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Representation Of Bipolar Disorder Through Select Fragmented Narratives From Jerry Pinto's "A Book Of Light"

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Abstract:

Jerry Pinto's *A Book of Light: When a Loved One Has a Different Mind* is a poignant anthology that brings together fragmented narratives from individuals who have lived with or cared for loved ones experiencing mental illness. This paper examines the representation of mental illness through select fragmented narratives from the book, focusing on how these personal accounts illuminate the emotional, social, and psychological dimensions of caregiving and living with mental health challenges. The fragmented structure of the anthology mirrors the disjointed and multifaceted nature of mental illness itself, offering readers an intimate glimpse into the complexities of such experiences. Each narrative in *A Book of Light* provides a unique perspective, ranging from stories about schizophrenia to depression and other mental health conditions. These accounts highlight themes such as stigma, familial relationships, societal ostracization, and the resilience required to navigate life alongside someone with a "different mind." By employing fragmented storytelling, Pinto allows for a multiplicity of voices that resist homogenizing or simplifying the experience of mental illness. This approach not only underscores the individuality of each story but also reflects broader cultural attitudes toward mental health. The paper focuses on "Daniella" by Patricia Mukhim, "Papa Elsewhere" by Sukant Deepak. These stories deal with Bipolar Disorder, and critically examine the narratives as powerful tools for fostering empathy and understanding while challenging stereotypes surrounding mental illness. Through its raw and unfiltered accounts, *A Book of Light* becomes both a literary exploration and a social commentary on caregiving, love, loss, and resilience in the face of mental health struggles.

Index terms: Bipolar Disorder, Society, Stigma, Mental illness, Psychoanalysis, Caregiver.

INTRODUCTION:

Karl Menninger in his book *The Human Mind* reveals that "mental well-being is a state where an individual is able to adjust with the self and the society in an even and happy manner. When one is aware of the environment around him, when one carries a considerate amount of behaviour and when one is ready to adjust socially, that person is known to be someone in a state of mental well-being" (Menninger 123). In

Understanding Mental Illness edited by Atul Kakkar and Samiran Nandy Bipolar disorder is defined as a "mental illness that can be chronic (persistent or constantly reoccurring) or episodic (occurring occasionally and at irregular intervals). People sometimes refer to bipolar disorder with the older terms "manic-depressive disorder" or "manic depression". Most people experience mood changes at some time, but those related to bipolar disorder are more intense than regular mood changes. Other symptoms can also occur. For example, some people with bipolar disorder experience psychosis, which can include delusions, hallucinations, and paranoia" (Kakkar 12). Tim Newman and Mandy French's article in a web page of *Medical News Today* "What to know about bipolar disorder" they states: "Bipolar disorder commonly runs in families: 80 to 90 percent of individuals with bipolar disorder have relative with bipolar disorder or depression. Environmental factors such as stress sleep disruption, and drugs and alcohol may trigger mood episodes in vulnerable people. Though the specific causes of bipolar disorder are unclear, there are both biological factors, including a family history of mood disorders, psychotic disorders, and substance misuse, and environmental factors that increase the risk of bipolar disorder" (medicalnewstoday.com). According to Adrain Preda's review in *American Psychiatric Association* "in 2017, 197.3million people had mental disorders in India, including 45.7million with depressive disorders and 44.9 million with anxiety disorders. In 2017 depressive disorders contributed the most to the total mental disorders DALYs (disability-adjusted life years) of which 6.9% is bipolar disorder" (psy.org).

In a website of *Samarpan Health* a blog "Misconceptions About Mental Health in India: Breaking Stigma" brings about the psychology of common people about mental illnesses in India. "In India misconceptions about mental illness contribute to the stigma, which leads many people to be ashamed and prevents them from seeking help. Stigma is something about a person that causes her or him to have a deeply compromised social standing, a mark of shame or discredit. Generally, people who have mental disorders are considered lazy, unintelligent, worthless, stupid; unsafe to be with, violent, always in need of supervision throughout life and in need of hospitalization. Many people do not understand that mental health conditions are medical issues that require professional treatment. "This lack of knowledge can prevent individuals from seeking help and can lead to the perpetuation of harmful myths, stereotypes and misconceptions about psychological disorders. In Indian society, family and community play a central role in an individual's life. The pressure to conform to societal expectations can be immense, leading to the suppression of mental health issues. Individuals may fear being labelled weak or incapable, which can deter them from seeking help" (samarpanhealth.com).

There are so many memoirs which explores the challenges and the journey of bipolar disorder. Some famous memoirs which deals with bipolar disorder are: "An Unquiet Mind: A Memoir of Moods and Madness" by Kay Redfield Jamison. Jamison is professor of psychiatry in John Hopkins University, School of medicine. In this memoir she has shared her honest experience about her sufferings with bipolar disorder (Jamison). "Detour: My Bipolar Road Trip in 4-D*"* by Lizzie Simon, a heart breaking narrative of her cross country quest. Lizzie herself is a bipolar and planned a tour to meet people who are bipolar and been successfully treated and leading a highly functional lives (Simon). *Madness: A Bipolar Life* by Marya Justin Hornbacher, it covers every aspect of struggle with bipolar disorder – early failures of diagnosis and misdiagnosis, clueless and competent psychiatrists and therapists, triggers, the tendency to self-medicate, hospitalizations , hyper sexuality and the terrible side effects of many of the medications used to treat depression and mania (Hornbacher). "Manic: A Memoir" by Terri Cheney. Cheney chronicles her fierce struggle with euphoric highs and devastating lows that characterize her condition. Chaotic moment's which delve into mind of Cheney, battling an often misunderstood illness (Cheney).

In Indian context there is a meagre amount of literature available which portrays mental illness due to unique socio-cultural heritage, a religious background characterised by fatalism and external focus of control, limited exposure of mass media and communication. Social stigma attached to mental illness, misconceptions, superstition and ignorance exists in respect to mental health disease. Mental illnesses are viewed as curse of goddesses, possession of evil spirits etc. the medicaments sorcerer, and faith healers, priests etc are frequently engaged to cure cases of mental illnesses. Due to these types of beliefs and culture nobody openly speaks about mental illness the way they acknowledge other disease like cancer, tuberculosis, HIV-AIDS etc. This social and cultural stigma is the reason why mental illness has become taboo. Though gradually mental illness is also gaining importance in Indian society as a movie released on 2012 *Aarohanam*; Tamil cinema directed by Lakshmy Ramakrishnan is based on bipolar disorder. There are some Indian authors who also discussed about bipolar disorder in their work. They are: *Em and the Big*

Hoom by Jerry Pinto, *How To Travel Light* by Shrevatsa Nevatia and "Finding Order in Disorder" by Ishaa Vinod Chopra.

Jerry Pinto is one of the prolific writers in Indian English literature who acknowledges mental illness in a very comprehensive way. *A Book of Light*; *When a Loved One Has a Different Mind*, it is collection of short autobiography, memoirs which has stories of different kind of mental illness like bipolar disorder, autism and clinical depression to illuminate these area of darkness in Indian middle- class family. This paper precisely analyzes two narratives depicting bipolar disorder from *A Book of Light* in which the narrator narrates his or her journey of bipolar disorder. By closely analysing these two stories with theory of psychoanalysis, this research paper aims to shed light on diverse experiences of the family or caregivers, societal boundaries and expectations and Indian mindset of perceiving mental illness.

Sukant Deepak is an associate editor with India Today Group and writes on art and artists. In "Papa Elsewhere" he explores the complexities and challenges while living with a bipolar father, renowned Hindi playwright and novelist Swadesh Deepak, who struggled with bipolar disorder. Emotional extremes and contradiction is one of the most prominent aspects of bipolar disorder. Rapid and inexplicable shifts surrounded by opposite extremes (despair and sadness and frantic and obsessive). Here Sukant has portrayed how a famous playwright gets in a grip of deadly illusionary and confusing world of "Bipolar".

Swadesh knew that his family members are irritated and scared of his behaviour but this is how bipolar disorder plays with the mood and create confusions in mind, delusion and hallucinations. He was in delusion about the curse of Mayavini. During the play's first show in Calcutta he met a woman, whom he named Mayavini. Swadesh believed his illness is because he has not reciprocated her love and she has spell black magic on him. When Sukant asked about his illness he replied:

> Do you think black magic can be treated? More importantly, should it be treated, that too with some darn pills? I am ill because I insulted her, because I refused to reciprocate her love" (Pinto 17).

Freud in his book *Modern Classics Beyond the Pleasure Principle: And Other Writings*, discussed about the theory of psyche; Id, Ego and Superego. The imbalance of any of this leads to manic and depressive episodes. He analyses that "'Id' is the earliest part of the personality to emerge. The id is present at birth and runs on pure instinct, desire and need. It is entirely unconscious and encompasses the most primitive part of the personality, including basic biological drives and reflexes. The id is motivated by the pleasure principle, which wants to gratify all impulses immediately. If the ids needs aren't met it creates tension. However because all desires cannot be fulfilled right away, those needs may be satisfied, at least temporarily, through primary process thinking in which the individual fantasizes about what they desire (Freud). According to a blog in a website named *Bright Quest* about "Bipolar Disorder with Psychotic Features" psychosis is a state of mind and a set of symptoms characterized by losing contact with reality. It is not a condition in and of itself but rather a group of symptoms that can be triggered by certain mental illnesses like bipolar disorder, substance misuse etc. The psychotic symptoms can be grouped in few categories:

(**i**) Hallucination- A 'hallucination' is something that is sensed –heard, seen, felt, tasted, or smelled, that seems real but that is not real. It may include seeing things that aren't there or hearing non-existent voices.

(**ii**) Delusion- A 'delusion' is a false belief that persists in spite of evidence. 'Delusions' can be paranoid, grandiose, persecutory, jealous, or a mixture of types.

(**iii**) Confused thinking- psychosis can cause disordered, racing and irrational thoughts.

(**iv**) Poor self-awareness.

In the middle of psychotic episode a person will not be aware of his or her beliefs or hallucinations are false. This can trigger fear and significant stress. During a depressive episode delusion takes a downturn, and may include things like the paranoid belief that someone is out to get them" (brightquest.com). Swadesh is unable to understand that Mayavini was in his mind. He was in delusion. Man with huge stature in the society, he taught Enlish in Masters Level. When Sukant asked him the meaning of Mayavini he replied 'Do you really think English is rich enough to accommodate the power of Mayavini?'(Pinto 16)

Jose Bleger in his book *Psychoanalyse du cadre Psychoanalytique* which was translated n English as *Psychoanalysis of the Psychoanalytic framework* by Dunod in 1966 states about behaviour that "a human

relationship last for years within a set norms and attitudes are maintained, is nothing less than a true definition of institution. The framework is therefore an institution within the limits of which certain phenomena occur which we called behaviour. When this set of norms starts fluctuating abruptly it not only the sufferer but the caregiver also feels drowned in the situation" (Blegger). The relationship of Swadesh was absurd with his family members even before the onset of bipolar disorder. Onset of bipolar disorder was not sudden, the famed writer who had received the Sangeet Natak Akademi award, would stare at the ceiling for hours lying in his queen-sized bed. He use to be a man with fiery temperament and had fine ability to insult and hurt people but with the onset of bipolar he changed he seemed to be exhausted; he started taking insults without reacting.

In *Beyond the Pleasure Principles and Other Writings* Freud states that: "'superego' consists of two components: 'the conscious' and 'the ego ideal'. The conscious is the part of the superego that forbids unacceptable behaviours and punishes with feelings of guilt when a person does something they should not. The ego ideal, or ideal self, includes the rules and standards of good behaviour one should adhere to. If one is successful in adhering to these behavioural standards, it leads to feelings of pride. However, if the standards of the ego ideal are too high, the person might feel like a failure and experience guilt (Freud). Swadesh knows about his illness but somewhere in his conscious mind he has accepted. Bipolar disorder creates a sense of internal fragmentation, where a person may feel as splitting into two different selves –one who is elated and another who is deeply withdrawn from the reality. He completed the book *Maine Mandu Nahin Dekha* and get it published in due time as if he knows that his brain is unable to hold his memories. While writing this memoir he already started eating less, his walks have become infrequent and he was not happy about the publication , he seem to have lack of interest while opening the package containing the first copy of his last book. Before disappearing he had lost interest in living which was evident from his several suicide attempts, he had stopped reacting to the insults which was completely unlike him.

According to a review of *National Alliance on Mental Illness* "most of the time people with manic states are unaware of negative consequences of their actions. Suicide is a biggest concern. People became suicidal even in manic state and in depressive state too. In the depressive state of mind people became obsessed with negative thoughts like, failure, guilt or helplessness which leads to suicide" (nami.org). Swadesh was diagnosed with bipolar disorder in 1990 and he attempted suicide for the first time in 1999. Then in his second attempt he tried to burn himself. He partially get injured and in the way to healing he again tried to ablaze a cylinder which was somehow stopped, as his wife caught him doing this.

In a review "Impact of living with bipolar patients: Making sense of caregiver's burden" Maurizio Pompili et al. presented a review objective and subjective burden in the caregivers. They quoted E.Sales and MJ Poulin's article about the burden of the caregivers which states: in the context of caregiving, it is important to differentiate this concept from the concept of family burden. The term caregiving tends to focus on providing actual assistance in response to the illness and this experience may have both positive and negative elements within experience (Pompili et al.) Mental illnesses of loved ones have a very significant psychological, financial and societal impact on the caregivers. It sometimes becomes burdensome for the caregivers. Lack of awareness and knowledge about bipolar disorder has make Sukant irritated about his father. It is evident from Sukant's thought about his father:

> "His presence was poison to me. How could someone who seemed absolutely healthy physically pretend that something was seriously wrong with him?" (Pinto 18).

In "Familial factors in psychiatric disorder", D.Tantum discusses about the psychology of caregivers he states: "the caregivers feel guilty for contributing to the illness or rejects the patient and get angry because the illness is spoiling his or her life" (Tantum). Swadesh's wife was a teacher of Chemistry in a school. And she was managing her workplace, family and Swadesh's illness and hospital visits all together. She travels forty kilometres everyday from Ambala to Chandigarh. She gave him shower every day, took care of his medicines, but her silent suffering change into an outburst she said:

> "'Look what you have reduced me to, you bastard. I was such a beautiful woman once; I look like a beggar now. Why don't you die?'"(Pinto 21).

Before disappearing on 7th June, on 6th June he knocked Sukant's door between 3am-3:30am. He knocked persistently but instead of opening the door he closed it. Swadesh pleaded but there seem to be no response from Sukant's side. Swadesh pleaded: "Hit me on the head with a rod. I know you keep one under

your bed. I know you can do it" (Pinto 15). This shows the pain and burden on caregiver and the sufferer both. When he didn't return after the walk and all the members were convinced that he will never return back there was a sense of relieve among them. Sukant, his sister and his mother were having same thought about Swadesh's absence:

> "I hope we never see his face again, my sister said. I hoped so too. So did my mother" (Pinto 15).

M Reinares et al. in "What really matters to bipolar patients' caregivers: sources of family burden"states about the distress and helplessness of the caregivers. "Subjective burden for the caregiver was the source of moderate distress highly related to the patient's behaviour , followed by theses adverse effects on others; nearly 70% of caregivers were distressed by the way illness had affected their own emotional health and their life in general.

Patricia Mukhim is an Indian social activist, writer, journalist and editor of Shillong Times, Meghalaya's largest circulating English daily. She has been a high school teacher for two decades and a single mother to four children, three daughters and a son. She writes regular columns for the *Statesman*, *The Telegraph* and the *Assam Tribune*. She tries to use journalism as an advocacy tool for women's issues and mental health causes. In her memoir "Daniella", Patricia reflects on her experiences and challenges of living with her daughter Daniella who is a bipolar and addresses the mindset of un-acceptability of mental illness in our society. In the very first encounter with depression when Patricia had been called by Daniella's friend Karen instead of taking it seriously she concludes that it is nothing but home-sickness. She said:

> "I told Karen to book Daniella on a flight home immediately. She'll be all right when she gets back, I told myself. Delphina and I will get her on her feet again. She missed all of us, that's all. Depressed? What do these doctors know? We're Khasi women. We're strong." (Pinto 76).

This statement of Patricia not only shows denial but it also shows the power structure of Khasi community. Due to the matriarchal dominance in their society the women build up themselves as strong and independent women. As Patricia has also gone through many ups and downs but she never gives up and stood firmly against all odds. This may be one of the reasons why after knowing the fact that Daniella is diagnosed with depression she took it lightly. After this episode of depression she recovered but things started changing gradually. Patricia found that she has become loud and garrulous but no one took this abnormal behaviour seriously, instead she thought it was because of family tragedies and general instability.

Another serious incident of her abnormality was she left her house without telling anyone and next morning she came back in distressed and clumsy way, her clothes were rumbled, dark circles covered her eyes, lips were dark and dry which was very much unlike her, because she use to very much experimental with her hairstyles and always remain well groomed. It was the first time when Patricia was shaken from inside, as the thought of losing her child grappled her mind. She tried to speak to her but Daniella was silent. Patricia was feeling the situation alarming but neither she nor any other person of the family accepted the situation instead she says:

> "Like all mothers who fear to pronounce the worst about their kids, I remained in denial about the severity of Daniella's condition. Her siblings too, would laugh off her unpredictable behaviour and put it down to the malarial jaundice" (Pinto 80).

Another distressing incident happened in Daniella's life was Delphina's death, which affected her badly. She was attached to Delphina intensely. Delphina was maternal aunt of Patricia, she and Daniella shared a very special bond. It was evident to the other family members that Delphina showered all her love and affection towards Daniella. Her love for Daniella was intense maybe because she had lost her daughter in a cot and Daniella has filled the need of her daughter. Daniella was 29 when Delphina passed away. After her death she went in a complete withdrawal. But after a year she met Abel and fell in love. And it seems that things have become normal but, her mood swings became worse. Abruptly she went to meet his father, Patricia dissuades her but she was furious she said "Who are you to stop me? I have the right to know my father" (Pinto 81).Everything was good according to her phone calls during her stay in her father's place, she returned back after a week she went to take bath and when he came out the scene was terrifying. She had hacked her hair off as if she wanted to wound herself. That was the first time when Patricia spoke to Mary

Jones (elder sister of Daniella) and they decided to consult psychiatrist and after forty minutes session doctor told her that Daniella's mental state is fragile.

Sadik, S et al. in an article "Public perception of mental health in Iraq" states that stigma and shame against people living with mental illness remain unabated. Anything regarding mental illness has negative publicity and caregivers are challenged twice; on one hand, they face prejudice because of misconceptions about mental illness" (Sadik et.al). At her workplace Daniella she had frequent run-ins with her seniors. She had become unpredictable. Most of the days she avoid going to office, she was upset with a man in her office. She used to share the office problems with Patricia. One day someone from her office called Patricia to ask if everything was all right with Daniella. Instead of speaking the reality out of fear or prejudice she responded:

> 'What do you mean, all right? Of course she is all right ', I said. I didn't want to jeopardize Daniella's future; I did what I had to do so that she would keep her job. I denied to the world, to her and to myself that she needed help.
>
> And so I failed her again. I paved the road to a hell of guilt with my good intentions" (Pinto 82).

Although, Patricia was aware of the reality that Daniella's had become unpredictable, she used to get angry out of nothing. She suddenly starts speaking and other times she would remain in complete silence. Patricia was continuously monitoring her but out of shame and fear she was unable to accept the reality. She cherishes Daniella's excitement when she use to spoke about films, her picnics etc. though underneath she was worried about Daniella. But due to lack of acceptance she concludes:

> Depression was normal, it was a phase. It would go away, it always did" (Pinto 83).

Patricia being a dutiful mother asked Abel if he could manage Daniella's mood disorder without any hustle. He replied in a sensitive and mature way: "Aunty all she needs is patient listening. I know she has her moods, but I also know she is the one for me', gentle Abel replied, almost as if he was talking to himself" (Pinto 84).Abel was kind, patient soft spoken and a man of few words. Daniella and Abel were together since after she returned from Kolkata. She seemed to be very happy in her married life. Daniella wanted to conceive she told to Mary Jones. Mary Jones took her to the gynaecologist and there they came to know that her thyroid is not properly functioning and the required medicine was prescribed. Everything seemed to be alright after this episode she went to Dimapur with her mother-in –law. After spending a week she came back with lots of gifts. She looked happy. On 13th of September 2008 Daniella committed suicide leaving behind series of unanswered questions of everyone: 'How could I not see this coming?', 'How could she do this?', 'Why did she not feel close enough to call me in her moment of despair?', 'Did she think I would not understand?', 'Did she think I would not give her permission to leave this world?', How can a child born of one's womb be so estranged?. After Daniella's death Patricia reminiscence about her childhood, she digs into the repressed thoughts of Daniella to understand what made her commit suicide. She states:

> "Now that I look back at my relationship with Daniella, I realize how uneasy it was, how difficult it was for the two of us to have an intimate, even a proper conversation. She seemed to believe that I had high standards that she could not live up to. She would tell her colleagues with great pride about my work and achievements, but perhaps this also contributed to the feeling that she was not good enough"(Pinto 85).

***CONCLUSION*:**

Both the narratives "Papa Elsewhere" by Sukant Deepak and "Daniella" by Patricia Mukhim delve into the maniac highs and depressive lows of bipolar disorder. "Papa Elsewhere" is narrated from the perspective of a caregiver. Here the narrator is the son; he portrays his father's suffering and the way their family feels as a caregiver. In Papa Elsewhere subjective caregiving burden is depicted in which the caregivers are exhausted, irritated and angry, though they are taking care of everything but at the time when he disappeared they felt sense of relief instead of having grief about it. It also focused on lows or depressive phase of bipolar which can lead to confusion between depression and bipolar disorder. Whereas in the other account, "Daniella" it is also from a caregiver perspective. Patricia; mother of Daniella is the narrator but

this narrative is focused on the negation and remorse of the family members especially Patricia herself blames herself for the death of Daniella. Though being a learned person she was unable to overcome about the taboo and stigma about mental illness.

By analysing these two narratives this paper has try to explore the representation of bipolar disorder through language, character, point of view, caregiving perspective and lack of acceptability of mental illnesses. It explores the vulnerability and the caregiving burden in the family members of the sufferers of mental illness. The analysis of the two central characters Swadesh Deepak and Daniella who are the sufferers of the same mental illness i.e. bipolar disorder we came to know about different types of symptoms and there psychological and emotional consequences on the caregivers. One remarkable common thing about both the narrative is the writers stress on family bond, love and caregiving in spite of all the chaos and mental pressure till the last.

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