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Intersectional Marginalization of Women with Psychosocial Disabilities: Reading Select Memoirs

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Abstract

The purpose of this paper is to analyse the ways in which life writing produced by contemporary Indian women (in English) problematises the hegemonic ideas of ableism and to examine the importance of questioning the biomedical model in addressing the mental health of women. For the purpose of this study, three memoirs are selected, namely, Reshma Valliapppan's *Fallen Standing: My Life as a Schizophrenist* (2015), Manjiri Indurkar's *It's All in Your Head, M* (2020) and Urvashi Bahuguna's *No Straight Thing Was Ever Made: Essays on Mental Health* (2021). Through a close reading of these texts, this paper seeks to understand the significance of life writing by women with psychosocial disabilities as a genre of marginalised storytelling in India and question the ways in which these stories about mental illnesses challenge the implicit status of autobiography as a mode of truth-telling.

Keywords: memoir, psychosocial disabilities, gender, intersectionality, ableism

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Introduction

Disability studies is structured around challenging the processes involved in the construction of identity, which are more often than not reductivist in nature and are dominated by socially, culturally and politically instilled notions of normativity, which serve to shape the diversifications of human mind and body by forcing them into certain categories and criteria. In his essay, *Constructing Normalcy: The Bell Curve, the Novel, and the Invention of the Disabled Body in the Nineteenth Century*, Lennard Davis explains that the idea of norm, unlike the concept of ideal, is a specifically human category that functions on the simultaneous inclusion and exclusion of people, depending on the cultural, social and political environment. The norm constructs as well as manipulates itself over time to claim, control and monitor the behaviour of the majority of the human population while rejecting that which refuses to fit into its schemata (Davis 1997: 6). The emergence of disability studies as a new framework allows us to question the very concept of norm or normalcy fabricated by a predominantly ableist society which not only categorises but also marginalises people on the basis of their physical and/or mental nonconformity.

In 1970s, the proliferation of the social model of disability emphasised that disability is caused by ‘oppressive social environment’ rather than individual impairment (Marks 1999: 79). The social model distinguished between impairment and disability by suggesting that while impairment refers to individual limitation, disability is social exclusion (Shakespeare 2006: 198). Thus, the social model of disability challenged the stigma around impairment(s) in socio-cultural and political spaces by demanding proper inclusion and accommodation. Further, the social model steered the focus away from the medical model, which claimed that disability is rooted in individual deficit and requires to be fixed through medical intervention (Shakespeare 2006: 199).

In the realm of mental illnesses, the anti-psychiatry movement, in the works since the 1960s, challenged the institutionalisation of madness and addressed the oppressive interventions common in psychiatric systems such as involuntary hospitalisation and forced treatment, as elucidated by Michel Foucault, RD Laing and Thomas Szasz (Ralley 2012). The anti-psychiatric discourse around mental health coupled with the social model of disability facilitated a new understanding of mental illness in relation to the social factors that influence their prevalence as opposed to the medicalised individual model, which is deficit-centred and labels the mentally ill as defective (Anderson-Watts 2008: 152–3). When situated in a socio-cultural context, the study of mental illnesses as psychosocial disabilities highlights the factors overlooked by the medical model, especially the intersectional discrimination faced by people from marginalised communities living with one or more psychosocial disabilities. For example, the relationship between gender and psychiatric intervention has long been proven to be biased, with women at a greater risk of facing injustice such as misdiagnosis and forced hospitalisation as well as social stigma including abandonment and mistreatment by family, exacerbating their condition and making them vulnerable to life-threatening risks (Bhattacharya 2019: 7–12). The emphasis on social structures as contributing factors towards the disablement of an individual has brought to the fore the injustices among the psychiatric, social, cultural, and legal systems.

The pathologized portrayal of women with psychosocial disabilities has, time and again, been dealt with in literature, which often serves as a medium to challenge overarching narratives and create counter-canonical, paradigm shifting discourses. Although the representation of ‘mad women’ in literature has a rich history of its own, it is important to note that in the late 20th century with the advent of the Mad Pride Movement (1990s) and the rise of the second-wave feminism, the portrayal of the gendered experience of psychosocial disabilities gained import in the West in the genre of autobiography. Some pioneering memoirs such as Kate Millet's *The Loony Bin Trip* (1990), Sussanna Kaysen's *Girl, Interrupted* (1993) and Caroline Kettlewell's *Skin Game* (1999) depict the experiences of mental illnesses in unconventional ways that do not conform to the stereotypical tropes of overcoming or triumphing over one's illness, but narrate the harsh truths of living with mental illnesses in a stigmatising society. Despite the origin of life writing (biographies and autobiographies) as a genre of narrating glorious stories of great people, its trajectory, particularly, in the case of memoirs, changed significantly to record the accounts of subaltern lives, including women and women with psychosocial disabilities.

Autobiographical works have been crucial to voice the issues faced by the marginalised communities whose stories are often excluded from mainstream society, thus challenging metanarratives. In India, life writing by women can be traced back to 6th century BCE to *Therigathas*, a compilation of short poems by elder nuns of Buddhism. Over the decades, memoirs by women and Dalits have been vital in shaping the literary tradition of life writing in India (Tharu and Lalita 1991). However, producing a first-hand account of one's struggle with mental illness is a relatively new phenomenon in the Indian literary canon. This paper is aimed at analysing three select memoirs that have pioneered the delineation of the lived experience of psychosocial disabilities in India by liberating the female experience of 'madness' from the clutches of the biomedical model of disability, namely, *Fallen Standing: My Life as a Schizophrenist* (2015) by Reshma Valliappan, *It's All in Your Head, M* (2020) by Manjiri Indurkar and *No Straight Thing Was Ever Made: Essays on Mental Health* (2021) by Urvashi Bahuguna.

Citing Catherine Prendergast in her paper, Margaret Price describes the concept of 'rhetoricability' as 'the ability to be received and respected as a valid subject'. She writes,

> ‘Importantly, Prendergast does not regard ability as stable or inherent; rather, she explains rhetoricability as something that is constructed based upon the rhetor’s social context. Just as one’s body is more and less abled by the built context that surrounds one, so too with one’s mind’ (Price 2009).

This paper further endeavours to examine the extent to which the selected memoirs challenge the genre of life writing in disability studies by disintegrating the authorial I into fragmented representation of the traumatised self while retaining the authority over the narrated text, thus, intentionally problematising the assumed aura of truthfulness in autobiographical narratives.

Challenging Autobiographical Authority through Fragmented Identities: Women with Psychosocial Disabilities

In *“Her Pronouns Wax and Wane”: Psychosocial Disability, Autobiography, and Counter-Diagnosis*, Margaret Price writes, “[t]hat is the problem with being mentally ill: it tends to carry a certain lack of cred” (Price 2009).

The lack of credibility that is unequivocally endowed to narratives of women, especially women with psychosocial disabilities or serious mental illnesses, is not a new phenomenon.

History is testament to psychiatry’s sexist interaction with female malady. Psychiatric treatments have always been intrusive for women and focussed on repressing women’s voices. From recommending marriage as a cure and forcing women to meet socially constructed gender expectations, to regulating their sexual lives while denying their claims of childhood sexual abuse, psychiatry has a history of silencing women’s narratives through systemic oppression (Bhattacharya 2019). The first diagnosed malady in women, hysteria, has a long and complex history of female ostracization. ‘Hysterical women’ were subjected to exorcisms in the Middle Ages, the cause of their suffering was claimed to be rooted in demonic possession, and the victim herself was labelled an evil witch (Tasca et al. 2012: 112).

To refer to Tone and Koziol, in the 20th century, women patients were frequent victims of lobotomy, even though among the institutionalised patients men were greater in number. Moreover, with the development of psychopharmacology, women often found themselves over drugged.

> ‘By 1968, the “minor” tranquilizer Valium (diazepam), marketed as an antidote for socially dysfunctional women — the excessively ambitious, the visually unkempt, the unmarried and the menopausal misfits — was the best-selling drug in the world as well as one prescribed overwhelmingly to women. The disproportionate use of lobotomies and tranquilizers by doctors as therapies for female patients exemplify how gender bias has shaped twentieth-century medicine …’ (Tone and Koziol 2018: E625).

The authenticity of unheard narratives when questioned by well-established theories and metanarratives, instead of ridiculing the text, end up problematising the theories themselves. In the case of autobiographical writing by women with mental illnesses, the genre itself is turned on its head. Although the origin of autobiography as a literary tool of self-representation has a history of representing great and famous people and their extraordinary lives, towards the end of the 20th century, it was already being challenged by the subaltern voices from the margins. When women with psychosocial disabilities started documenting their experiences, the truthfulness and grandiosity of the genre was further problematised, opening up newer channels of discursive exploration.

Leigh Gilmore, in her 2001 work *The Limits of Autobiography* discusses the limits of self-representation highlighted by the autobiographical accounts of survivors of trauma. Gilmore states,

> ‘Something of a consensus has already developed that takes trauma as the unrepresentable to assert that trauma is beyond language in some crucial way, that language fails in the face of trauma, and that trauma mocks language and confronts it with its insufficiency. Yet, at the same time language about trauma is theorized as an impossibility, language is pressed forward as that which can heal the survivor of trauma. Thus language bears a heavy burden in the theorization of trauma’ (Gilmore 2001: 6).

The experience of living with mental illness, from its onset to its diagnoses and beyond, is strewn about with traumatising experiences. Therefore, to refer to Gilmore, the autobiographical representation of this traumatised self is a challenge that requires a negotiation with the available linguistic resources no matter how insufficient they may seem. The genre of autobiography thus, provides a structure to narrate these experiences while simultaneously restricting the pathways to complete confession. In narrating their experiences, women with psychosocial disabilities manipulate the limits posed by autobiography and deconstruct the established rules of self-representation.

This is further elucidated by Margaret Price as what she terms ‘counter-diagnosis’, a strategy through which women with psychosocial disabilities subvert the ‘key assumptions of autobiographical discourse, including rationality, coherence, truth and independence’ and ‘claim authority not in spite of, but through and because of, their psychosocial disabilities’ (Price 2009: 17).

Two of the counter-diagnostic strategies proposed by Price, relevant for this paper are ‘creative incoherence’, that is, fragmented I’s and ‘proliferation’, that is, using many selves to narrate one’s story (Price 2009: 18, 21).

Valliappan and Indurkar’s memoirs employ narrative strategies, which can be described according to Price as the counter-diagnostic strategy of creative incoherence. By incorporating both poetry and prose within the narrative, both *Fallen Standing* and *It's All in Your Head* manipulate the genre to echo their thought processes as they write. By mixing two separate genres in their memoirs, they create an incoherence, a generic aberration, away from what is 'normally' expected from a memoir. These deviances further accentuate their validity as memoirs about psychosocial disability for they are able to channelise the seemingly impalpable abstract experiences of 'oddity' into tangible written evidences, which when read jolt the reader into awareness.

The second counter-diagnostic strategy of proliferation, as suggested by Price, is visible in Urvashi Bahuguna's *No Straight Thing Was Ever Made* as well as in Valliappan's *Fallen Standing*.

In the chapter titled 'Everything for This Beauty: On Self-Perception, Judgement and the Body', Bahuguna describes her struggle with maintaining a positive body image. What sets it apart is her usage of the third-person pronoun to address her own body. Here the author clearly deviates from the autobiographical authority of I and intentionally disintegrates her own identity in order to better express the experience. She writes, 'When the body's parent asks her — for God's sake — to stop eating, she is thirteen, and she stops eating' (Bahuguna 2021: 26).

Similarly, Valliappan's disassociation from her own self and her division into multiple beings in her mind could not have been expressed had she not relinquished the authorial I and resorted to a third-person pronoun to describe her own experiences.

> 'It was annoying that she couldn't do anything about it. I hated watching her. What she became. Normally she would have shown the other cheek and laughed, but here she was running to her room like a cry baby and sobbing away at just a slap. Gosh, I hated her. She was so embarrassing. It didn't matter what I told her she just didn't listen. It seemed like she was deaf!' (Valliappan 2015: 1203).

Valliappan writes as if she is observing another person from a distance when she is actually expressing the split in her personality.

Gendered Experiences of Ableism: Understanding the Psychosocial Factors

Depicting the intersectionality of psychosocial disabilities and gendered experience of ableism through memoirs is a difficult task. As discussed in the earlier section, the genre of autobiography can be restrictive for individuals with mental illnesses, but it does not compromise their value as an account of lived experience.

The three memoirs selected for this paper discuss the peculiarly gendered experience of psychosocial disabilities. I say peculiarly gendered because gender bias does not simply manifest itself after a woman is diagnosed, rather these memoirs highlight how it is the vulnerability of being a woman in a biased society that contributes towards their psychosocial disabilities. While Valliappan deals with her struggle with being forced into traditionally feminine roles, Indurkar grapples with childhood sexual abuse and Bahuguna has to cope with body image issues. Informed, propagated and maintained by patriarchy, all three of these issues represent a struggle against the established norm. Each of the three themes make up the crux of the memoirs through which the authors make sense of their present sickness.

In *Fallen Standing*, Reshma Valliappan's unapologetic tone sets the memoir apart as she narrates the events that have shaped her present. Valliappan describes her childhood as a defiant girl who loved to play basketball and play the trumpet. Her story starts from her parents refusing to understand her love for sports and actively discouraging her from pursuing her passion. Simple as it may sound, Valliappan's is a tale of a series of events that continue to affect her emotionally and mentally. Having an impressionable mind at the young age of 14, Valliappan is continuously misunderstood by the adults around her, and no one helps her make sense of her raging emotions. She is constantly castigated for her unconventional behaviour and is sent to a 'camp' where the instructors use emotional and physical torture to inculcate gender appropriate values in her, stripping her of her individuality. Her parents' mistrust and paranoia regarding her behaviour and their constant expectation of her fitting into traditional roles of femininity further push her off the edge where she ends up losing her identity. She writes,

> 'I guess that was also the day I stopped talking. I had never been a talker before either but at least I could say a few things to my friends. I guess I just ran out of words and thoughts and feelings. I didn't know what to say or how to respond (Valliappan 2015: 1612).

She describes how though she was prohibited from spending time with her friends or doing anything that girls her age normally do, she was under overwhelming pressure to perform as a good, obedient daughter. After her schizophrenia diagnosis, things change for the worse as she loses herself to paranoia and hallucinations. But Valliappan's text is not aimed at satisfying the ableist voyeurism that seeks to actively perceive the disability in the diagnosed individual because in doing so the voyeur must also confront the rigid rules that are in place in the name of culture and tradition. Reshma Valliappan highlights how traditional and cultural norm should not be allowed to curb human individuality and uniqueness.

She describes her struggle with self-harm before her seemingly irremediable collapse to schizophrenic paranoia and hallucinations. She writes,'I felt like killing myself so often. I began cutting myself and it soon turned into a habit. I would cut myself because the pain just made me feel free. Blood oozing out made me feel alive and liberated' (Valliappan 2015: 309). And again, 'Today I call it Pain Therapy. Pain for pain. Every time I found myself hurt I would cut myself, or punch a bag or self-inflict by doing other things. YES, classic psychiatric case! It gave me control. It was painful alright, but I was the one in control' (Valliappan 2015: 2338).

This clearly shows that she needed help long before her diagnosis and was inflicting pain upon herself because of her lack of agency and to cope with the helplessness of the situations she often found herself in as a child. An adolescent Valliappan does not know how to thrive in a world where she is not even allowed to express herself, let alone be understood. Facing dejection over and over again from her parents and being made to feel like a problematic misfit renders her emotionally and physically vulnerable.

Manjiri Indurkar's encounter with childhood sexual abuse is unnerving to read. A little child, Indurkar is molested by grown men. Unaware of the gravity of her situation, Indurkar can barely process these emotions as a child. Consequently, her past catches up to her as she develops severe health anxieties and ends up realising that she has been living her life with undiagnosed post-traumatic stress disorder (PTSD). Eventually, her life experiences start making sense to her. Confronting her traumatising past lets her understand the anxieties and insecurities she has in the present. Indurkar's story sheds light on how preventable her illness was, if only someone had paid attention to what she was going through. In fact, even after knowing the truth her grandmother decided to do nothing about it. The social and cultural constraints that held her grandmother back from raising her voice against the heinous crime happening against her own granddaughter further aggravate Indurkar's trauma.

Shedding light on the causality of her condition, Indurkar writes,

> 'If I hadn't been raped, I wouldn't be fat. If I hadn't been raped, I would not have associated being fat with being ugly. If I hadn't been fat, my hormones would be under control. With my hormones under control, I would not have as much facial hair as I did. If I wasn't constantly told that being fat was ugly, and facial hair on a girl was unsightly, I would not have picked up those tweezers. If I hadn't picked up those tweezers I would not have developed Trichotillomania, for that was what my obsessive fascination with pulling out hair was called' (Indurkar 2020: 156,157).

Indurkar’s narrative proves how helplessness in the face of a problematic situation or unresolved emotional turbulence pushes an individual towards taking extreme measures to regain their sense of control. She describes how her traumatising past manifests itself in her body and affects her adult life and relationships.

Bahuguna confronts mental illness in the form of severe depression and anxiety disorder. She further draws upon her insecurities regarding her body image. She describes how her body, which has several important functions other than just looking pretty or staying thin, is constantly subjected to sexualised, objectified gaze by the people around her thus making her obsessed with her appearance, so much so, that she describes the body as if it is a different entity separate from her. The writer is unable to reconcile herself with the materiality of her existence and feels guilty about it. She is aware of the irrational societal pressure to conform to certain standards to be considered desirable or even acceptable but being subjected to such standards since a young age strips her off her agentic authority to make a rational choice. Her depression and anxiety ultimately give way to writer’s block. Being a creative writer, the inability to write plunges her deeper into the abyss. She cannot perform and live up to her potential because of her illness, which directly compromises her career. She goes on to delineate her struggle with mental ill-health and the relief as well as the grief that come with the diagnosis: the relief that the condition, once nameable, is manageable, and the grief about why she must deal with this illness and miss out on the experiences that other ‘normal’ people her age enjoy.

She writes,‘I won’t be the young woman in her twenties that my teenage self dreamt of. I won’t spend nights at the office outpacing my colleagues. I won’t dance at a friend’s party until the early hours of the morning’ (Bahuguna 2021: 23).

These concerns appear simple but are quite nuanced because they reflect how the author is trying to make peace with certain realities of her existence that would have come easily to her if she was not diagnosed with depression and anxiety.

The psychosocial factors behind mental illnesses elucidated in these three memoirs explicate the relationship between gender and mental illness. It is unpalatable to ignore that their mental illness was essentially caused by the rigid socio-cultural norms to which young girls are vulnerable. As adults, the authors find themselves unable to maintain social relations, manage consistent careers and participate in community activities, further highlighting the psychosocial aspect of their illness. Even after getting a diagnosis, they find it difficult to accept the reality and explain the situation to their loved ones who, luckily for them, end up understanding and supporting them. The stigma around mental illness is first and foremost confronted by one's self after understanding the precarity of the situation. These authors brilliantly portray their struggle with self-acceptance. Moreover, in their attempt to record their experiences, they refuse to indulge in self-pity. They do not conform to the conventional presumptuous notions about psychosocial disabilities implicit in the ableist mind and present their lives not as stories to be read but as experiences to be understood.

Conclusion

By challenging the authority of autobiographical self-representation, the selected memoirs challenge the patriarchal and misogynist ideas, which in order to explain, often end-up downplaying the realities of women with psychosocial disabilities. In all three of the selected memoirs, the women significantly trace their illnesses back to their childhood experiences that are indisputably horrifying. While Valliappan has to face the unhinged societal obsession with gender roles, Indurkar has to face childhood sexual abuse and Bahuguna is confronted with the ugliness of unrealistic beauty standards. Although these women create a meaning out of their experiences through therapy, medication and support, the question of why they have to undergo such experiences remains unanswered. Altered irrevocably at the hands of their traumatising experiences, the authors highlight that mental illness does not pop out of thin air and engulf an individual, rather it is the result of a series of deliberate actions and choices made by the people around them and the functioning of the society as a whole, which seeks to suppress. The role of the society does not end here and in fact, becomes more pronounced after a person becomes mentally unwell. Not only is the diagnostic procedure painstakingly repressive, the social stigma around receiving a mental illness diagnosis is so suffocating and pathologizing that individuals are further rendered systemically ill, unable to escape their circumstances, surrounded by a bunch of labels that often prove to be larger than their identity as a human being in the eyes of society. Difficulty in finding employment, or a workplace with accommodations for dealing with mental health emergencies is common and is further exacerbated in women.

Up until the publication of Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5 in 2013, ‘gender identity disorder’ was a diagnosable problem. Instances like these make us rethink the validity of available labels and the treatment prescribed to ‘cure’ such problems. Instead of embracing these categories as the only objective truth, it is important to question their accuracy by acknowledging and encouraging subjective truths in socio-political as well as legal spaces.

In India, the literary tradition of life writing by women with psychosocial disabilities can help foster a space for change in societal norms. These literary works free the experiences of living with psychosocial disabilities from the biomedical diagnostic labels and humanise the experiences by discussing the difficult realities. Although there is extensive social and legal research and reforms in India regarding the rights of women with psychosocial disabilities, the appearance of memoirs on the literary front is a major development, which should centre the disability and gender discourse as it can help redress the issue on a more humane level by addressing the stigma directly and encouraging women to speak up and narrate their own stories. By studying and discussing these works, Indian literature can help abdicate the silences surrounding the issues of mental illness in our day-to-day familiar spaces, which will eventually help inform and enforce the politico-legal measures in place.

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