel which should be given careful consideration. The novel does not attempt to answer the questions which the narration of her experience by her son as opposed to herself arouses regarding agency and representation. It is within a larger context of women's perspectives on themselves and their psychological lives in the Western world, where there has historically been a need to explain, narrate and interpret women's inner lives through another consciousness, in this case, the male one, however kind. This isn't trouble-free; Pinto makes no attempt to suggest otherwise; the novel is marbled with the son's cognisance of his own superficial knowledge throughout. But this is a structural issue; it cannot be resolved merely by authorial self-awareness. In this way, the novel does not, nor is it purposefully intended to, hide the boundary but makes it manifest and open for discussion the politics of whose stories are told but also in whose voice.

Comparative Analysis

By juxtaposing Shenoy's and Pinto's novels, we can bring out the formal and thematic options of these works when contrasted with one another. The largest disparities identified are shown below.

Table 1: Comparative narrative features in the two primary texts.

Dimension	Life is What You Make It	Em and the Hoom
Narrative voice	First-person; protagonist narrates own experience	Third-person mediation; son narrates mother's life
Temporal structure	Broadly chronological; linear recovery arc	Non-linear, episodic; associative and fragmented
Site of experience	Individual interiority; self-interpretation	Relational; family as interpretive community
Institutional setting	Psychiatric hospital; formal clinical intervention	Family home; informal management and care

Dimension	Life is What You Make It	Em and the Hoom
Reader positioning	Empathetic identification; inhabiting the protagonist	Interpretive engagement; assembling a portrait
Narrative resolution	Qualified recovery; contingent equilibrium	Open-ended; ongoing and unresolved
Treatment of gender	Protagonist speaks for herself against gendered readings	Female experience mediated through male narrator

Findings and Discussion

Epistemology is the most basic distinction between the two novels. Everything is based on a varying response to the question of what information could be known about BD and from where. Ankita, the primary character is the source of most of the knowledge in the novel: her narration is done in the first person, which happens only post hoc, and is not treated as the result of the sickness but as knowledge. The novel of Pinto is more skeptical. Em's experience is never the exact path to the son's experience but is formed by partial knowledge and all the distortions of memory. The reader is never lost the fact he/she is reading an interpretation, rather than an account!

There are several epistemological stances, each of which has a different effect on the reader, ethically. Shenoy's text is 'identification' (as opposed to 'involvement'): the reader is invited to experience what Ankita is experiencing; to duplicate her inner movements as far as possible in the form of storytelling. But it is all about interpretation when it comes to Pinto's text: he gets you into the shoes of the son and makes you wonder, see and understand Em, albeit all the time only partly informed by evidence that won't let you close to only one conceptual frame. Either of these is a good modality to engage with. Collectively, they suggest that literary fiction might be able to do several different (but also related) things in relation to bipolarity, at least simultaneously, to offer a few different kinds of insight.

The gender issue is a trans-novel one that can be interesting. Both focus on the experience of BD in the female characters, and both somehow engage with the gendered interpretive frame in which the characters experiences and/or experiences of others are interpreted. Ankita can withstand gender reading in her condition whereas Em cannot, as she has no voice. Comparative reading is able to draw attention to one or more significant points, and one of the most significant points as the comparative reading alerts us is the difference between "self-representation" and "mediated representation" (between speaking and being spoken for). It is not that yin and yang are different in form but in meaning fabricated and conveyed by images of the psychological experience's women have and how other and it are understood.

7.1 Bipolar Disorder as Lived Experience, Not Clinical Label

Both novels primarily do not consider BD as a medical condition. There is little in either text concerning the diagnostic vocabulary of the mood disorders, the clinical characteristics of manic and depressive states and the pharmacological aspects of drug treatment. What replaces them is what the emotional life feels like, what an elevated state looks like and feels like, what a depression collection looks like and feels like, the social labour involved in a psychological fluctuation, given the employment of various textualities in its maintenance. This isn't recklessness with respect to clinical precision; it's a representational decision and an important one at that.

The important distinction between Kleinman's (1988) concepts of disease as a biomedical category based on clinical criteria and illness as a human experience of suffering and its social management are observed. Both Shenoy and Pinto are representing illness as Kleinman conceived of it,

"the lived, the relational, and the culturally embedded experience of a condition which is partly represented and explained but not yet exhausted in clinical discourse. It is how a person feels throughout the recovery process that Slade (2009) has stated is an important aspect of recovery that does not need to be minimised to symptom management. The novels discussed in this paper indicate that literary fiction is among the spheres where some such serious consideration is in fact given

7.2 Line of Argument

The second is of major significance relating to the twofold bond of the narration and its psychological significance. Shenoy and Pinto have had to make formal decisions about the voice of the story, the temporal structure and the resolution in the story that are not in the nature of aesthetic choices. They have epistemological and ethical implications, and reflect assumptions of what the bipolar disorder is, how it is knowable, and what recovering is. More than anything that we read, these are the assumptions that comprise the novel's argument.

Table 2: Narrative form and its implied understanding of illness in both novels.

Formal Feature	Function in the Text	Implied Understanding of Illness
Linear chronology (Shenoy)	Shapes illness into a recovery arc	Experience is navigable; self-knowledge is possible
Fragmented structure (Pinto)	Mirrors instability; resists narrative closure	Illness exceeds understanding; experience is partial
First-person voice (Shenoy)	Grants access to subjective experience	The person with the illness is the authority on it
Mediated narration (Pinto)	Foregrounds interpretive limits	Others' inner lives remain permanently partial

7.3 Literature as Cultural Therapy

This study proposes that literary fiction is a vehicle of what might be termed “cultural therapy” about mental disorder. The idea needs to be proffered a few times. Although related, cultural therapy is not bibliotherapy, reading used in the context of the individual therapy. But it is not the mere assertion that art can be therapeutic, and thus rather general. More specifically, the cultural therapy involves the possibility for the literary fiction to convert a stigmatized experience to shared cultural knowledge, to render available at a collective level an understanding of mental illness that transcends the stereotypes on which stigma relies.

Table 3: The cultural therapy model and its dimensions.

Dimension	What Literature Does	Collective Effect
Psychological	Makes inner experience accessible and recognizable	Expanded cultural vocabulary for psychological states
Social	Depicts stigma and its human costs	Challenges stereotyping; models alternative responses
Ethical	Positions reader to identify and interpret with empathy	Cultivates responsiveness to others' suffering

Dimension	What Literature Does	Collective Effect
Cultural	Normalizes mental health as a subject of serious fiction	Reduces shame; enables public discourse

Although both Shenoy's and Pinto's novel have the cultural therapeutic role, it is accomplished in different ways. Empathetic Identification is the dominant mode of action in Shenoy's novel, bringing the reader close to something he or she might look at from afar. Pintos perhaps more interpretatively involved, giving readers enough to work through to fashion their understanding of Em, and thus the readers practice what is required of them when meeting the actualities of mental illness in social circumstances. These two modes supplement one another: Together they cover the entire spectrum of the approaches to mental illness "from within" and "from the side."

7.4 The Indian Cultural Specificity of These Representations

These novels are not in any straightforward sense culturally undifferentiated literary investigations of a common or generic "human" condition. On one hand, they both have significant manifestations in the particular social sphere of today's India and on the other hand, they both reflect some aspects of that world which have no direct counterpart in the western literary context in the portrayal of bipolar disorder. In both Shenoy's and Pinto's novels, mental illness is shaped by familiarity, the significance of familial relations, the particular nature of shame in families in which mental illness is felt to be sign of a failure or inadequacy on the family's part and the interplay between biomedical and cultural approaches to mental illness. There are adequate ways of reading these texts which must not ignore this specificity, nor adapt them to a culturally neutral literary tradition.

Conclusion

Fiction doesn't provide a remedy for mental illness. But all the reading Shenoy or Pinto does will not be a substitute for the clinical support, pharmacologic treatment and professional care necessary for individuals with BD. But that is not what this study has been about, not what literature can do for the mentally ill, but what literature can do for the culture of those who live in it. What has been argued is this: as a form of writing, the contemporary Indian English fiction is making available what clinical discourse alone cannot - imagining bipolar disorder.

The way this project is developed in these two novels is very different. It gives the reader a first-person perspective on psychological crisis and recovery, resulting in empathy through identification, and suggesting that what is awful can be told, that what is awful can be understood and lived - Shenoy's Life is What You Make It. Pinto's Em and the Hoom is outside inward - it does not go the way of direct exposure to the protagonists' interior life but shows the horizon of what one can know of such a life. Honestly, both are within each other's realm of experience: together, they embrace an immense field of experience that the condition designates.

It is not a claim of measurable outcomes that the concept of cultural therapy developed here is a claim. It is a claim that where literary depictions of mental illness can go, they go: to make a stigmatised experience recognisably human. In fact, both novels are a success in doing just that. They challenge 'reductive' explanations of mental illness, reveal a gender dimension in the representation of the psychological in Indian society and highlight that the 'narrative form' is not just about 'what' but also about 'what it means' to be experienced psychologically and how this experience may be known.

As there are some limitations to be noted. Generalisations that can be drawn from a study are restricted to just two novels and even then the sample is small. Given that this theoretical approach is a pluralistic one, it is open to the scholarly traditions as well, allowing it not to respond equally to all aspects of the texts. The analysis does not take into account the reception: no conclusions can be drawn as to how Indian readers come to engage with the representations and the influence they have upon the reader, if they have any. Future research may encompass the expansion of the corpora for studying

regional language fiction, film and graphic narratives and whether/when it is possible to integrate empirical audience studies with textual analysis or to provide comparative perspectives with other national or global ones.

The study of mental illness in Indian English literature is still in its infancy due to its less attention as compared to the other important object of Indian English literature. This is crucial because the portraits in culture shape the types of words and language used to think, describe and act on mental sickness and madness. Literary criticism is lacking in this part of the modern fictions. The answer is in the novels exhibited in this work; this demonstrates that it is not being ignored by the English writers of India.

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